Resident Appointments

BEACON
Specialized Living

Preparing for an Appointment

The following forms must be sent to every appointment, no matter what the appointment is for.

- **Provider Contact Sheet**
- **Current MAR**
- **Face Sheet**
- **Consent for Emergency and/or Medical Treatment**

BEACON
Specialized Living

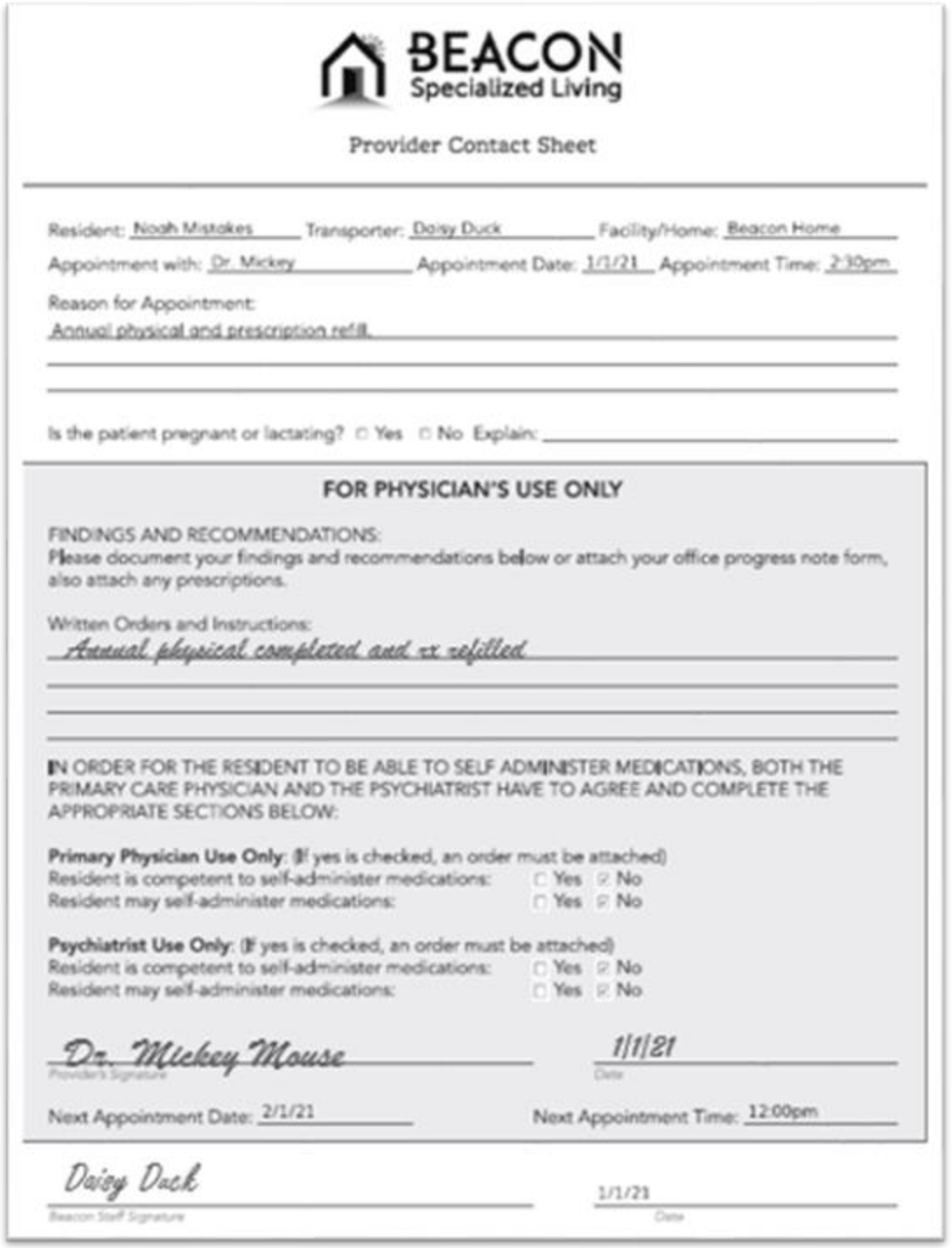
Provider Contact Sheet

The top of the Provider Contact Sheet is always filled out before an appointment. Include the resident's name, transporter, home, who the appointment is with, the appointment date/time, and the reason for the appointment.

