

# Outreach Services of Indiana

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## MANAGING APPOINTMENTS CHECKLIST: DURING THE APPOINTMENT

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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.*

### Checking in and waiting area

- \_\_\_\_ 1. Check in; introduce yourself and the individual.
- \_\_\_\_ 2. State reason you are there; encourage person to participate as able
- \_\_\_\_ 3. Discuss accommodations needed in waiting room such as a more private space.
- \_\_\_\_ 4. Provide information as requested such as insurance information, photo ID
- \_\_\_\_ 5. Maintain positive, supportive environment while waiting. Engage the person in preferred activity as needed
- \_\_\_\_ 6. If need to leave waiting area, alert the receptionist & establish a method for him/her to contact you. Do not leave the individual alone in the waiting room.

### In the examination room

- \_\_\_\_ 7. Provide any healthcare visit/consultation type form, other health related information, & review the reason for the appointment.
- \_\_\_\_ 8. Review any concerns or questions that you were asked to relay from other team members.
- \_\_\_\_ 9. Advocate that provider communicates directly with the individual. Explain communication accommodations & approaches to the examination that may facilitate cooperation.
- \_\_\_\_ 10. Stay with the individual to provide support & assist with communication.
- \_\_\_\_ 11. Refer to a person in the provider agency, a guardian, or to written information if you do not know answer to the healthcare provider's question.

- \_\_\_\_\_ 12. Discuss anticipated difficulties or resistance with procedures/examinations with the healthcare provider
- \_\_\_\_\_ 13. Assist with explanations & provide support for procedures/examinations. This may include providing diversions or requesting shorter, simpler events or steps with breaks in between.
- \_\_\_\_\_ 14. Assist with transfer and positioning.
- \_\_\_\_\_ 15. If exam/procedure is not completed, ensure reason for not completing exam/procedure is documented on healthcare visit/consultation form along with written recommendations for addressing future steps.
- \_\_\_\_\_ 16. DO NOT give verbal or written consent for invasive procedures—refer the healthcare provider to the guardian or healthcare representative if individual cannot give own consent.
- \_\_\_\_\_ 17. Assist in determining if an exam/procedure is worth doing in the event the individual expresses discomfort or resistance. If this occurs, refer the situation to the support team for review & discussion. Alert the healthcare provider of the need for discussion & request his/her input in writing.
- \_\_\_\_\_ 18. Encourage the use of the least invasive procedures possible.
- \_\_\_\_\_ 19. Discuss whether there are any new diagnoses, orders or recommendations.
- \_\_\_\_\_ 20. Discuss the need for the healthcare provider to write new orders for medications, instructions for treatments or needed monitoring & any other recommendations or orders necessary for the management of the health issue on the provided healthcare visit/consultation form.
- \_\_\_\_\_ 21. Discuss the reason for any new medications & whether there are any special instructions related to the use of the medication including times to administer, methods of administration & anticipated side effects.
- \_\_\_\_\_ 22. Discuss when any new medications should begin.
- \_\_\_\_\_ 23. Ensure that any medications that are to be discontinued have specific orders for the discontinuation.
- \_\_\_\_\_ 24. Discuss whether any monitoring/observation is necessary & what would prompt a call or follow up appointment to the healthcare provider.
- \_\_\_\_\_ 25. Discuss whether any follow up procedures or appointments are necessary.
- \_\_\_\_\_ 26. Inquire how the results of any tests will be obtained and/or communicated.
- \_\_\_\_\_ 27. Ensure all instructions, recommendations & orders are written on the healthcare visit/consultation.
- \_\_\_\_\_ 28. Read orders & recommendations back to the healthcare provider to ensure they are legible & understood.

## Checking Out

\_\_\_\_ 29. Schedule any follow up appointments, tests or procedures as ordered prior to leaving the office.

\_\_\_\_ 30. Make arrangements for payment or reimbursement as needed.

Comments: \_\_\_\_\_  
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Staff Completing: \_\_\_\_\_ Date: \_\_\_\_\_

## Outreach Services

**1-866-429-5290 • [outreach@fssa.in.gov](mailto:outreach@fssa.in.gov) • [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov)**

As a service for persons supporting individuals with intellectual/developmental disabilities, Outreach and the Indiana Institute on Disability and Community developed the Outreach 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 [DDRSOutreach.IN.gov](http://DDRSOutreach.IN.gov) and [www.iidc.indiana.edu/training](http://www.iidc.indiana.edu/training).



**Indiana Family & Social Services Administration  
Division of Disability & Rehabilitative Services  
Bureau of Quality Improvement Services**

**OR-FM-HS-MA-88(11-10-09)**