

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><b>Group Home Information:</b>  <b>Name:</b> ABC Group Home  <b>Location:</b> 100 Sunnyvale Drive  <b>Contact Number:</b> (804) 456-7890  <b>Information for 911:</b> 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><b>Primary Care Provider:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	
<p><b>Does Primary Care Provider offer Urgent Care onsite?</b>      <b>Yes</b>      <b>No</b>            Name:            Location:            Contact Number:</p>	
<p><b>Local Urgent Care Center:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	
<p><b>Alternative Urgent Care Center:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	
<p><b>Hospital Emergency Room:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	
<p><b>Alternative Hospital Emergency Room:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	
<p><b>Freestanding Emergency Room:</b> _____ <b>Distance:</b> _____            Name:            Location:            Contact Number:</p>	