

Appendix 18b ■ Client’s Physicians and Other Health Professionals (Optional)

| Client’s Last Name | First Name | MI | MSSP # | | |
|--------------------|------------|----|--------|--|--|
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|--|-----------------------|---|---|---|---|
| NAME: | MSSP Assessment | 1 | 2 | 3 | 4 |
| SPECIALTY: | Date Last seen by HP? | | | | |
| ADDRESS: | | | | | |
| PHONE: | MSSP Assessment | 5 | 6 | 7 | 8 |
| MEDI-CAL PAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last seen by HP? | | | | |

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|--|-----------------------|---|---|---|---|
| NAME: | MSSP Assessment | 1 | 2 | 3 | 4 |
| SPECIALTY: | Date Last seen by HP? | | | | |
| ADDRESS: | | | | | |
| PHONE: | MSSP Assessment | 5 | 6 | 7 | 8 |
| MEDI-CAL PAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last seen by HP? | | | | |

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|--|-----------------------|---|---|---|---|
| NAME: | MSSP Assessment | 1 | 2 | 3 | 4 |
| SPECIALTY: | Date Last seen by HP? | | | | |
| ADDRESS: | | | | | |
| PHONE: | MSSP Assessment | 5 | 6 | 7 | 8 |
| MEDI-CAL PAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Last seen by HP? | | | | |