

BAPTIST CARE COORDINATION CONSENT

COPY AND PASTE THIS PHRASE INTO THE PLAN SECTION OF YOUR SOAP NOTE FOR ANY PATIENT THAT NEEDS FOLLOW UP CARE:

IF YES, COPY AND PASTE:

The patient was offered care coordination through Baptist Health and has consented to the release of their contact information and follow up needs.

IF NO, COPY AND PASTE:

The patient was offered care coordination through Baptist Health but refused and will be provided follow up with ****INSERT HOSPITAL NETWORK, CLINIC, OR PHYSICIAN HERE.*