

Center for Healthy Aging

Indianapolis location

8424 Naab Road, Suite 1L
Indianapolis, IN 46260

Carmel location

13450 N. Meridian Suite 270
Carmel, IN 46032

_____ is scheduled for the following services:
(patient name)

Geriatric Assessment

Date: _____
Time: _____ AM PM
Physician: _____

Geriatric Consultation

Date: _____
Time: _____ AM PM
Physician: _____

Geriatric Assessment Results Conference

Date: _____
Time: _____ AM PM
Physician: _____

**Please arrive 15 minutes early for
your appointments**

Appointment Checklist

Completed paperwork: Completion of the forms listed below is required prior to the first appointment. **The doctor is unable to see the patient without completion of these forms.** Please complete and bring the following to the appointment:

- | | |
|---|---|
| <input type="checkbox"/> Center for Healthy Aging Intake form | <input type="checkbox"/> Patient Health Survey form |
| <input type="checkbox"/> Current medication list | <input type="checkbox"/> Consent forms |

Identification card and all Insurance cards: If you have a Medicare Replacement plan, you may need to have prior authorization for the appointment. Please check with your insurance plan **before** the appointment, and notify the patient's primary care provider if an authorization is necessary.

Copies of any Advanced Directives: Living Will, Power of Attorney, POST, Guardianship, etc.

Medical Records for one year from the Primary Care Provider and any specialist: Release of Records form is provided in the packet. **Primary care records do NOT need to be faxed if the physician is with St. Vincent Medical Group.** Please include one year of blood test results and Head CT or MRI if applicable.

Bring all medications in their original containers: including prescription and over-the-counter medications, vitamins and supplements, and medications taken as needed. If medications are being administered by a nursing staff, have the facility provide a copy of the current medication list (instead of the containers).

Bring all assistive devices: hearing aids, walker, cane, wheelchair, dentures, glasses, etc.