

Appointment Schedule – Treatment Group

Patient name: _____ Patient ID# _____ Parent Name: _____
 Contact Phone Numbers: Home: _____ Mother's Office: _____ Father's Office: _____ Other: _____
 Address and SSN of person collecting payment _____

Timing*	Appt. kept?	Date appt. scheduled	Rescheduled appt. date (if necessary)	Encounter #	Purpose of visit	Form to be completed	Form completed?	Date form sent	Payment received?
	<input type="checkbox"/>			N/A		<ul style="list-style-type: none"> • Informed Consent • 1C, Demographics 	N/A <input type="checkbox"/>	N/A	N/A <input type="checkbox"/>
	<input type="checkbox"/>			N.A	Audiology evaluation – MUST be done before initial OMT	<ul style="list-style-type: none"> • 1D, Audiology (or eval. form from audiologist) 	<input type="checkbox"/>		<input type="checkbox"/>
Initial	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Tympanogram #1 ▪ Initial OMT evaluation ▪ OMT treatment (optional) 	<ul style="list-style-type: none"> • OMT Exam & Treatmt. Form** • 2A, Hearing Behavior Rating • 2B, Clinical Update • 2C, Tympanogram 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 wk. after initial OMT evaluation (if no OMT treatment at 1 st visit)	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 week after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1 week after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appx. 2 weeks after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment ▪ Tympanogram #2 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • 2C, Tympanogram • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Timing*	Appt. kept?	Date appt. scheduled	Rescheduled appt. date (if necessary)	Encounter #	Purpose of visit	Form to be completed	Form completed?	Date form sent	Payment received?
Appx. 2 weeks after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appx. 2 weeks after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment ▪ Tympanogram #3 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • 2C, Tympanogram • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appx. 1 month after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment ▪ Tympanogram #4 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • 2C, Tympanogram • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appx. 1 month after previous appointment	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Follow up ▪ OMT treatment ▪ Tympanogram #5 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating • 2B, Clinical Update • 2C, Tympanogram • OMT Exam & Treatmt. Form 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appx. 1 month after previous appointment (Final OMT eval. MUST be at least 6 months after initial eval.)	<input type="checkbox"/>			# _____	<ul style="list-style-type: none"> ▪ Final follow up ▪ Tympanogram #6 ▪ Final OMT evaluation ▪ +/- Treatment ▪ Update info for pymt. to patient 	<ul style="list-style-type: none"> • 2A, Hearing Behavior Rating incl. bottom half • 2B, Clinical Update • 2C, Tympanogram • OMT Exam & Treatmt. Form** 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
After final OMT evaluation (MUST be at least 6 months after initial OMT eval.)	<input type="checkbox"/>				Final audiology exam	<ul style="list-style-type: none"> • 1D, Audiology 	<input type="checkbox"/>		<input type="checkbox"/>

Notes: *Intervals indicated in the Timing column are the shortest possible.

**First and last OMT Exam and Treatment forms must be filled out completely. Forms completed in the interim can be limited to the head and other regions as dictated by the treating physician.