

Instructions for Completion of the Healthcare Coordinator Quarterly Summary Form by the Individual as the Healthcare Coordinator

These instructions only apply to individuals who are fulfilling this role for themselves. The individual should be offered assistance in completing the form. If the individual is a level 4-6 on the Health Assessment Tool, he/she must have assistance in completing this document.

Before completing the Individual Healthcare Coordinator Quarterly Summary Form, gather all medical papers from the last three months (i.e. – doctor visit forms, lab results, copies of prescriptions, etc...).

To complete the Individual Healthcare Coordinator Quarterly Summary Form:

1. Fill in your name, date of birth, and dates the report covers.
2. Enter the name of anyone who is helping you fill out the form.
3. Please answer each question on the form to the best of your ability. (If you are assisting an individual to complete the form, please probe for descriptions of the answers.)
4. Sign and date the Individual Healthcare Coordinator Quarterly Summary. Write “self” on the Relationship to the Individual line.
5. If you are assisting the individual to complete the form, please sign the form on the appropriate line.
6. Give the Individual Healthcare Coordinator Quarterly Summary to your Service Coordinator. If you don’t have a Service Coordinator, give it to your Case Manager.

Agency Nurse Instructions on Healthcare Coordinator Quarterly Summary Form Documentation

Please note that if the designated Healthcare Coordinator is the agency nurse the Healthcare Coordinator Quarterly Summary Form should not be used. The nurse has a separate Quarterly Nursing Report.

1. The Agency Nurse will receive a copy of the Individual Healthcare Coordinator Quarterly Summary Form from the primary agency’s designated personnel.
2. The Agency Nurse may address concerns or provide further clarification regarding an issue or occurrence in the right hand column titled Agency Nurse Comments of the Individual Healthcare Coordinator Quarterly Summary Form.
3. The Agency Nurse will follow each comment with signature and date.
4. The Individual Healthcare Coordinator Quarterly Summary Form should not be used as an assessment regarding health concerns.