

# Facility Resource Request Form

**Provider Information:**

Provider/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Site Review Survey	Medical Record Review Survey
<b>Site - Access/Safety</b>	<b>Medical Record - Format</b>
<input type="checkbox"/> Emergency Care Policy <input type="checkbox"/> Disaster Safety Standards <input type="checkbox"/> Medical Emergency Guidelines <input type="checkbox"/> Fire Emergency Plan <input type="checkbox"/> Earthquake Emergency Plan <input type="checkbox"/> Monthly Medication/Laboratory Verification Log <input type="checkbox"/> Non-compliant/Abusive Patient Policy <input type="checkbox"/> Hotline Telephone Numbers <input type="checkbox"/> Oxygen Policy / Safety Training <input type="checkbox"/> Oxygen Log <input type="checkbox"/> Emergency Drug Dosage (Epi/Benadryl) <input type="checkbox"/> Emergency Protocol	<input type="checkbox"/> Patient Registration Form – Adult <input type="checkbox"/> Patient Registration Form – Peds <input type="checkbox"/> Interpretive Service Documentation (Stickers)
<b>Site - Personnel</b>	<b>Medical Record – Documentation</b>
<input type="checkbox"/> Delegation of Service Agreement (PA) <input type="checkbox"/> Standardized Procedure (NP/CNM) <input type="checkbox"/> Medical Assistant(s) Information <input type="checkbox"/> Medical Assistant Certification <input type="checkbox"/> MA Letter of Competency <input type="checkbox"/> Employee Training Checklist <input type="checkbox"/> Confidentiality Statement <input type="checkbox"/> General Consent to Treat (Adults/Peds) <input type="checkbox"/> Referral for Health Education P&P <input type="checkbox"/> Bloodborne Pathogens Exposure P&P <input type="checkbox"/> Med Retrieval, Prep, & Admin Policy <input type="checkbox"/> Infection Control/Biohazardous Waste <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Dependent Adult/Elder Abuse <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Auth. for release of medical records <input type="checkbox"/> Sensitive Services and Minors Rights <input type="checkbox"/> Health Education Referral Log	<input type="checkbox"/> Health Maintenance Problem List (Adult) <input type="checkbox"/> Health Maintenance Problem List (Peds) <input type="checkbox"/> Patient Information Sheets – Adults <input type="checkbox"/> Adult Patient Data <input type="checkbox"/> Problem/Medication List <input type="checkbox"/> Chronic Problem List <input type="checkbox"/> Allergies <input type="checkbox"/> Medication Sheet <input type="checkbox"/> Medication List <input type="checkbox"/> General Consent Form <input type="checkbox"/> Consent Form PM 330 <input type="checkbox"/> HIV Consent Form <input type="checkbox"/> Advance Directive Information
<b>Site – Office Management</b>	<b>Medical Record – Coordination/Continuity of Care</b>
<input type="checkbox"/> Telephone Advice P&P <input type="checkbox"/> Broken Appointment Procedure <input type="checkbox"/> Interpretive Information/Language Form <input type="checkbox"/> Referral Procedure <input type="checkbox"/> Referral Log <input type="checkbox"/> Member Grievance Procedure <input type="checkbox"/> Grievance (Form / Log) <input type="checkbox"/> Medical Record P&P <input type="checkbox"/> Auth. for release of medical record form <input type="checkbox"/> Appointment Scheduling P&P <input type="checkbox"/> Missed Appointment Log <input type="checkbox"/> Language Capabilities Form <input type="checkbox"/> HIPAA Form (English / Spanish) <input type="checkbox"/> Fast Lane to HIPAA Compliance	<input type="checkbox"/> Adult Visit Record <input type="checkbox"/> History of Adult Patients <input type="checkbox"/> Comprehensive Health History <input type="checkbox"/> Family History <input type="checkbox"/> Health History <input type="checkbox"/> Pediatric Intake History Form <input type="checkbox"/> Male Physical Exam Form <input type="checkbox"/> Female Physical Exam Form <input type="checkbox"/> Pediatric Interval Progress Note <input type="checkbox"/> Pediatric Initial Health Assessment Form <input type="checkbox"/> Continuity of Care Instructions Form <input type="checkbox"/> Immunization Record and History Form <input type="checkbox"/> Adult Immunization Record & History
<b>Site – Clinical Services</b>	<b>Medical Record – Pediatric Preventive Criteria</b>
<input type="checkbox"/> Pharmaceutical P&P <input type="checkbox"/> Medication Dispensing Log <input type="checkbox"/> Refrigerator/Freezer Temp Log <input type="checkbox"/> Radiology and Laboratory On-Site Facility Standards <input type="checkbox"/> Radiation Safety Instructions <input type="checkbox"/> DHS Radiation Standards <input type="checkbox"/> CLIA information <input type="checkbox"/> CLIA contact information <input type="checkbox"/> Controlled Substance Log <input type="checkbox"/> Schedules of controlled substances <input type="checkbox"/> Inventory of Expired Medications <input type="checkbox"/> VIS (information/sheets)	<input type="checkbox"/> Pediatric Policy and Procedure <input type="checkbox"/> Staying Healthy Assessment Tool <input type="checkbox"/> AAP Guidelines / Information <input type="checkbox"/> Childhood Immunization Schedule <input type="checkbox"/> Blood Lead Screening