

Complete the OIHSN “My Care Passport”

<https://dbhds.virginia.gov/wp-content/uploads/2022/09/DBHDS-My-Care-Passport-9.25.22.pdf>

for every individual who is taken to visit a healthcare professional such as to the primary care provider, hospital emergency room, or urgent care.

Individual’s Name: _____

LOCAL MEDICAL CARE CARD	Preferred/Nearest
<p>Group Home Information: Name: ABC Group Home Location: 100 Sunnyvale Drive Contact Number: (804) 456-7890 Information for 911: House is white with red shutters and at the end of the street on the right. Please come in the left side door of the house.</p>	
<p>Primary Care Provider: _____ Distance: _____ Name: Location: Contact Number:</p>	
<p>Does Primary Care Provider offer Urgent Care onsite? Yes No Name: Location: Contact Number:</p>	
<p>Local Urgent Care Center: _____ Distance: _____ Name: Location: Contact Number:</p>	
<p>Alternative Urgent Care Center: _____ Distance: _____ Name: Location: Contact Number:</p>	
<p>Hospital Emergency Room: _____ Distance: _____ Name: Location: Contact Number:</p>	
<p>Alternative Hospital Emergency Room: _____ Distance: _____ Name: Location: Contact Number:</p>	
<p>Freestanding Emergency Room: _____ Distance: _____ Name: Location: Contact Number:</p>	