|  |  |
| --- | --- |
| **Check List:** |  |
| 1. **Check & Update FYI** |  |
| 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?** |  |