

Patient Form Export

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Assigned Forms

Form Title	Status	Submitted
Adult TB Risk Assessment and Screening	Completed	2025-10-09 17:50:08.223000
AFC Caregiver Application	Pending	-
Advanced Directive/HIPAA/Home Care Privacy Rights	Pending	-
Stakeholder Satisfaction Survey	Pending	-
Statement of Good Health/Free of Communicable Disease	Pending	-
Skills Checklist	Pending	-
Pre-Hire Application	Pending	-
Photo Consent Form	Pending	-
Patient Rights and Responsibilities	Pending	-
Service Plan	Pending	-
Service Plan\Care Assessment Form	Pending	-
Senior Information	Pending	-
SORI Request Authorization Form	Pending	-
Release of Information Form	Pending	-
Stipend Rate Agreement GAFC	Pending	-
Stipend Rate Agreement Level 2	Pending	-
Stipend Rate Agreement Level 1	Pending	-
Registered Nurse Job Description	Pending	-
Photo ID Information Request Form	Pending	-
Telehealth Visit Informed Consent	Pending	-
Program Member Application Form	Pending	-
Missed Monthly Visit Notification	Pending	-

1. Adult TB Risk Assessment and Screening

Completed

Submission #14 • Submitted: 2025-10-09 17:50:08.223000

Address	sadsadg
Date	—
Name 1	sdfasfg
Name 2	adsfasfg

Name 3	asfagafh
Date	—
Name 4	—
First Name	Lalith
6) In the past 1 year, have you injected drugs that your doctor did not prescribe?	N/A
7) Have you ever lived or worked in a prison, jail, homeless shelter or long-term care facility?(example: nursing home, substance abuse treatment, rehabilitation facility)	N/A
1) Coughing for more than 2-3 weeks?	—
2) Coughing up blood?	—
3) Weight loss of more than 10 pounds for no known reason?	—
4) Fever of 100°F (or 38°C) for over 2 weeks?	—
5) Unusual or heavy sweating at night?	—
6) Unusual weakness or extreme fatigue?	—
Completed by	—
Signature	lalith
Last Name	—
Name	—
MRN	—
DOB	—
Date	—
1) Has the person had a TB test (skin test or blood test)?	—
TB test result	—
Where: (Facility)	—

TB test date	—
2) Did the person get a chest x-ray after the TB test?	—
X-ray result	—
DOB	—
X-ray date	—
3) Did the person take medication for TB infection?	—
4) Does the person remember being sick with TB?	—
If yes, when	—
Where: Country	—
Where: State	—
Tuberculin Skin Test (TST) plant date	—
TST read date	—
TST Result: (Millimeters of Induration)	—
TST Interpretation	—
Date	—
Interferon-Gamma Release Assay (IGRA) performed	—
IGRA Interpretation	—
Medical Provider Name	—
Medical Provider Signature	—
Medical Provider Date	—
1) Were you born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East?	—
2) In the past 5 years, have you lived or traveled in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East for more than one month?	—

3) In the last 2 years, have you lived with or spent time with someone who has been sick with TB?

—

4) Do you have (or have you had) any of these medical conditions? (Check any that apply)

—

5) Are you taking any medications that your doctor said could weaken your immune system or increase your risk for infections?

—

2. AFC Caregiver Application

Pending

Submission #None

No responses captured for this form.

3. Advanced Directive/HIPAA/Home Care Privacy Rights

Pending

Submission #None

No responses captured for this form.

4. Stakeholder Satisfaction Survey

Pending

Submission #None

No responses captured for this form.

5. Statement of Good Health/Free of Communicable Disease Pending

Submission #None

No responses captured for this form.

6. Skills Checklist Pending

Submission #None

No responses captured for this form.

7. Pre-Hire Application Pending

Submission #None

No responses captured for this form.

8. Photo Consent Form Pending

Submission #None

No responses captured for this form.

9. Patient Rights and Responsibilities Pending

Submission #None

No responses captured for this form.

10. Service Plan Pending

Submission #None

No responses captured for this form.

11. Service Plan\Care Assessment Form

Pending

Submission #None

No responses captured for this form.

12. Senior Information Pending

Submission #None

No responses captured for this form.

13. SORI Request Authorization Form Pending

Submission #None

No responses captured for this form.

14. Release of Information Form Pending

Submission #None

No responses captured for this form.

15. Stipend Rate Agreement GAFC

Pending

Submission #None

No responses captured for this form.

16. Stipend Rate Agreement Level 2

Pending

Submission #None

No responses captured for this form.

17. Stipend Rate Agreement Level 1 Pending

Submission #None

No responses captured for this form.

18. Registered Nurse Job Description Pending

Submission #None

No responses captured for this form.

19. Photo ID Information Request Form

Pending

Submission #None

No responses captured for this form.

20. Telehealth Visit Informed Consent

Pending

Submission #None

No responses captured for this form.

21. Program Member Application Form Pending

Submission #None

No responses captured for this form.

22. Missed Monthly Visit Notification Pending

Submission #None

No responses captured for this form.