

Medical Appointment

Information Required by ODDD

Choices in Community Living, Inc.

1651 Needmore Road

Dayton, Ohio 45414

Name _____ Date: _____

Information Below To Be Completed By The Physician

Weight _____

Blood Pressure _____

Pulse _____

Test, Diagnosis, and Treatment _____

New Medications or Medication Changes prescribed this visit:

Written instructions are required by the ODDD

<u>Medications</u>	<u>Instructions</u> Specify Frequency, Dosage, and Duration	<u>Diagnosis</u>

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

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

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

This side to be completed by CICL Staff

Name _____

- General Medical
- Specialist _____
- OBGYN
- Psychiatrist

- Podiatrist
- Outpatient Test
- Physical Therapy
- Other _____

Current Medications: See attached. Please check one box.

- Current Physician's Orders Current Mars Brought Medication

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

Dietary Guidelines: _____

CICL staff summary of visit - must complete:

Is the doctor's office going to call or send the script to Tarrytown Pharmacy?
Fax (855) 617-7313 or Phone (855) 617-7312

Is the doctor's office going to call or send script to another pharmacy?
Fax: _____ or Phone: _____

Is a new psychotropic consent form required? Yes No

Staff's Name (Please Print) _____