The grey box is for the physician's use only and includes written orders and instructions.

Both the physician and the Beacon staff sign this form at the end of the appointment.

BEACON Specialized Living



BEACON Specialized Living

Provider Contact Sheet

Resident: Noah Mistakes Transporter: Daisy Duck Facility/Home: Beacon Home

Appointment with: Dr. Mickey Appointment Date: 1/1/21 Appointment Time: 2:30pm

Reason for Appointment:
Annual physical and prescription refill

Is the patient pregnant or lactating? ☐ Yes ☐ No Explain:

FOR PHYSICIAN'S USE ONLY

FINDINGS AND RECOMMENDATIONS:
Please document your findings and recommendations below or attach your office progress note form, also attach any prescriptions.

Written Orders and Instructions:
Annual physical completed and rx refilled

IN ORDER FOR THE RESIDENT TO BE ABLE TO SELF ADMINISTER MEDICATIONS, BOTH THE PRIMARY CARE PHYSICIAN AND THE PSYCHIATRIST HAVE TO AGREE AND COMPLETE THE APPROPRIATE SECTIONS BELOW:

Primary Physician Use Only: (If yes is checked, an order must be attached)
Resident is competent to self-administer medications: ☐ Yes ☑ No
Resident may self-administer medications: ☐ Yes ☑ No

Psychiatrist Use Only: (If yes is checked, an order must be attached)
Resident is competent to self-administer medications: ☐ Yes ☑ No
Resident may self-administer medications: ☐ Yes ☑ No

