

GERIATRIC CASE MANAGER CHECKLIST

Today's Date:

Full Name:

Address:

City/State/Zip:

Telephone (home, work, mobile):

Ask the following questions when interviewing Geriatric Case Managers:	Due Date	Done
What is your educational background?		<input type="checkbox"/>
What medical and/or educational degrees do you hold?		<input type="checkbox"/>
Where did you work prior to entering private practice? For how many years?		<input type="checkbox"/>
How long have you been in business?		<input type="checkbox"/>
Is this a full-time or part-time practice?		<input type="checkbox"/>
Are you certified by the state?		<input type="checkbox"/>
What are your hours and availability in an emergency?		<input type="checkbox"/>
What are your emergency backup plans if you're unavailable?		<input type="checkbox"/>
Who supervises your work?		<input type="checkbox"/>
How much do you charge for an initial assessment?		<input type="checkbox"/>
What is your hourly fee?		<input type="checkbox"/>
What can I expect to pay?		<input type="checkbox"/>
What is your billing cycle?		<input type="checkbox"/>
Which services are arranged outside of your care?		<input type="checkbox"/>
What is your role once a referral is made?		<input type="checkbox"/>
How, and how often, will you update me?		<input type="checkbox"/>
May I have the name of three references who have used your service?		<input type="checkbox"/>

