

PCP: @PCP@ Insurance: @PAYOR@

Wt: _____ Ht: _____ BP: _____ HR: _____ RR: _____ SpO2: _____

Reason for appt: _____

@CAREPLANREFERRAL@

Pre-visit scrub

HM Due: @HMDUE2@	Last Screening: @LASTBMI(1)@ @LASTBP(1)@ @LASTWT(1)@ Tobacco Screen: @PAFLINK(100538)@ Women: @LASTLAB(pap)@ Diabetes: @LASTLAB(HGBA1C)@ @LASTLAB(ldl,ldldirect,dldl,ldlcalc)@ @LASTLAB(urmicalbcre,micalbcreat,albcreat,uralbcreat)@ @LASTLAB(creatinine,creatininecl,egfr,egfrfam)@
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MA

Immunizations: <input type="checkbox"/> Up to Date <input type="checkbox"/> Declines <input type="checkbox"/> Need Records <hr/> Hep A Hep B Twinrix IPV Tdap TD MMR Varicella PPSV23 PCV13 Influenza Zoster MCV4 HPV	Imaging: X-Ray Ultrasound CT Other Spine Assessment: YES NO	Check out: Follow up: _____ <input type="checkbox"/> Wellness Coach <input type="checkbox"/> IBC <input type="checkbox"/> PCP <input type="checkbox"/> Other _____ <input type="checkbox"/> PRN
Urine Specimen: <input type="checkbox"/> Dip (Clean Catch) <input type="checkbox"/> Culture <input type="checkbox"/> Ur HCG <input type="checkbox"/> Ur MicroAlb <input type="checkbox"/> Ur GC UDS: <input type="checkbox"/> In House <input type="checkbox"/> Send Out	Blood Work: <input type="checkbox"/> Future Labs ordered <input type="checkbox"/> Fasting <input type="checkbox"/> Non-fasting Other labs: <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Throat culture <input type="checkbox"/> Influenza Swab	