

CDDO of SEK
SERVICE Transition Meeting Minutes

Name of Person		Date of Meeting	
TCM		TCM Phone/Email	
Guardian Name		Guardian Address	
Guardian Phone		Guardian Email	
Payee Name		Payee Address	
Payee Phone		Payee Email	
MCO		Care Coordinator	
MCO Phone		MCO Email	
Last MFEI Date		Last PCSP	
Last BSP Date		TCM Units, if applicable	
TCM Transition Date		Service(s) Transition Date	

1. Medical/Safety: Include medical diagnosis and current treatment, if applicable

a. Are there any medical/safety issues that an agency should know to support this person?

b. Is the person on a special diet? If so, for what medical reason? Provide Dr. script for diet.

c. List medications the person currently takes, the reason, the prescribing Doctor and pharmacy for each medication. Can attach MAR.

d. Primary Physician
& Phone

Specialist
& Phone

Dentist & Phone

Optometrist
& Phone

2. Behavioral, include psychiatric diagnosis and current treatment.

a. Psychiatrist & Phone		Psychologist/counselor & Phone	
b. Primary mental health center & Phone			

3. Does the person have any legal issues? Please explain.

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4. Communication: how does this person communicate?

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a. What issues does the guardian want to be contacted about?

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CDDO of SEK
Transition Meeting Minutes Signature Page

Signature

Agency

Date
