

**PERSONAL CARE**

Initial Contact Log

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ DOB \_\_\_\_\_

**Applicant**

Personal Care Agency: \_\_\_\_\_

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

Date PAS completed: \_\_\_\_\_

Date PAS received from Doctor \_\_\_\_\_

Personal Care RN Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

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**Member:**

Date Prior Authorization Received from APS Healthcare: \_\_\_\_\_

Date Personal Care Assessment Conducted: \_\_\_\_\_

Date Plan of Care Developed with member: \_\_\_\_\_

Date direct care services began: \_\_\_\_\_

Comments: \_\_\_\_\_

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PC RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_