

PC in BH Intervention Plan Date _____ Page ____/____

Client	Date of next meeting with case manager	Coordination with outside provider	Assistance with meds	Health behavior support plans <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Activity <input type="checkbox"/> Smoking cessation	Date of next appt with psych provider	Documents needed: <input type="checkbox"/> Discharge summary <input type="checkbox"/> Old charts <input type="checkbox"/> Last PCP <input type="checkbox"/> Labs from outside	Labs needed: <input type="checkbox"/> HbA1c <input type="checkbox"/> Lipid profile <input type="checkbox"/> TSH <input type="checkbox"/> Levels <input type="checkbox"/> LFT <input type="checkbox"/> other	Other