

# Care Coordination Program

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Hobart TAS 7001  
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<FormattedDate>

<AdrDetails>

Dear <AdrName>

**Re: Care Coordination Program**  
**Client: <PtFullName>**  
**DOB: <PtDoB>**

Your patient had an assessment at home by <UsrName> Care Coordinator - Chronic Disease on <Appointment Date>.

After completing the comprehensive assessment, the following concerns were identified:

Main Concerns (eg; falls, medication, complex CDM, social etc)

- <1st Main Concern>
- <2nd Main Concern>
- <3rd Main Concern>

In consultation with <PtFullName> the following recommendations were made:

Main Key Points (eg; OT assessment, HACC referral, CDM appts etc)

- <1st Key Point>
- <2nd Key Point>
- <3rd Key Point>

Further correspondence will follow listing Outcomes from appointments/assessments and notification on discharge from the program.

If you have any concerns please don't hesitate to contact the Care Coordination Program on <UsrPhone>.

Kind regards

**<UsrName>**  
**Care Coordinator - Chronic Disease**  
**Primary Health Tasmania**