**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)**