

Post-Annual Healthcare Visit Checklist

Follow-up after leaving the annual healthcare visit:

- Document next schedule annual healthcare visit if date and time are known.
Date: _____ Time: _____ Caregiver initials: _____
- Document the results of the annual healthcare visit in individual's medical record.
Caregiver initials: _____
- Add copies of all new prescriptions/orders to the individual's medical record, if applicable.
Caregiver initials: _____
- Fill new medication prescriptions or verify prescriptions have been transmitted to pharmacy by PCPs office, if applicable. (*Notify PCP if prescription cannot be obtained for any reason*).
Date: _____ Time: _____ Caregiver initials: _____
- Ask pharmacist if there are any questions about new medications.
- Review side effects of any new medications prior to administering medicine.
- Ensure each prescription includes diagnoses requiring the medication.
Caregiver initials: _____
- Update medication administration record (MAR) with any new medications.
Date: _____ Time: _____ Caregiver initials: _____
- Update MAR with any discontinued or changed medications. (*Discontinued or changed medications require a written prescription/order from the PCP*).
Date: _____ Time: _____ Caregiver initials: _____
- Dispose of any discontinued or changed medications promptly, in the appropriate manner.
Date: _____ Time: _____ Caregiver initials: _____
- Schedule recommended preventive screenings.
Name of person contacted: _____
Location Address: _____
Appointment date: _____ Time: _____ Caregiver initials: _____
Special accommodations, if needed: _____

- Schedule prescribed/ordered labs.
Name of lab company used: _____
Address: _____
Date labs where completed: _____ Caregiver initials: _____

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- Schedule appointment with specialist for new prescribed/ordered treatment therapies.
Specialist contacted: _____
Address: _____
Appointment date: _____ Time: _____ Caregiver initials: _____
- Schedule evaluations for any new recommended durable medical equipment (DME).
Name of contact: _____
Address: _____
Date: _____ Time: _____ Caregiver initials: _____
- Develop any new written protocols for care concerns which might include regularly scheduled monitoring of vital signs, turning and repositioning requirements, dietary modifications, wound care, etc. (*Orders/protocols must be signed and dated by the PCP*).
Date: _____ Time: _____ Caregiver initials: _____
- Notify parent, legal guardian, or Authorized Representative (AR) of results and/or any changes as a result of the annual healthcare visit.
Name of person contacted: _____
Date: _____ Time: _____ Caregiver initials: _____
- Notify the individual's Support Coordinator of results and/or any changes as a result of the annual healthcare visit.
Support Coordinator name: _____
Date: _____ Time: _____ Caregiver initials: _____
- Notify all other programs the individual is involved with about any changes to care which may have resulted from their annual healthcare visit. (i.e., day program, work or job program, other recreational community programs).
Name of program contacted: _____

Date: _____ Time: _____ Caregiver initials: _____
- Contact PCPs office if there are any issues concerning scheduling or follow-up with specialist appointments, preventive screenings, labs, DME or prescribed/ordered treatments, if applicable.
Date: _____ Time: _____ Caregiver initials: _____

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

1. Print Name: _____
Signature: _____
2. Print Name: _____
Signature: _____