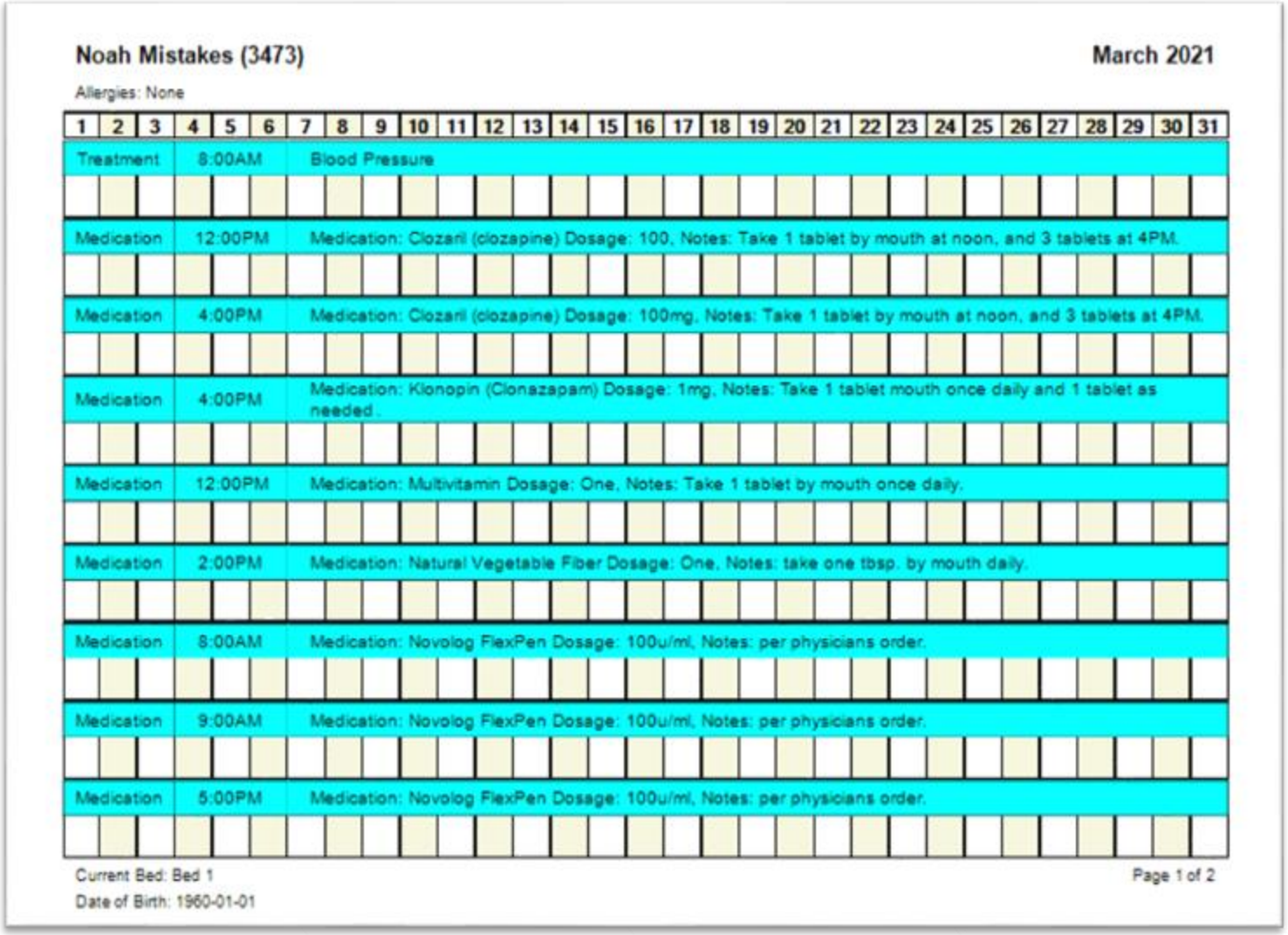
Dr. Mickey Mouse — Provider's Signature
1/1/21 — Date

Next Appointment Date: 2/1/21 Next Appointment Time: 12:00pm

Daisy Duck — Beacon Staff Signature
1/1/21 — Date

Current MAR

The MAR contains all of the resident's currently prescribed medications and must be brought to every appointment.



Noah Mistakes (3473) — **March 2021**

Allergies: None

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Treatment			8:00AM			Blood Pressure																								
Medication			12:00PM			Medication: Clozaril (clozapine) Dosage: 100, Notes: Take 1 tablet by mouth at noon, and 3 tablets at 4PM.																								
Medication			4:00PM			Medication: Clozaril (clozapine) Dosage: 100mg, Notes: Take 1 tablet by mouth at noon, and 3 tablets at 4PM.																								
Medication			4:00PM			Medication: Klonopin (Clonazapam) Dosage: 1mg, Notes: Take 1 tablet mouth once daily and 1 tablet as needed .																								
Medication			12:00PM			Medication: Multivitamin Dosage: One, Notes: Take 1 tablet by mouth once daily.																								
Medication			2:00PM			Medication: Natural Vegetable Fiber Dosage: One, Notes: take one tbsp. by mouth daily.																								
Medication			8:00AM			Medication: Novolog FlexPen Dosage: 100u/ml, Notes: per physicians order.																								
Medication			9:00AM			Medication: Novolog FlexPen Dosage: 100u/ml, Notes: per physicians order.																								
Medication			5:00PM			Medication: Novolog FlexPen Dosage: 100u/ml, Notes: per physicians order.																								

