**Case Manager Checklist**

1. What is the tentative discharge date?
2. Does the patient have a PCP or other community providers?

 (If not, the patient should have a PCP appointment before acceptance into program)

1. Does the patient receive MAT? \_\_\_\_ Yes \_\_\_\_ No if yes type:\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes, the patient **must** have PT1 set up prior to admission)

1. Have you faxed a current med list? \_\_\_\_ Yes \_\_\_\_ No

\*\*\* **Patient’s medications must be transferred to Prescott Pharmacy by date of admission.** \*\*\*

1. Does the patient have any outstanding legal concerns?

(Please list)

1. Is the patient physically able to work or volunteer? \_\_\_\_ Yes \_\_\_\_ No
2. If not, what are his physical limitations?