

Covenant School of Nursing
Case Management Clinical Site Verification Form
Instructional Module 2

This is to verify that _____ has completed their clinical site assignment as part of the IM2 course requirement.

Date: _____

Facility Site: _____

Time In: _____

Time Out: _____

Supervisor: _____

Contact Information (phone or e-mail): _____

Comments: _____

This form to be completed by the student. (One patient per rotation)

Student: _____ Date: _____ Advisor: _____

Patient Site: _____ Admission date: _____ Exp DC: _____

Admission Reason: _____ Diagnoses: _____

Discharge Needs: ST PT OT Aide Home Health Hospice
Skilled Nursing Facility Assisted Living Facility

PRIMARY CARE DOCTOR Do you have a primary care doctor? Yes No Who?

HEALTH How would you rate your overall health? Excellent Good Fair Poor

Who supports you at home (emotionally/physically)? _____

What barriers do you have to maintain your health?

HOUSING Where do you live? _____

Whom do you live with? _____

Stairs in home? Yes No Can you navigate them independently? Yes No

Assistive Devices at Home: cane walker wheelchair raised toilet seat bedside commode shower chair grab bars in shower handrails for stairs ramps

TRANSPORTATION Do you have an easy way to get to your clinic appointments? Yes No Do you use any of the following? Your own vehicle Get a ride from a friend or family member Bus Walk Medicaid Driver

FINANCIAL De you have enough money for copays at the clinic and pharmacy? Yes No If you ride in a car, do you have enough gas money for trips to and from the clinic and pharmacy? Yes No

INSURANCE Do you currently have insurance? Yes No What type of insurance? Private plan through work or family member Medicaid Medicare

Notes: _____
