

Medical Checklist Instructions

The medical checklist is a form that can be utilized in the planning for and gathering information of individual's medical appointments and follow-up information. This tool is most effective for providers of supported and/or family living services. Those providers use this form as a "roll-up" tool. They document the information that they then summarize in the Healthcare Coordinator Quarterly Summary and the quarterly report submitted by the service coordinator or program manager.

To Complete the form:

1. Fill in individual's name
2. Fill in the period covered (suggested to be not more than an ISP year, but may be done only quarterly).
3. For any appointments that occur, fill in the date, the follow up indicated and any follow up appointments.
4. If an appointment type is not listed, write it in one of the blank lines allowed for "other" and complete information as in number 3 above.

The example below indicates an individual who had the following appointments:

PCP—1/12/09 for semiannual check-up

Blood levels—1/12/09

Dental—11/17/08

No Vision, Neurology, or Psychiatry currently due

Podiatry—2/27/09

Hearing—Due in 2010

Urgent Care for a fall—12/30/08

X-Ray for fall—12/30/08

And is turning 50, so should have some conversation regarding age appropriate screenings at next PCP visit.

Example Medical Check List

Individual's Name: Jimmie Smith

Period from: 11/08-2/09

Physician Appt.	Date of Appt.	Follow-up from current appointment (include next appointment date)	Upcoming Scheduled Appointments
PCP	1/12/09	<i>Slight bruising remains from fall. No indications of pain or broken bones. No health concerns at this time. Return PRN</i>	<i>Annual H & P due 7/09</i>
Blood Levels	1/12/09	<i>Labs within normal limits. Next due at annual H & P in July.</i>	<i>Annual H & P with blood draw 7/09</i>
Dental	11/17/08	<i>Poor hygiene around gum line. Retrain staff on oral hygiene procedure. Next Appt 3/05/09</i>	<i>3/05/09</i>
Vision	<i>n/a</i>		
Neurology	<i>n/a</i>		
Psychology/Psychiatry	<i>n/a</i>		
Podiatry	2/27/09	<i>Mycotic nails. Cut and cleaned. Return to clinic 2 months.</i>	<i>4/18/09</i>
Hearing	<i>Due 2010</i>		
Age Appropriate Screening:	<i>n/a</i>	<i>Discuss age appropriate screenings with PCP at H & P due 7/-0</i>	<i>7/09</i>
Other:			
Urgent Care	12/30/08	<i>Fall—bruising on hip/lower back. X-ray ordered.</i>	<i>F/U at PCP on 1/12/09</i>
X-Ray	12/30/08	<i>No fracture indicated.</i>	<i>PCP 1/12/09</i>

Health Care Coordinator Signature: _____ James Doe, Direct Support Professional Date: _____ 2/13/09