

Center for Social Change Inc.

A Support Center for Persons with Developmental Disabilities

MEDICAL FOLDER

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Photograph



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Basic Information



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Medical Insurance



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Waiver Documents



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Guardianship



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Court Orders



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Initial Physical



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Annual Physical



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Immunization Records



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Lab Reports



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Hospital Discharge Summary



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Primary Care Physician Visits



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Psychiatric Appointments



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Medical Consent Forms



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Lowest Dosage Forms



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T D Scale



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Psychiatric Evaluations



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Psychiatric Therapy



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Neurological Evaluations



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Seizure Records



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E E G (Electroencephalogram)



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Dental



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Vision



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Podiatry



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Cardiology (EKG or ECG)



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Urology



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Dermatology



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Physical Therapy



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Audiology & Speech



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Endocrinology



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Orthopedics



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Hematology



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Coumadin Clinic



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Radiology



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Gastroenterology



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Colorectal Surgery



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Occupational Therapy



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Ear, Nose & Throat



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Wound Care



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Pulmonology



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Others



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Gynecology



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Mammogram



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Nutritional Evaluations



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Annual Weight Chart



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PMOF (Current)



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PMOF (Past 90 Days)



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M A R (One Year)



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Initial Nursing Evaluation



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45 Days Nursing Assessments



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Nursing Plan of Care



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Interim Assessments



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Choking Risk Assessment Tool



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