Client Name: ______________________________________________

Instructions: Staff to initial each area as completed. Document 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, medical/surgical/dental history information, and reason for appointment needed prior to calling the health care provider.

_____ 2. Make call and introduce yourself, your relationship to the individual, and the type of residential placement (group home, waiver, etc).

_____ 3. Explain the need of an appointment and describe the reason for the appointment, including if the individual is in pain or has a dental emergency.

_____ 4. Explain special needs such as behavioral issues, anxieties, phobias, preventative prophylactic antibiotics, etc.

_____ 5. Provide insurance information and discuss whether the practitioner accepts that insurance.

_____ 6. Discuss special accessibility needs or other accommodations that may be necessary such as parking, use of a gurney or wheelchair, the need for limited waiting, or an early morning appointment.

_____ 7. If necessary, request that the dental office provide a prescription for or call in to the pharmacy the appropriate prophylactic antibiotics for the individual.

_____ 8. Inquire whether the provider is able to provide verbal and written recommendations and instructions/copy of office note at each appointment and input to the individual’s team members as needed.

_____ 9. Inquire what type of written information is to be brought to the appointment, including the need for consent for treatment.

_____ 10. Inquire whether any necessary forms/information can be completed and sent or hand delivered, if close proximity, prior to the scheduled appointment.
Comments:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Staff Completing: ________________________________ Date: ____________________

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS developed the Fact Sheet library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually-developed plans. For more Fact Sheets and information, please visit www.IN.gov/FSSA/DDRS/3948.htm