**CCMP Guidelines for CDP and CTP for Medical**

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is designed to assist health staff identify and track factors that impact a student’s chronic illness.

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| **Career Development Period** | | |
| **DATE** | **INITIALS** | **Monitor adherence to case management plan (as applicable)** |
| **Education** | | |
|  |  | Adequate rest/sleep |
|  |  | Nutrition |
|  |  | Exercise |
|  |  | Tobacco use |
|  |  | Alcohol use |
|  |  | Illicit drug use |
|  |  | Triggers (environmental/social) |
|  |  | Stress management |
| **Treatment** | | |
|  |  | Regular health provider visits |
|  |  | Individual counseling |
|  |  | Psycho-educational groups (e.g., TUPP, anger management, HEALs) |
|  |  | Medication regimen |
|  |  | Medication refills |
|  |  | Self-monitoring |
|  |  | Contraception |

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| **Career Transition Period** | | |
| **DATE** | **INITIALS** |  |
|  |  | Conduct a Wellness Center exit interview approximately two weeks before program completion. |
|  |  | Identify potential sources of primary health care, mental health care, and specialty care if needed, in the work community. |
|  |  | Obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers. |
|  |  | Assist the student in enrolling or maintaining enrollment in a public or private health insurance program. |
|  |  | Provide the student with a copy of the Job Corps medical history, physical examination, immunization records, and a copy of the chronic care management plan, including flowsheets. |
|  |  | Provide the student with at least a 30 day supply of medication(s) and supplies at departure. |
|  |  | Connect the student with community groups for medical mental health support and/or alcohol and drug use prevention. |