

# MEDICAL PAPERWORK CHECKLIST

TYPES OF DOCUMENTS		DO I HAVE THIS DOC ?	DO I NEED THIS	NEEDS TO BE UPDATED?	NOTES	
		YES/NO	YES/NO	YES/NO		
Identification Information	Full Name, Date of Birth, Address, and Contact Information					
	Insurance Details and Policy Numbers					
	Emergency Contact Information					
Medical History	Past Medical and Surgical History					
	Immunization Records					
	Current Medications (dosage, frequency, and start date)					
	Allergies (food, Drug, Seasonal, etc.)					
	Social History (lifestyle habits such as smoking, alcohol use, etc.)					
Assessments & Diagnosis	Chief Complaint" (CC) meaning for why patient is seeking medical attention for them or minor.					
	Results for all Assessments, labs, tests, imaging, etc.)					
	Physical and Mental Status					
	Medically Necessary Procedures or Treatments					
	Referrals for other Assessments/ Treatment Plans					
Assessment Notes	Specialists Evaluations Statements					
	Specialists Recommendations					
	Recommended Follow -up visits					
	Discharge Summaries/ Treatment Plans					

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		YES/NO	YES/NO	YES/NO	
	Surgery History				
	Surgery Summaries				
	Discharge Summaries/ Treatment Plans				
	Routine Eye Exams Results				
	Eyeglass/Contact Prescription				
	Eye Surgery Summaries				
	Referrals and Specialists Summaries/ Treatment Plans				
	Routine Hearing Exams Results				
	Ear Surgery Summaries				
	Referrals & Specialists Summaries				
	Treatment Plans				
	Routine Dental Exams Results				
	X-rays Results				
	Oral Surgery Summaries				
	Orthodontia Care Reports/ Treatment Plans				
	Diagnosed Mental Health Disorders				
	Mental Health Assessments				
	Hospital Stays				
	Treatment Plans				

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		YES/NO	YES/NO	YES/NO	
	School Reports & Report Cards				
	Behavioral Reports				
	Individualized Education Programs (IEP) & 504 Plans				
	Occupational Therapy Summaries				
	Applied Behavior Analysis (ABA) Therapy Summaries				
	Speech Therapy Summaries				
	Physical Therapy Summaries				
	Behavior & Communication Therapy Summaries				