

## Physician Direction Form

### REQUIRED FORM:

This form is a required document in client file for Medi-Cal providers only

### WHEN:

This form must be completed within thirty days of client's admission

### COMPLETED BY:

Medical Director

### REQUIRED ELEMENTS:

- **Client's Name:** Complete client's full name.
- **Client ID#:** Complete the client ID number as determined by agency guidelines.

The selection of next three directives is determined by Medical Director based on review of client's Health Questionnaire, medical, and drug history.

- **#1:** Medical Director will check this box when client is ordered further tests and/or examinations **to screen for infectious or communicable disease**. Space is provided for Medical Director to list types of tests and/or examinations. Client may not participate in program while the tests are being completed. Results must be returned to Medical Director.
- **#2:** Medical Director will check this box when client should have the listed tests and/or examinations in the space available **to rule out infectious or communicable disease**. Results may be returned to Medical Director for further review and input into treatment plan.
- **#3:** Medical Director will check this box when client is referred for listed tests and/or examinations for client's own information and health promotion.

### **Medical Director Follow-Up**

This section does not need to be completed by Medical Doctor unless box #1 is checked and file has been returned to Medical Director for review of results. If the results are acceptable by Medical Director, the client may be cleared to participate in program.

- **#1:** Medical Director will check this box if client is permitted to participate in program.
- **Medical Director's Signature and Date:** Medical Director reviewing client's file must sign and date.