The Physician Alliance
Dedicated to Improving Michigan's Health

TCM Documentation and Flow Sheet

Post Discharge Contact Deadlines

2 days post discharge

7 days post discharge

14 days post discharge

Patient Name: _____

Patient DOB: _____

Discharge Date: _____ ☐M ☐T ☐W ☐Th ☐F ☐S ☐Su

Patient's Physician: _____

Reason for Admission: _____

Contact Information

Patient's Caregiver Name: _____ Relationship: _____

Preferred Method of Contact: ☐Phone ☐Cell ☐Text ☐Email

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Discharge Information

Diagnosis at discharge: _____

Discharging physician (name, phone, email) _____

Discharge Information Obtained

Discharge summary: Date received _____

Copies of discharge instructions: Date received _____

Most recent diagnostic test results: Test: _____ Date received: _____

Test: _____ Date received: _____

Test: _____ Date received: _____

Patient's Current Location

☐Home ☐Family Member Home ☐Non Family Member Home ☐Assisted Living Facility ☐SNF

Other: _____

Initial Communication Post discharge:

First two attempts must be **within two business days of discharge** (see discharge Date at top of page). Continue attempting to reach the patient if the first two attempts are unsuccessful.

1st Attempt	Date: _____	Time: _____	☐ am	☐ pm	Method:	☐Cell	☐Fax	☐Email	☐Mail	Initial:	_____
2nd Attempt	Date: _____	Time: _____	☐ am	☐ pm	Method:	☐Cell	☐Fax	☐Email	☐Mail	Initial:	_____
Additional Attempts	Date: _____	Time: _____	☐ am	☐ pm	Method:	☐Cell	☐Fax	☐Email	☐Mail	Initial:	_____
	Date: _____	Time: _____	☐ am	☐ pm	Method:	☐Cell	☐Fax	☐Email	☐Mail	Initial:	_____
	Date: _____	Time: _____	☐ am	☐ pm	Method:	☐Cell	☐Fax	☐Email	☐Mail	Initial:	_____

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Patient Name: _____ DOB: _____ Discharge Date: _____

Disposition (Record date of schedule follow up appointment. Record date of follow up diagnosis. Record the date of follow up specialist visits. Note need for special services such as OT/PT/Home Care. Note any patient or caregiver education.)

Initial: Date:

Summary of clinical staff member's discussion with patient/caregiver during initial post discharge communication: include information such as patient's diet, medication adherence and activity level.

Initial: Date:

Face to Face

Face-to-face follow up visit must occur within 14 days post-discharge to qualify for TCM billing.

Follow up Visit:

Face to face occurred on : Date: _____

Location of visit: ☐Office ☐Home ☐SNF ☐Other

Number of calendar days since discharge: ☐ 7 or fewer days ☐8-14 days ☐15 or more days

Medication reconciliation performed on: Date: _____

Progress note signed by provider for visit: Date: _____

Non face to Face Services:

Non face to face services provided within 30 days post-discharge must be performed by clinical staff members or by the physician

EXAMPLES of non face to face:

Review Discharge Information: Pending Diagnostic tests, treatments, and Recommended actions. Note action recommended. Document nothing pending.

Communication with other providers: List provider with date and findings. Document if No communication is necessary.

Education: (Patient, family, caregiver). Date Of education, topic, and who received Education. Document if no education is required.

Community Resource: Document resource Required and date arranged. Document if none needed.

Assess and Support Treatment Regimen Adherence and Medication Management: Document date, topic and result. Document if one is needed.

Patient Non Face to Face Services Documentation Record:	Initial and Date Each Entry:

TCM 30 day Closure: Reviewed and closed by: _____

Date: _____