995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

DDS Point in Time Review

Participant Name: **Program:** **Date:**

Annuals	**Comments or Notes**
Physical ☐ Dentist ☐ Eye ☐ GYN ☐	
Health reviews related to historical or chronic illness (Prostate, cancer, arthritis, neuro, diabetes, osteo, seizure, heart disease)	
Consents signed by participant and or guardian if applicable (intake and annual) Routine and Preventive Medical Care Emergency Medical Treatment Management of Funds (as needed) Use of Psychotropic Medication Two Way Communication Consent Consent to Receive Prescribed Medication HIPPA / Mass Data Security and Privacy	
Health	
Change or significant health decline recently?	
DNR is in place or being considered?	
Is there a Health Care Proxy?	
Comfort Care Form known to staff in record?	
Is hospice in place (note if being considered)	
Is participant at risk of death or serious injury?	
An issue exists with weight gain or loss / plan in place?	
Psychotropic Medication / TX Plans	
Are they Self Medicating	
Is there an assessment that states self medicating	
Psychotropic Treatment Plan	
Non-Roger's Medication	
Med Support Plan	
PRN Medication Plan-Desensitization Plan	
Side-effect sheets	
Sign offs by Prescriber, Guardian, Individual, HRC-when indicated	
Tracking of Target Symptoms, form completed	
Identify Support and Health Related Protective Guidelines Circle any or all or health protocol or guideline needed or in place for the participant	☐Alarm Systems ☐Bed Checks ☐Bedrails ☐Braces ☐ Community Access Protocol ☐ Contact Restrictions ☐Dining Guidelines__*Diet/Menus/Food Logs __*PICA __ *Swallowing ☐Gait Belts ☐Gentle Holds ☐G or J Tubes / TRACH ☐Harness ☐ Lifts ☐ PICA Plan__*Food Storage __*Food Restriction

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	___*Diets/Limitations □Pills Crushed □Repositioning □Seat Belts □Skin Checks □Splints □Supervision Requirements__*Line of sight □Support Stockings □Visitor Restrictions □Walking Plans
Review and Authorized by Clinician	
S&P Is Acknowledged in ISP	
S&P Reviewed by RN	
HRC Reviewed / Any Pending Review	
Staff Training Provided and Documented	
Monitored and Documentation is Organized and Completed	
Behavior Plans	
Interventions are in place to reduce risks if behavior(s) pose any risk to individual or others IDENTIFY level 1 or 2	
Are Sign Offs in place? (TX providers, guardians, DDS, HRC, Director)	
Data Organized and Collected Consistently	
Ambulation Status	
Independent □ Wheelchair □ Walks with Assistance -Assisted Device = Gait Belt □ Walker □ Wheelchair for distance □ Other □ (describe)	
Other Safeguards	
Complaints filed	
Incidents / Investigation	
Safety Plan Completed	
Risk Plans	
Human Rights Training	
Other	
EFS	
Up to Date Picture	
Demographics correct / Allergies / Diagnoses	
Work / Day Program Info correct	
Family / Guardian Correct	
Insurance Information Up to Date	
Program Contact Information Up to Date	

Please forward to ensure all parties have or recognize areas of need and completion

Program Supervisor & Date:_____Program Director & Date_____Director of Cluster & Date_____Nursing & Date_____