

MEDICAL APPOINTMENT SCHEDULE

For: _____

APPT. TYPE	LAST APPT	NEXT DUE	RESULTS RECEIVED	SCHEDULED FOR
Annual physical (yearly)			n/a	
90-day dr. orders (PMOF) (3 months or less, from last date signed)			n/a	
GYN (yearly)				
Mammogram (yearly)				
Dental cleaning (6 months) (perio extra)			n/a	
Vision (1 year w/ glasses, 2 years w/o)			n/a	
Audiology/hearing (yearly)			n/a	
Speech & Language (as recommended)			n/a	
Neurology (3 months)			n/a	
Nutritional (as recommended)				
Podiatry (as recommended)			n/a	
Psych Med Review (3 months, or as recommended)			n/a	
Group/Expressive therapy (as recommended)			n/a	
TDK Screening (6 months)			n/a	
Labs – CBC, chem. profile, U/A (6 months if on seizure/psych meds, yearly otherwise)				
Labs – drug blood levels (3 months for seizure/psych meds, none otherwise)				
Other:				
Other:				

