









Continuity of Care Document (CCD) Story

Subjective	Reason for Visit	Reason for Referral	Chief Complaint Reason for Visit	Chief Complaint	Health Concerns	Allergies & Intolerances	Review of Systems	History Present Illness
History Past Illness	Social History	Family History	Objective	Problem	Medical (Gen) History	Medications	Immunizations	Implants
Medical Equipment	Procedures	Results	Vital Signs	Admission Diagnosis	Admission Meds	Course of Care	Hospital Course	Hospital Consultations
Medications Administered	Anesthesia	Procedure Indications	Procedure Description	Procedure Specimens	Procedure Est. Blood Loss	Procedure Findings	Procedure Implants	Procedure Disposition
Preoperative Diagnosis	Surgery Description	Op Note Surgical Procedure	Operative Note Fluids	Surgical Drains	Complications	Hospital Discharge Studies Sum	Hospital Discharge Physical	Advance Directives
Payers	Encounters	Physical Exam	Findings	Health Status Eval/Outcomes	General Status	Functional Status	Mental Status	Nutrition
Assessment	Postprocedure Diagnosis	Postoperative Diagnosis	Discharge Diagnosis	Assessment & Plan	Plan of Treatment	Goals	Planned Procedure	Instructions
			Hospital Discharge Instructions	Discharge Medications	Discharge Diet			

KEY	Optional	Required
Subjective		
Objective		
Assessment		
Plan		

Source: C-CDA R2.1 Implementation Guide

Document Type Preferred LOINC templateId	Required Sections	Optional Sections
<p>Continuity of Care Document (CCD) (V3) (Summarization of Episode Note) 34133-9 (required) 2.16.840.1.113883.10.20.22.1.2:2014-06-09</p>	<p>Allergies and Intolerances Section (entries required) (V3) Medications Section (entries required) (V2) Problem Section (entries required) (V3) Results Section (entries required) (V3) Social History Section (V3) Vital Signs Section (entries required) (V3)</p>	<p>Advance Directives Section (entries optional) (V3) Encounters Section (entries optional) (V3) Family History Section (V3) Functional Status Section (V2) Immunizations Section (entries required) (V3) Medical Equipment Section (V2) Mental Status Section (V2) Nutrition Section Payers Section (V3) Plan of Treatment Section (V2) Procedures Section (entries required) (V2)</p>