

Pre-Annual Healthcare Visit Checklist

Before an appointment for the annual healthcare visit with the primary care provider (PCP) there are several things to remember. This checklist will help ensure a successful visit.

- Notified parent, legal guardian, or Authorized Representative (AR): Yes _____ No _____
Name of person contacted: _____

- Date: _____ Time: _____ Caregiver initials: _____
- Contact the PCP office to verify:
Appointment date: _____ Time: _____ Caregiver initials: _____
Address: _____
- Is the individual required to fast before the appointment? Yes _____ No _____
Caregiver aware of pre-fasting requirements before appointment: _____
Date: _____ Time: _____ Caregiver initials: _____
- Verify individual's insurance information with PCP office. Caregiver initials: _____

- Pre-appointment Labs, if applicable.
Name of Lab Company: _____
Address: _____
- Date Labs completed & sent to PCPs office prior to appointment: _____
- Download and complete the **W-5 My Care Passport** to take to the appointment.
My Care Passport W-5 completed: Yes _____ No _____ Caregiver initials: _____
- Print and complete the top half of the **W-10 Annual Healthcare Visit PCP form** to include any questions or current concerns, information on the individual's visits to the emergency room (ER), urgent care, hospital admissions, and specialists in the past 12 months.
- Print and complete any other needed medical history forms before the appointment.
Medical history filled out: Yes _____ No _____ Caregiver initials: _____
- Print and take to the appointment any documents which requires the PCP's signature: (i.e., form 485, orders/protocols, care plans, etc.).

- Distance in miles to appointment: _____
- Estimated travel time to appointment: _____ Caregiver initials: _____
- Medicaid Transportation Company Name:

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Contact information to arrange CCC+/Cardinal Care Transportation

Agency transport: _____ Parent/Guardian transport: _____ Other: _____

Transportation confirmed. Yes _____ No _____ Date: _____

Caregivers attending appointment:

Caregiver briefed date: _____ Time: _____ Briefed by: _____

Caregivers should anticipate what the individual will need for the duration of trip to the appointment and amount of time to be spent at the appointment.

Individual should bring:(communication devices, security/sensory item, cup, briefs, change of clothes, etc.) _____

Go-Bag:

Picture ID.

Insurance cards.

Filled out and printed *My Care Passport (W-5)*.

Immunization record.

Medical history or other forms from PCP office.

List of current medications/dosages.

Headphones, music, comfort object: _____

An extra outfit, hygiene supplies, other: _____

Bottle of water, snacks, other: _____

Wearing easy-to-remove clothing (short sleeves, front-button shirt, elastic waist pants).

Caregivers who have initialed the top of this form should print and sign their names below:

1. Print Name: _____

Signature: _____

2. Print Name: _____

Signature: _____

3. Print Name: _____

Signature: _____