Current Bed: Bed 1

Date of Birth: 1960-01-01

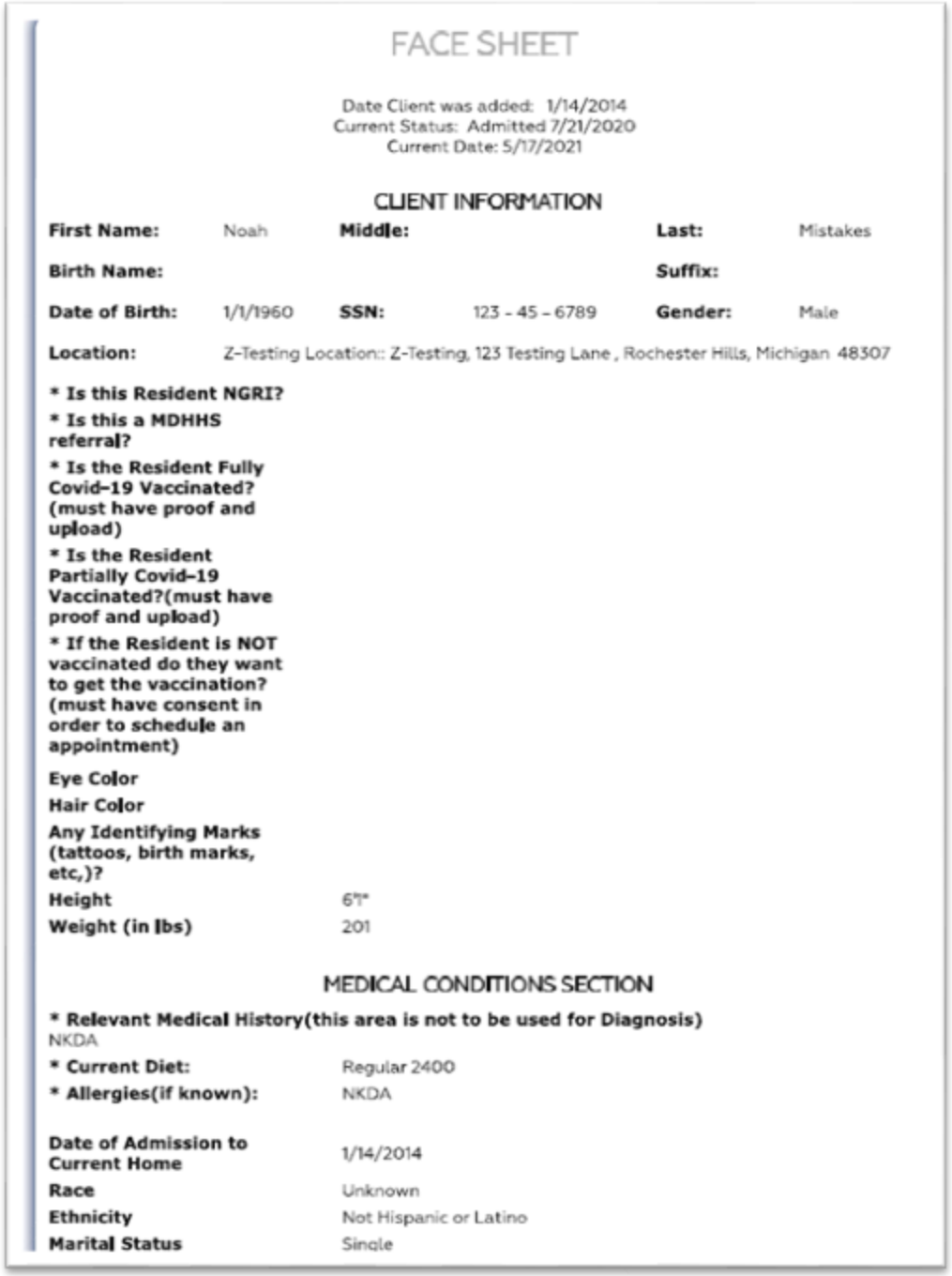
Page 1 of 2

BEACON Specialized Living

Face Sheet

The Face Sheet contains client information, relevant medical history, treatment team contact information, and insurance information.

