

Individual Healthcare Coordinator Quarterly Summary

Individual Receiving Services: _____ Date of Birth: _____

Report Period: From: _____ to: _____

1. Have you had any changes in health this month?

2. Do you have any Health Concerns right now? If yes, please describe.

3. Do you have any problems with your health, healthcare, doctor, or anything else that you would like some help with at this time? If so, please describe.

4. Do you have any questions about your health or things your doctor told you to do to take care of your health?

5. Is there anything else you would like to talk about at this time?

Completed by: _____

Relationship to Individual: _____ Date: _____

Assisted by: _____

Relationship to Individual: _____ Date: _____