

Annual Healthcare Visit – Primary Care Provider (PCP) Appointment Form

(Top half of form should be completed before the PCP appointment. Bottom half of form to be completed while at the appointment and signed by PCP as orders for individual).

Individual's name: _____ D.O.B.: _____

Caregiver if present: _____ Medicaid#: _____

PCP's name: _____

*****Print current medication information & completed My Care Passport to take with individual to the appointment.*****

Reason for visit and/or any concerns: _____

Other recently treated conditions: _____

Visits to emergency room (ER) or urgent care during past 12 months: _____

Date: _____ Reason: _____

Hospital admissions during past 12 months: _____

Date: _____ Reason: _____

Vital Signs at appointment: *(Enter vital signs from appointment into individual's medical profile when you return home).*

Blood pressure: _____ Temp: _____ Pulse: _____ Respirations: _____

Weight: _____ Height: _____ Oxygen level: _____

Treatment/medication orders or recommendations for follow-up: _____

PCP signature: _____ Date: _____

Caregiver signature: _____ Date: _____

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Healthcare Visit Protocol for Staff

What to bring with you to appointment:

- Medical history if it is the first time the individual is being seen by the PCP.
(Bring information in the Emergency Medical Information section of the individual's file).
- Physician Information form.
- Current medications the individual is taking and why.
- List of medication allergies or food allergies.
- Current medical or dental conditions currently being treated.
- Written observations of changes in physical or behavioral condition of individual.
- Any documentation which requires the PCPs signature. *(i.e., form 485, care plans, orders/protocols, etc.).*

If PCP prescribes a new medication or changes a current medication you will need:

- The prescription *(original or copy)*.
- The written order *(can be written on PCP information form and signed by PCP)*.
- Medication Information Sheet *(get from pharmacy)*.
- The PCP should call or fax a new medication or medication change directly to the pharmacy, remember to ask for a copy of the prescription and orders for your files.
- Pharmacy Name: _____ Fax#: _____

What questions should I ask PCP:

- What is the purpose and desired effect of the medication?
- What is the response time?
- Are there any possible interactions with other medications, especially any the individual is currently taking?
- Are there any special administration or storage instructions?
- Are there any unwanted effects that should be watched for?
- Is the new medication a controlled substance?

Next Steps:

- If the medication will also be administered at the Day Support Program make sure there are two containers ordered *(i.e., two bubble packs, or bottles)*. Hand delivers to Day Support Program.
- Ask pharmacist for medication information sheets for all new medications.
- Check the label on the bottle and compare to PCP written order to verify as correct before administering.

Notes: _____

