

## Client Name: \_\_\_\_

Instructions: Staff to initial each area as completed. Write down any comments related to the completion of each task in the space provided. Forward or file completed checklist according to agency protocol.

- 1. Have insurance, guardianship and medical/surgical history information and reason the appointment is needed before calling the healthcare provider.
- 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement involved (e.g., group home, Community Integration and Habilitation Waiver).
- \_\_\_\_ 3. Explain the need for the appointment.
- \_\_\_\_\_4. Provide insurance information and ask whether the practitioner accepts that insurance.
- 5. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney (a wheeled stretcher) or wheelchair, or the need for limited waiting or an early morning appointment.
  - 6. Ask whether the provider is able to give verbal and written recommendations and instructions/copy of office note at each appointment and provide input to the individual's team members as needed.
  - 7. Ask what type of written information is to be brought to the appointment, including need for consent for treatment.
  - 8. Ask if any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.

HUNTER SOCIAL STRATION	MANAGING APPOINTMENTS CHECKLIST: Initial Contact		
		FACT SHEE	т
Comments:			
Staff Completing:		Date:	
Bureau of Quality Improvement Services BQISHelp@FSSA.IN.gov	HS_MA	Initial Contact: Checklist InitialContactChk (11/10/2009) Revised 08/04/2015	2
The information provided is design	s with intellectual/developmental disabilities, BC ed to enhance the understanding of the topic an idividually-developed plans. For more Fact Shee www.IN.gov/FSSA/DDRS/3948.htm	nd does not replace other	