



POLICY: R-IV-1
DEPARTMENT: Personal Support Services
CATEGORY: Health Monitoring and Promotion
EFFECTIVE DATE: July 2014
SUPERSEDES VERSION DATED: May 2008
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Policy & Procedure Manual

INFORMATION FOR HEALTH PROFESSIONALS – R-IV-1

POLICY:

A current accurate and concise record of personal data, pertinent medical and behavioral information and medical history from appointments and hospital visits shall be maintained for each individual supported by OPTIONS northwest.

PURPOSE:

To provide a concise record of current information pertaining to each individual that can be taken to medical appointments, emergency appointments, etc.

PROCEDURE:

1. The Personal/Medical Data Form (see Appendix A) shall be completed in blue or black pen.
2. The form will be established and maintained by the Primary/Secondary Counsellor in consultation with the Supervisor and will be kept in the Health Appointment Information section of the individual's Personal Binder.
3. Pertinent medical and behavioral information will be updated/added to the Personal/Medical data form as required.
4. Pertinent information related to all health appointments including visits to the hospital emergency room will be immediately entered on the Health Appointment Record/Log (see Appendix B) and will be kept in the Health Appointment Information section of the individual's Personal Binder.
5. In order to give the health professional a quick overview of the individual's health status, a copy of the Personal/Medical Data form, the Health Appointment Record/Log and a copy of the current MAR sheet will be taken to all health related appointments that are **not** with the individual's family physician in accordance with Health Related Appointment Policy R-IV-2.



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6. When completing the monthly summary update, the Primary/Secondary Counsellor will ensure that all information, on the Personal/ Medical data and the Health Appointment Record/Log is accurate and up to date.

RECOMMENDED BY:

APPENDICES: 2

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services

Administration, Personal Support Services

ORIGINAL POLICY DATE: August 1994

AUTHORIZED BY: Director, Personal Support Services

SIGNATURE: Cheryl Duce

**- OPTIONS northwest -
PERSONAL/MEDIAL DATA**

POLICY: R-IV-1
APPENDIX A

NAME:		PERSON ACTING ON THEIR BEHALF:
ADDRESS:		
TELEPHONE:	TELEPHONE:	
DOB:	CONSENT/SUBSTITUTE DECISION MAKER:	
HEALTH CARD:		
SUPERVISOR:	TELEPHONE:	
SUPERVISOR CONTACT NUMBER:	FAX:	
SUPERVISOR ON CALL CONTACT NUMBER:	FAMILY PHYSICIAN:	
ALLERGIES:	SPECIALISTS:	
	DENTIST:	
	DENTAL SURGEON:	
	OPHTHALMOLOGIST:	
SPECIAL PRECAUTIONS:	OPTOMETRIST:	
	DIETICIAN:	
	COMMUNICATION:	
	HEARING:	
MENTAL/PHYSICAL CONDITIONS:		
	VISION:	
	ADAPTIVE AIDS:	
NORMAL BP:	NORMAL	T P R
WEIGHT:	HEIGHT:	COGNITIVE ABILITY:
IMMUNIZATION RECORD-DATE LAST DONE:		
FLU VACCINATION:		
TETNUS:	MOTOR SKILLS:	
TETNUS/DIPHTHERIA:		
POLIO:		
MMR:		
PERTUSIS:		
HEPATOVAX:		
TB TEST:		

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APPENDIX B

PSS300/JUNE 2014