BEACON Specialized Living



FACE SHEET

Date Client was added: 1/14/2014
Current Status: Admitted 7/21/2020
Current Date: 5/17/2021

CLIENT INFORMATION

First Name:	Noah	**Middle:**		**Last:**	Mistakes
Birth Name:				**Suffix:**	
Date of Birth:	1/1/1960	**SSN:**	123 - 45 - 6789	**Gender:**	Male
Location:	Z-Testing Location:: Z-Testing, 123 Testing Lane , Rochester Hills, Michigan 48307				

*** Is this Resident NGRI?**	
*** Is this a MDHHS referral?**	
*** Is the Resident Fully Covid-19 Vaccinated? (must have proof and upload)**	
*** Is the Resident Partially Covid-19 Vaccinated?(must have proof and upload)**	
*** If the Resident is NOT vaccinated do they want to get the vaccination? (must have consent in order to schedule an appointment)**	
Eye Color	
Hair Color	
Any Identifying Marks (tattoos, birth marks, etc,)?	
Height	6'1"
Weight (in lbs)	201

MEDICAL CONDITIONS SECTION

*** Relevant Medical History(this area is not to be used for Diagnosis)**
NKDA

*** Current Diet:**	Regular 2400
*** Allergies(if known):**	NKDA
Date of Admission to Current Home	1/14/2014
Race	Unknown
Ethnicity	Not Hispanic or Latino
Marital Status	Single

Consent for Emergency and/or Medical Treatment Form

This form authorizes Beacon employees to accompany the resident to appointments and coordinate follow up care as needed.

BEACON Specialized Living

INTAKE CONSENT FOR EMERGENCY AND/OR MEDICAL TREATMENT

I

Noah Mistakes

Authority

Self Representative

for the individual indicated at the top of this form

do authorize this organization to seek emergency medical attention which may include: blood work, dental care, diagnostic procedures, and/or lab testing as needed or as ordered by the primary physician.

Yes

do authorize this organization to initiate and follow through on routine medical, dental and optical treatment as well as any treatment ordered by the physician; such as laboratory procedures, and/or testing and diagnostic procedures.

Yes

Phone Number

269-888-8888

Noah Mistakes — 1/1/21

Signature Guardian/Self Representative — Date

Beacon Staff

Signature of Witness

* Up

No document uploaded.

Annual Forms - Physician

The following forms must be completed by the resident's physician upon intake and on an annual basis. Send these forms to the appointment if needed.

- **OTC/PRN**
- **Diet Order**
- **HCA – Health Care Appraisal**

BEACON
Specialized Living

OTC/PRN Orders

Over the Counter / PRN Medication Orders must be signed by a physician upon intake and annually thereafter.

BEACON Specialized Living

Over the Counter PRN Medication Orders

Resident: Noah Mistakes Date: 1/1/21

☑ New ☐ Change Reason for Change: Annual

Initial all that are ordered:

MM 1. Ibuprofen, 200 mg.; two tablets three times daily as needed for mild to moderate pain. Not to exceed a total of 8 tablets in a 24 hour period.

MM 2. Non-Aspirin 500mg tablets; two tablets three times daily as needed for mild to moderate pain. Not to exceed a total of 6 tablets in a 24 hour period.

MM 3. Calcium Carbonate 420 mg, as needed for indigestion or heartburn. Packets come (2 tablets) in a packet 420 mg each, limit to 4 packets (8 tablets) in a 12 hour period and/or no more than 16 tablets in a 24 hour period.

MM 4. Sugar Free Cough Drops - dissolve one drop slowly in mouth every 2 hours as needed for cough; Do not use for more than 2 consecutive days.
*Call medical staff if there is a need for more than 2 continuous days of cough drops.

Dr. Mickey Mouse — Doctor's Signature

1/1/21 — Date

By the Doctor's Signature above, the Resident may only be administered the above-mentioned Over-the-Counter PRN medications.

Initials indicate PRN ordered. N/A indicates not ordered.

