**Outpatient LTV Template**

**Medical Problems**

 **Active**

 **Inactive (date)**

**Medications**

**Allergies**

**Vaccination Status**

**Active Care Plans (\* = change made)**

 **Ventilator Care**

 **Cough Assist Care**

 **Communication Needs**

**Nutritional Care**

 **EoL Care**

 **Pain and Symptom Care**

 **Acute**

**Past Surgery (date)**

**Care-providers**

 **Specialist Care**

 **Family Doctor**

 **CCAC Manager**

 **Community Respiratory Care**

**New issues as of (date)**