



STUDENT NAME: \_\_\_\_\_

ITEM #	DOCUMENT	NOTES	INITIALS
<b>IDENTIFICATION DOCUMENTS</b>			
1.	Referral		
2.	Picture ID		
3.	Insurance Card		
<b>CHART FORMS</b>			
ITEM #	DOCUMENT	MISSING INFORMATION	INITIALS
4.	Lab Sheet		
5.	Medication List		
6.	Registration Form		
	Page 1		
	Page 2		
7.	Pre-Test		
	Post- Test		
8.	Notice of Privacy Practice Receipt		
9.	HIPAA		
	Page 1		
	Page 2		
10.	Text/Email Consent		
11.	HINSTX		
12.	CCNCPHD Form		
13.	Letter of Commitment		
<b>OTHER FORMS</b>			
14.	Scholarship Form		
<b>OTHER INFORMATION</b>			
14.	Meter	YES or NO	Brand:
15.	Insurance	YES or NO	Name:
<b>WAIVER DOCUMENTS</b>			
16.	Referral	YES or NO	
17.	Diagnosis	YES or NO	
18.	ADA Chronicle Data Entry	YES or NO	
19.	Patient Chart Scanned into ADA Chronicle AND Upload	YES or NO	
20.	Excel Database	YES or NO	
21.	Letter to Physician	YES or NO	