BEACON Specialized Living

Diet Orders

Diet Orders must be signed by a physician upon intake and annually thereafter.

BEACON Specialized Living

Diet Order

Name: Noah Mistakes Date: 1/1/21

Facility/Home: Beacon Home Type of Diet: Regular

☑ New ☐ Change Reason for Change: Intake

Dr. Mickey Mouse 1/1/21

Physician's Signature Date

DIETS AVAILABLE FROM BEACON'S FOOD SERVICE PROGRAM

ALL MENUS ARE DESIGNED AS LOW FAT, LOW CHOLESTEROL AND NO SALT ADDED

Definition of Mechanical Soft: Texture of food should be soft and be able to be broken into small bite size pieces. It should be easy to chew and/or swallow. Meat should be cooked well done so it can be easily cut or shredded into bite size pieces.

Definitely of Puree: Staff should blend the food using a blender.

Regular: (2,400 calories) Individuals placed on a regular diet are not subject to any diet restrictions.

Mechanical Soft Regular: (2,400 calorie) For individuals who have difficulty chewing regular textured foods.

Puree Regular: (2400 Calorie) for individuals with severe difficulty with chewing and/or swallowing.

Consistent Carbohydrate 3-4: 3-4 carb servings per meal (45-60 actual carbs) for individuals who are obese or diabetes mellitus

Consistent Carb Mechanical Soft 3-4: For individuals who have difficulty chewing regular textured foods

Consistent Carb Puree 3-4: For individuals who have difficult controlling blood glucose levels along with severe chewing and/ or swallowing problems

Consistent Carbohydrate 4-5: 4-5 carb servings per meal (60-75 actual carbs) for individuals with diabetes who have difficulty controlling blood glucose levels.

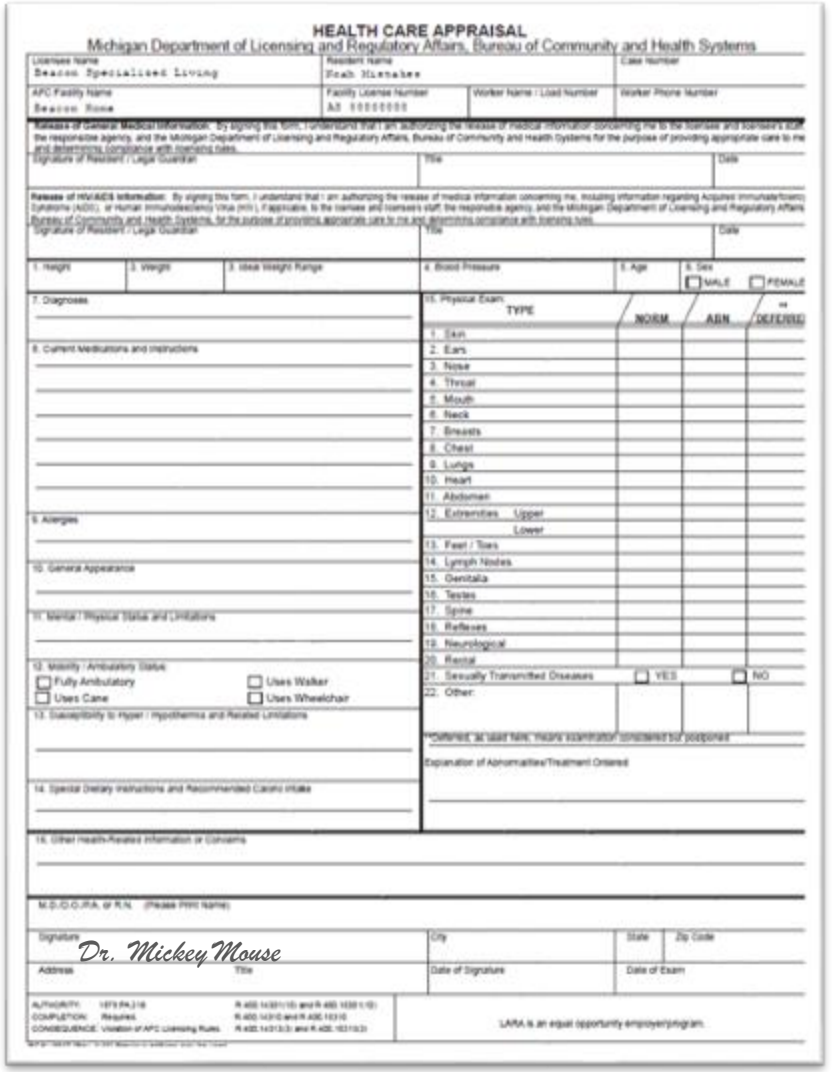
Consistent Carb Mechanical Soft 4-5: For individuals who have difficulty chewing regular textured foods

