



## Health Professional Outcome Form

Staff attending to complete	
Date of Appointment	
Name of Client:	
Address of Appointment:	
Staff member attending:	
Health Issue: Description of Symptoms (Staff to complete prior to Appointment)	Reason for Appointment:
<b>Medical professional to note;</b> Department of communities- Alkira Care Services staff does not have the legal authority to make a decision and or judgement regarding an individual's health or medical matters	
<b>Health Professional to Complete</b>	<b>Health Professionals Notes:</b>  
	<b>Comprehensive treatment instructions (Including are to be treated )</b>  
	<b>Recommendations</b> Review Appointment      Yes      No      If Yes: Date Recommended: ___/___/___ Referral                      Yes      No      Blood test required: Yes      No PRN Medication              Yes      No
	Medication Change required: Yes      No <b>If yes</b> Start administering: ___/___/___ With next Blister Pack: Yes      No
	Name of Medical Professional: _____ Title: _____ Signature: _____ Date: ___/___/___

# Health Professional Outcome Form

<p>Staff Attending to complete</p>	<p>Medical appointment Outcome (Please tick each box as task is completed)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Record information in clients notes and</li> <li><input type="checkbox"/> Record information in staff communication book</li> <li><input type="checkbox"/> Information handed over to the next shift</li> <li><input type="checkbox"/> Drop the script off at Clients Pharmacy</li> <li><input type="checkbox"/> Phone clients Pharmacy to confirm that the information has been received</li> <li><input type="checkbox"/> Enter any new appointments in the diary and notify the Registered nurse of the outcome of the appointment.</li> <li><input type="checkbox"/> Ensure the guardian of the client is informed of change of treatment etc</li> <li><input type="checkbox"/> Inform any applicable service provider of the change e.g. ( day placement providers)</li> <li><input type="checkbox"/> Send a copy of the Medical examination outcome form to the Registered Nurse</li> <li><input type="checkbox"/> RN to scan and attach a copy to the health record folder of the individual client.</li> <li><input type="checkbox"/> Original copy placed in the clients personal file</li> </ul>	
<p>All required actions listed above have been completed by attending staff member Signature: _____</p>		<p>Date: _____/_____/_____</p>
<p>ACS Administration</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copy filed in the clients file</li> <li><input type="checkbox"/> Copy Filed in the medication</li> <li><input type="checkbox"/> Care plan updated to reflect changes</li> <li><input type="checkbox"/> Medication chart updated to reflect changes</li> <li><input type="checkbox"/> Form logged in Appointment Log Hdrive</li> </ul>	<p>ACS Administration: _____</p> <p>Signature: _____</p> <p>Date : _____/_____/_____</p>