Medical Appointment Form

Complete this form and bring it with you to participant medical appointments. Information on this form is based on the '**ISoBAR**' communication method, designed to improve safe clinical handovers of care.

PARTICIPANT DETAILS

First Name		Last Name	
Preferred Name			
Date			

NDIS SUPPORT COORDINATOR

Name		Phone	

EMERGENCY CONTACT

Name		Relationship	
Phone		Suburb/State	

I DENTIFY

Name of person completing this form	
Position	
Person supporting participant to appointment	

S ITUATION

Urgency	☐ Very urgent ☐ Urgent ☐ Not urgent but concerned
How long has current issue been a concern?	☐ This shift ☐ Week ☐ Month ☐ Longer (specify)_____
Legally appointed person responsible or guardian	

O BSERVATION

Current health issues (including the main health issues or concerns communicated by the person and/or support staff). Note: It's okay if the main issues are different

Was anything mentioned at handover?	☐ Yes ☐ No
Comments	

Have other services been contacted? (for example, Health Direct, Poisons Hotline, Ambulance Tasmania	☐ Yes ☐ No
Comments	

BACKGROUND

Please describe any relevant medical history

Allergies or sensitivities (to food, medication, environment or other)	☐ Yes ☐ No
○ If yes, please describe	
Alerts	☐ Yes ☐ No
○ If yes, please describe	
Communication considerations	☐ Uses a device ☐ Uses sign language
Advance Care Plan*	☐ Yes ☐ No ☐
End of Life Wishes form*	☐ Yes ☐ No ☐
Medical Goals of Care form*	☐ Yes ☐ No ☐

*If yes make copy available to health care team

ASSESSMENT

With your knowledge of this person what do you think is the problem. Remember use factual language.

RECOMMENDATION

What do you think needs to happen? For example: review of medications; assessment of current condition.

Outcomes or actions following appointment (Clinician to complete)

Participant record

Participant file updated with recommendations and outcomes?			☐ Yes ☐ No ☐
Updated by (staff name)		Date	