

IP Meeting

Q1 Q2 Q3 Annual
 Special Meeting

Sent To _____ Date _____

Name: _____

Meeting Date: _____

Employer/Day Services: _____

In Attendance:

	Most Recent	Due		Most Recent	Due
Physical Exam			Vision Exam		
Med Review			Hearing Exam		
Dental Exam			Psychiatrist		
Podiatrist					

Current health status (including medical diagnosis and allergies): _____

Changes in health, recent testing or concerns to share with the team: _____

UI's or MUI's in past 12 months (Annual only): _____

Goal _____

Describe Progress _____

Recommendation: Continue _____ Revise _____ Delete _____

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Meeting Minutes

Check	Annual Only Checklist	Check	Annual Only Checklist
	Social History (complete on computer)		Bring copy of Medicaid card
	Release of Information (guardian must sign)		Staff Area Consent Form
	Update client demographics on Provide		Put new task elements in Provide
	Skills Assessment		Psychotropic Medication Consent Form