

Medical Appointment

Information required by ODDD

Choices in Community Living, Inc.
1651 Needmore Road
Dayton, Oh 45414

Name: _____

Date: _____

TO BE COMPLETED BY THE PHYSICIAN

Weight:

Blood Pressure:

Pulse:

Tests, diagnosis, and treatment: _____

New Medications or Medication Changes prescribed this visit:

Written instructions are required by ODDD

<u>Medication</u>	<u>Instructions</u> Specify frequency, dosage, and duration	<u>Diagnosis</u> Reason for giving the med

Cannot prescribe "apply to affected area." Please state which area medication is to be applied.

Cannot prescribe medication in a range (1-2 pills every 4-6 hrs). Must be specific (2 pills every 6 hrs)

Discontinued Medications: Please provide a date the med should be discontinued.

Medication	Date

Physician's signature: _____

NEXT/RETURN APPOINTMENT: _____

Address: _____

Please print physician's name

TO BE COMPLETED BY CICL STAFF

Name: _____

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> General Medical | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Specialist _____ | <input type="checkbox"/> Outpatient Test |
| <input type="checkbox"/> OBGYN | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Other _____ |

Current Medications: See attached. Please check one box

- Current Physician's Orders Current MAR Brought Meds

* Physician's orders should be signed by the doctor every three months and turned into the pharmacy.

Dietary Guidelines:

CICL staff summary of the visit - must complete:

Is the doctor's office going to call or send script to Hutcheson Pharmacy?

Fax: 877-347-9625 or Phone: 513-228-1176

Is the doctor's office going to call or send script to another pharmacy?

Fax: _____ Phone: _____

Is new psychotropic form required? Yes No

Staff's Name (Please Print) _____