

Date Medical Chart Record Started: \_\_\_\_\_ Staff: \_\_\_\_\_  
 HSID: \_\_\_\_\_ 00 Client's Name: \_\_\_\_\_  
 Current Age: \_\_\_\_\_

**Status**

Staff: \_\_\_\_\_ Date Updated: \_\_\_/\_\_\_/\_\_\_\_\_ (Date of current visit)

Healthy Insurance Status:  Medicaid  MI-Child  Private  None

\*HRSA /AHRQ Definition of medical home: "The primary medical home is accountable for meeting the majority of the patient's physical and mental health care needs (prevention, wellness, acute & chronic care); is relationship based & oriented toward the whole person; coordinate care across the broader system of specialty care, hospitals home health & community services/supports; is accessible and committed to quality & safety."

Medical Home Status:  Yes  No

If Yes,, Medical Home Description

Tribal Clinic  Private Practice  Community Health Center  Hospital Based Primary Care Center

Remember Click "Save Status" Button on Database.

Update Date:	Health Insurance Status	Medical Home Status
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None *Note: Indian Health Service (IHS) is not considered Private Health Insurance. *Private Health insurance: includes supplemental insurance that is provided to an individual by a private insurer (whether purchased by an individual for him/herself and family, a Tribe for tribal members, or an employer for employees (example Blue Cross Blue Shield of Michigan)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Clinic <input type="checkbox"/> Private Practice <input type="checkbox"/> Community Health Center <input type="checkbox"/> Hospital Based Primary Care Center
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Clinic
	<input type="checkbox"/> Medicaid <input type="checkbox"/> MI-Child <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tribal Clinic

- Date of most recent annual wellness

Annual Visit Schedule	Yearly Primary Care/Well Care Visit	Target Date System calculated	Check (x) if Completed	Date Completed
	1 Year			
	2 Year			
	3 Year			
	4 Year			
	5 Year			

Emergency Room Visits:

Date of Visit \_\_\_\_\_ Reason \_\_\_\_\_

Date of Visit \_\_\_\_\_ Reason \_\_\_\_\_

Remember Click "Save ER" Button on Database.

Notes: