

New Client Checklist

Initial Call

Date: _____

Staff Member Taking the Call: _____

Client Name: _____ Account Number: _____

Address: _____

Phone Numbers: (Home) _____ (Work) _____

Who Referred the Client: _____

Reason for the Appointment: _____

Insurance Information (if applicable): _____

Client Informed of Major Policies: Yes No

Determine if Client Has Special Needs: _____

Prior to Appointment

Date:

Staff Initials:

Welcome Packet mailed: _____

Insurance Verified: _____

Confirmation Call Placed: _____

Previous Records Received: _____

First Appointment

Forms Completed:

Sign-In Sheet _____

Client Intake _____

Health History _____

HIPAA Documents _____

Informed Consent _____

Review Policies: _____

Obtain Physician Referral: _____

Financial Arrangements Settled: _____

Preview Session: _____

Client Check-Out

Fee Received: _____

Samples and Educational Material Dispensed: _____

Prescriptions Written: _____

Products Sold: _____

Next Appointment Scheduled: _____

Referrals Made: _____

Update Client Session Notes: _____

Follow-Up

Client Check-in Call: _____

Referral Letter Sent: _____

Progress Notes Sent: _____