**Insert Your PRACTICE LOGO Here**

**Setting the Agenda for Getting the Most Out of Your Visit: Post-Visit Assessment**We are glad you have chosen us as your Primary Care Provider and Care Management program. We want to help you to get the most out of your visit. Please review the information below to provide us information about your visit and to receive follow-up notes from your Care Manager

Your provider feels it is important to screen for mental health and needed resources with each visit/conversation now more than ever; given that social isolation is high and resources can be difficult to access during this pandemic and we would like to be able to manage your care over the phone to keep you safe and cared for. Please do not hesitate to express needs with us. If you are interested in Medication Assisted Treatment (MAT) for any alcohol or opioid overuse disorder we may be able to help you find treatment. BCBS has a 24/7 hotline if needed:

* Blue Cross Blue Shield of Michigan members: 1-800-762-2382
* Blue Care Network members: 1-800-482-5982
* Free crisis hotline available for anyone at 833-848-1764

**How did your visit go?**

How could we support your care better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were all of your questions addressed today? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Are you satisfied with your visit? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Do you have any suggestion that could have made the telephone or auio/visual visit better. This includes pre-visit, during the visit, and/or post-vist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up notes from your Care Manager:**  (Make to send goals and action plans if being completed as well etc.)

**Patient Question/Concerns/ Comments:**

*\* Due to the COVID-19 Pandemic we can currently provide telehealth via telephone, Face-Time, and other Audio/Visual options. This may change as we work through this pandemic*