Consistent Carb Puree 4-5: For individuals who have difficult controlling blood glucose levels along with severe chewing and/ or swallowing problems

BEACON Specialized Living

HCA – Health Care Appraisals

Health Care Appraisals must be signed by a physician upon intake, after a transfer, and annually thereafter.



HEALTH CARE APPRAISAL

Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems

Licensee Name	Resident Name		Case Number
Beacon Specialized Living	Noah Michaels		
AFC Facility Name	Facility License Number	Worker Name / Load Number	Worker Phone Number
Beacon Home	AS [redacted]		

Release of General Medical Information: By signing this form, I understand that I am authorizing the release of medical information concerning me to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems for the purpose of providing appropriate care to me and determining compliance with licensing rules.

Signature of Resident / Legal Guardian | Title | Date

Release of HIV/AIDS Information: By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for the purpose of providing appropriate care to me and determining compliance with licensing rules.

Signature of Resident / Legal Guardian | Title | Date

1. Height	2. Weight	3. Ideal Weight Range	4. Blood Pressure	5. Age	6. Sex
					☐ MALE ☐ FEMALE

7. Diagnoses

8. Current Medications and Instructions

9. Allergies

10. General Appearance

11. Mental / Physical Status and Limitations

12. Mobility / Ambulatory Status
☐ Fully Ambulatory ☐ Uses Walker
☐ Uses Cane ☐ Uses Wheelchair

13. Susceptibility to Hyper / Hypothermia and Related Limitations

14. Special Dietary Instructions and Recommended Caloric Intake

15. Physical Exam:

TYPE	NORM	ABN	DEFERRED*
1. Eyes			
2. Ears			
3. Nose			
4. Throat			
5. Mouth			
6. Neck			
7. Breasts			
8. Chest			
9. Lungs			
10. Heart			
11. Abdomen			
12. Extremities Upper			
Lower			
13. Feet / Toes			
14. Lymph Nodes			
15. Genitalia			
16. Testes			
17. Spine			
18. Reflexes			
19. Neurological			
20. Rectal			
21. Sexually Transmitted Diseases	☐ YES		☐ NO
22. Other:			

*DEFERRED: At least NAD. Hearing examination considered but postponed

Explanation of Abnormalities/Treatment Ordered

16. Other Health-Related Information or Concerns

M.D./D.O./P.A. or R.N. (Please Print Name)

Signature: Dr. Mickey Mouse | City | State | Zip Code

Address | Title | Date of Signature | Date of Exam

AUTHORITY: [redacted] | COMPLIANCE: Required | CONSEQUENCE: Violation of AFC Licensing Rules | [redacted]

LARA is an equal opportunity employer/program.

BEACON Specialized Living

Appointment Follow-up

BEACON Specialized Living

- Enter a Medical Note in NextStep that documents what happened at the appointment.
- Update the eMAR (if applicable).
- Schedule any follow-up appointments if needed and mark in the appointment planner.
- Upload the Provider Contact Sheet in NextStep under Unscheduled Forms.