

MAIL ALL FOUR COMPLETED FORMS TO:

**NYS Justice Center for the Protection
of People with Special Needs
SDMC
161 Delaware Avenue
Delmar, NY 12054**

**INSTRUCTIONS FOR SDMC FORM 220-B
Supplemental Medical Information**

If this is your first time preparing a case or you have questions, call 518-549-0328.

Verify the answer includes. . . .

- 1a. . . . all the current medications including dosages, frequency and mode of intake.
- 1b. . . . the name of any drug the patient is taking that requires frequent blood level monitoring and a copy of monitoring reports.
2. . . . any known allergies that the patient has to medication, food or anything else.
3. . . . the date of the last physical examination, any abnormal findings and include a copy of the report.
4. . . . the date of the most recent EKG and a copy of the report. If MD has not requested EKG, one need not be done at this time.
5. . . . the date of the most recent chest x-ray and a copy of the report. If MD has not requested a chest x-ray, one need not be done at this time.
6. . . . the date of the most recent laboratory work-ups and a copy of the report.
7. Has there been a second opinion? If yes check type. Include a copy in the case. A second opinion is (for our purposes) when the treatment team seeks an opinion from another physician, dentist or podiatrist not including the patient's primary physician regarding the treatment being proposed. NOTE: A second opinion is not required.
8. . . . any cardiac or pulmonary diagnoses or any signs or symptoms of these conditions.

***NOTE:** If there is a history of cardiac or pulmonary conditions or an adverse reaction to general anesthesia, and general anesthesia will be used, discuss this with the doctor before submitting the case and include a note from the MD OR memo from staff summarizing that discussion that indicates the patient can have general anesthesia pending pre-operative clearance.

9. . . . any major illnesses, surgeries or hospitalizations that the patient has had in the past year.
10. . . . any primary or secondary physical conditions with which the patient has been diagnosed.
11. . . . whether the patient has ever had general anesthesia in the past, and if so, the date, whether the patient has had a negative reaction to the general anesthesia and

- a description of that reaction, if known. IV sedation and MAC are not considered general anesthesia for SDMC cases.
12. . . . whether there is any medical condition that would prevent the patient from being able to attend the hearing, and if yes, an explanation is included.
 13. . . . whether there is a requested procedure scheduled, and if yes, the date. If no, contact physician, dentist or podiatrist's office to get an idea of when the procedure will be scheduled and ask how far out their patient visits are being scheduled.
 14. . . . the patient has had a previous SDMC review, and if yes, the date the most recent SDMC approved procedure was performed, name of the procedure and result of that procedure/outcome are noted.
 15. . . . Is the patient in the hospital? If yes, include hospital name, address, phone number and contact name. Cases for hospitalized patients are automatically considered Expedited and are generally held at the hospital so this assists with scheduling the hearing.
 16. . . . the full name and title of the person completing the form, their signature, date and contact numbers.