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| --- | --- |
| **Check List:** |  |
| 1. **Check & Update FYI**
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| 1. **Check & Update Care Team**
 |  |
| 1. **Check & Update Social Determinants of Health (needs to be updated every 6 months)**
 |  |
| 1. **Look at UDS’s**
 |  |
| 1. **Check if CURES has been done Quarterly**
 |  |
| 1. **Update Demographics: phone #, email, address**
 |  |
| 1. **Review & update Tx Plan Goals.**
 |  |
| 1. **Check Medication: Does patient have enough medication to get to next prescriber visit?**
 |  |
| 1. **When is next Prescriber visit or SMA?**
 |  |
| 1. **. Is patient ready for Tier Promotion?**
* **Did you explain & give patient packet?**
 |  |
| 1. **. Do I need to get any ROI’s Signed?**

**(Probation, Jail, Parole, SLE, Residential, Family member, another clinic, etc)** |  |
| 1. **. Are any referrals needed?**
 |  |
| 1. **. Did I document properly according to**

 **SUDCM Packet, Chief Complaint & Comments?** |  |