

PERSONAL CARE RN 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:

PC Recipient:

Date Prior Authorization Received from KEPRO: _____

Date Personal Care Assessment Conducted: _____

Date Plan of Care Developed with PC Recipient: _____

Date direct care services began: _____

Comments:

PC RN Signature: _____ Date: _____