## Patient Follow-up Form

**Instructions:** Form to be completed by health care provider after each patient’s appointment and faxed to Anchorage Project Access (APA) along with accompanying clinical (medical/dental) notes. Please fax to (907) 646-0542.

### Patient Name: ________________________  DOB: ______________  Date: __________________

After seeing this Anchorage Project Access (APA) patient, next steps include:

- I asked the patient to set up another appointment with my office.
  - Next appointment date: ______________  Time: ___________ AM/PM

- The patient needs to be referred to another specialty (must be done through APA care coordinator).
  - What specialty does the patient require? ____________________
  - Doctor’s notes for referral attached.

**Urgency:** 1 2 3 4 5 (circle one)

- 1 is the most urgent (ex: new onset angina) that will need to be checked out in the next 2 weeks.
- 3 should be something that requires attention but is under control for the short term (ex: chronic illness patient in need of specific guidance).
- 5 should be an isolated non-urgent medical need (ex: hip replacement).

- The patient requires hospital inpatient or outpatient services (Must be coordinated with APA care coordinator to make sure all pre-authorizations are obtained prior to services).
  - Procedure Name ______________________________________
  - Covered Diagnosis ___________________
  - Is general anesthesia required? □ Yes □ No
  - Procedure Date ______________  Time ___________ AM / PM
  - Pre-Op Date ______________  Time ___________ AM/PM
  - Post-Op Date ______________  Time ___________ AM/PM
  - APA to schedule History & Physical exam with patient’s primary care provider for upcoming surgery?
    - □ If so, attach your H&P Exam forms if required.
    - □ Doctor’s notes for referral attached.

- I have resolved the condition for which the patient was referred; no follow up needed.

### Other/Notes: __________________________________________________________________________________________

Provider Signature ___________________________________________ MD / PA / NP   Phone ______________________
Printed Name ___________________________________________ Practice Name __________________________
Office Contact Name ___________________________ Phone __________________ Fax __________________

---

2401 East 42nd Ave Ste 104 ● Anchorage, AK 99508
Phone: (907) 743-6600 ● Fax: (907) 646-0542 ● AnchorageProjectAccess.org

Patient Follow-up Form 08/13/19