

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 BASIS Date	Last PCSP
Last BSP date	Date Transition will occur: TCM Date Service(s) 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. What medications does the person currently take and who is the prescribing Doctor for each medication?

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.**

**4. Communication: how does this person communicate?**

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

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Transition Meeting Minutes Signature Page

Signature

Agency