## IP Meeting

Q1 Q2 Special Meeting	Q3 🗌 Annual		Sent To	-	Date
Name:				Vieeting Date:	
Employer/Day Se					
In Attendance:					
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	Most Recent	Due		Most Recent	Due
Physical Exam			Vision Exam		
Med Review			Hearing Exam		
Dental Exam			Psychiatrist		
Podiatrist					
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Changes in health,	recent testing or co	· · ·	ith the team:		
UI's or MUI's in pas	t 12 months (Annual	only):			

Choices In Community Living, Inc. 4/2013

Goal			
Describe Progress			
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Recommendation: Continue	Revise	Delete	
Goal			
Describe Progress			
Recommendation: Continue	Revise	Delete	
Goal			
Describe Progress			
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Employer/Day S	ervices:				
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Changes in health	n, recent testing or cor				
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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

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