

Consumer Name

Case #:

Medicaid ID:

Address

SSN:

Disability Designation:

DOB:

Case Status:

Current MCCMH Admission

Home Phone:

Primary Provider:

[View Historic Conversion Data](#)

Assigned Clinician:

[View Eligibility/Insurance Info](#)

Access Screening Date and Time

Appointment Date and Time

Provider

Appointment Status (Twin 14)

Date Form Submitted

[Use Current Date](#)

This form is regarding the following appointment:

Provider

Date

[Use Current Date](#)

Time

 AM

Type

Initial

Ongoing

Status Update

Consumer attended initial/ongoing appointment specified above

Consumer did NOT attend the appointment specified above

Was ongoing appointment scheduled?

Consumer is scheduled for ongoing service appointment:

Date

Time

 AM

Consumer refused appointment within 14 days

Number of appointments offered within 14 days:

Consumer was not scheduled for ongoing service appointment because:

- Consumer will use only periodic, consumer driven services (e.g. Clubhouse)
- Consumer is involved in continued evaluation
- Consumer will only use respite services
- Other:

characters left: 256

Reason for not attending

Consumer was a "no show"

Consumer called to cancel on:

[Use Current Date](#)

Agency canceled

Other:

characters left: 256

Was appointment rescheduled?

Consumer did not wish to reschedule

Rescheduled appointment for:

Date

Time

 AM