DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES

Medical Appointment Information Record (MAIR)

Name: _____ **MCI**: _____ **Date of Visit**: _____

Healthcare Provider Seen: _____ **Specialty**:_____

Known Drug Allergies: _____

Ht: _____ **Wt**: _____ **BP**: _____ **P**: _____ **Temp**: _____

Symptoms Present:_____

_____

Physical findings:_____

_____

_____

Tests Completed During Visit:_____

_____

_____

Diagnosis and Prognosis:_____

_____

Restrictions:_____

_____

Prescriptions, Treatments & Diagnostics Ordered:_____

_____

Return Appointment Date:_____

Signature of Healthcare Provider: _____ **Date:** _____

Address: _____

_____

Phone: _____

NAME:_____ **MCI:** _____

STAFF TO COMPLETE PRIOR TO APPOINTMENT
Medical Appointment Checklist
This form must be completed and taken on every healthcare provider's appointment:

- **The following items must accompany you on this appointment:**

☐ Medical Appointment Information Record (MAIR)	☐ Health Information
☐ Physical Exam form and Standing Medical Orders (for annual physical only)	☐ Copy of Current MAR

- **The following questions must be answered prior to the healthcare provider's appointment:**

What is the nature (purpose) of this appointment?
☐ An annual physical ☐ A follow up appointment ☐ An illness

What symptoms are being experienced? How long have the symptoms been present? (Include when the illness started, how often does it occur and how long does it last? _____

_____

_____

Has this occurred before? YES ☐ NO ☐ If yes when and what was done for it? _____

_____

_____

What has been done for the individual to help with this condition?

_____

_____

Signature/Title:_____ Date:_____

At the end of the appointment:

Are all orders clear and complete?

- Do you know the desired effect of any new medications/treatments if ordered
- Any possible side effects to be concerned about
- Are affected areas to be treated specified in the order
- Are signs and symptoms specified for as needed orders
- If labs, diagnostics, X-rays, etc. are ordered is the date to be completed documented

PARC Approved: 11/15/04
Revised: 07/21/08, 6/2023 Form #12/Admin