

**Central Mass Community Network**  
 A project of the Polus Center for Social & Economic Development  
**255 Park Ave, Suite D, Worcester, Ma. 01609**  
**(508) 752-8129 fax (508) 752-3937**  
 Email: [lsault@poluscenter.org](mailto:lsault@poluscenter.org)

**ANNUAL ISP HEATH AND DENTAL ASSESSMENTS**

**Individual's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Primary Care Physician's Name:	
Primary Care Physician's Address:	
Primary Care Physician's Phone:	
Date of Last Annual Physical:	
Significant Findings of the Last Year: (attach additional sheets if necessary)	
Dentist's Name:	
Dentist' Address:	
Dentists Phone:	
Date of Last Annual Dental:	
Significant Findings of the Last Year: (attach additional sheets if necessary)	
Other Specialist(s) and Significant Findings of the Last Year: (attach additional sheets if necessary)	

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**Individual's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<p><b>Current Medications:</b>          (include strength, dose, frequency and generic name, if applicable)</p>	<p>See Attached Sheet</p>
<p><b>Identify any Chronic or Acute Medical Conditions:</b> (attach additional sheet(s) if necessary)</p>	
<p><b>Update on Chronic or Acute Medical Conditions over the Past ISP Year(s).</b>  <i>Include all medical interventions used including surgery and medication/ treatments as well as needed supports.</i>          (attach additional sheet(s) if necessary)</p>	

ATTACH WRITTEN DOCUMENTATION OF ALL MEDICAL APPOINTMENTS THAT THE INDIVIDUAL HAS ATTENDED SINCE THE LAST ISP HEALTH AND DENTAL ASSESSMENT WAS COMPLETED.