



PATIENT FOLLOW-UP FORM

INSTRUCTIONS: Form to be completed by health care provider. Please complete after each appointment with patient. Fax form and accompanying doctor notes to Anchorage Project Access. **Fax to (907) 339-8710.**

Patient Name: _____ DOB: _____ Date: _____

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

___ I asked the patient to set up another appointment with my office (with office staff directly).

Next appointment date: _____ Time: _____

___ The patient needs to be referred to another specialty (can only be done through Anchorage Project Access).

What specialty does the patient require? _____ Doctor's notes for referral attached.

Urgency: 1 2 3 4 5 (circle one)

Assuming urgency level of:

- **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/outpatient services (can only be done through Anchorage Project Access).

Procedure _____ Date _____ Facility _____

Doctor's notes for referral attached.

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

Other/Notes: _____

Provider Information: Provider's Signature _____ MD / PA / NP Phone _____

Office Contact Name _____ Phone _____ Fax _____

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