Information <input type="checkbox"/> Pediatric TB Exposure Risk Assessment Form <input type="checkbox"/> Anticipatory Guidance/Developmental Milestones Form <input type="checkbox"/> Consent and Authorization for Immunization <input type="checkbox"/> Nutritional Assessment Form <input type="checkbox"/> Age-Specific Well Child Assessment Forms <input type="checkbox"/> Vision/Audiometric Screening Form <input type="checkbox"/> Pediatric Progress Notes <input type="checkbox"/> Pediatric Health Assessment Form <input type="checkbox"/> Pediatric Asthma Action Plans <input type="checkbox"/> Asthma Resources (PCP/Patient) <input type="checkbox"/> Pediatric Progress Note <input type="checkbox"/> Growth Chart Information <input type="checkbox"/> Immunization Record and History <input type="checkbox"/> 90-Day Notification Letter
<b>Site – Preventive Services</b>	<b>Medical Record – Adult Preventive Criteria</b>
<input type="checkbox"/> Sign-Water Available (English/Spanish) <input type="checkbox"/> Daily Calibration Log <input type="checkbox"/> Thermometers, Processing and Use P&P <input type="checkbox"/> Thermometer Cleaning and Storage <input type="checkbox"/> Health Education Record Form <input type="checkbox"/> Health Education P&P <input type="checkbox"/> Equipment Calibration & Safety Check P&P	<input type="checkbox"/> Adult Preventative Services P&P <input type="checkbox"/> Adult Health Maintenance Checklist Form <input type="checkbox"/> Advance Directive Information (English/Spanish) <input type="checkbox"/> Vaccine Information Sheets <input type="checkbox"/> Adult TB Exposure Risk Assessment Form <input type="checkbox"/> Summary of Recommendations for Adult Immunization <input type="checkbox"/> Standards for TB Screening <input type="checkbox"/> Staying Healthy Assessment Form <input type="checkbox"/> Adult Progress Note <input type="checkbox"/> Diabetic Flow Sheet <input type="checkbox"/> Diabetic Progress Note <input type="checkbox"/> Adult Health History Form - Eng/Spn
<b>Site – Infection Control</b>	<b>Medical Record – Perinatal Preventive Criteria</b>
<input type="checkbox"/> Infection Control, Biohazardous Waste Handling P&P <input type="checkbox"/> Autoclave/Sterilization Log <input type="checkbox"/> 10% Bleach Solution Information <input type="checkbox"/> Cleaning Schedule Form <input type="checkbox"/> Sterilization Policy <input type="checkbox"/> Universal Precaution Procedure <input type="checkbox"/> Sharps Incident Report (Form / Log) <input type="checkbox"/> Communicable Disease Protocol P&P	<input type="checkbox"/> CPSP Assessment Tool (Annotated) <input type="checkbox"/> CPSP Assessment Tool (Patient Use) <input type="checkbox"/> CPSP Assessment Risk <input type="checkbox"/> CPSP Individualized Care Plan (ICP) <input type="checkbox"/> CPSP Prenatal Combined Assessment <input type="checkbox"/> CPSP Combined Postpartum Assessment <input type="checkbox"/> CPSP Domestic Violence <input type="checkbox"/> WIC – Information Sheet
<b>Americans with Disabilities Act (ADA) / Seniors and Persons with Disabilities (SPD)</b>	
<input type="checkbox"/> Your Guide to the Americans with Disabilities Act Guides: Medical Offices Access <input type="checkbox"/> A provider's Guide for the Care of Women with Physical Disabilities & Chronic Medical Conditions <input type="checkbox"/> Removing Barriers to Health Care: A Guide for Health Professionals <input type="checkbox"/> Using a Text Telephone <input type="checkbox"/> ADA Questions and Answers for Health Care Providers <input type="checkbox"/> Checklist for Readily Achievable Barrier Removal <input type="checkbox"/> Importance of Accessible Examination Tables <input type="checkbox"/> Importance of Accessible Weight Scales	
<b>Miscellaneous</b>	
<input type="checkbox"/> Evidence of Staff Training Form <input type="checkbox"/> Vaccines For Children (VFC) Program Form <input type="checkbox"/> Ordering Breakaway Locks – Key Surgical (800) 541-7995 <input type="checkbox"/> HIPAA Information website: <a href="http://www.hhs.gov/ocr/hipaa/assist.html">www.hhs.gov/ocr/hipaa/assist.html</a> <input type="checkbox"/> Clinical Laboratory Improvement Amendments of 1988 (CLIA) website: <a href="http://www.fda.gov/cdrh/clia/cliawaived.html">www.fda.gov/cdrh/clia/cliawaived.html</a> <input type="checkbox"/> Plan Partner Information Line <input type="checkbox"/> Other: _____ <input type="checkbox"/> Consent for DMPA (Depo-Provera) <input type="checkbox"/> Cal-OSHA website: <a href="http://www.dir.ca.gov">www.dir.ca.gov</a> <input type="checkbox"/> Vaccine Information Sheet (VIS) Website: <a href="http://www.cdc.gov/nip/publications/VIS">www.cdc.gov/nip/publications/VIS</a> <input type="checkbox"/> HIPAA Provider Toolkit website: <a href="http://www.hillphysicians.com">www.hillphysicians.com</a> <input type="checkbox"/> Health Education Order Form	

I would like to receive the above checked documents.  
**Please fax form to 213-438-5717 Attn: FSR Department**

I have received the above checked documents.

<b>For L.A. Care / Internal Office use only</b>	
<input type="checkbox"/> Mailed: Date: _____	<input type="checkbox"/> Faxed: Date: _____
	Fax: _____

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_