

Name: _____ MRN: _____ PCP: _____

Reason for appt:

Major issues at last appt:

Weight: _____ Height: _____ Resp: _____

Pre-visit scrub

Referrals Pending: INSURANCE:	HM Due-Lab Screening: <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Hep C <input type="checkbox"/> HIV <input type="checkbox"/> Lipid	HM Due: <input type="checkbox"/> Depression <input type="checkbox"/> Healthful diet <input type="checkbox"/> HTN <input type="checkbox"/> SBIRT <input type="checkbox"/> Tobacco Cessation	Diabetes: <input type="checkbox"/> HGBA1C <input type="checkbox"/> LDL <input type="checkbox"/> Microalbumin <input type="checkbox"/> Serum Creatinine <input type="checkbox"/> Foot Exam <input type="checkbox"/> Eye Exam	Women: <input type="checkbox"/> PAP <input type="checkbox"/> PAP/HPV <input type="checkbox"/> GC/Chlamydia <input type="checkbox"/> Breast Ca <input type="checkbox"/> Dexa <input type="checkbox"/> Relationship safety
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MA

Immunizations: <input type="checkbox"/> Up to Date <input type="checkbox"/> Declines <input type="checkbox"/> Need Records <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Hep B</td> <td style="width: 25%;">Hep A</td> <td style="width: 25%;">Tdap</td> <td style="width: 25%;">TD</td> </tr> <tr> <td>MMR</td> <td>PCV13</td> <td>Zoster</td> <td>IPV</td> </tr> <tr> <td>HPV</td> <td>PPSV23</td> <td>Varicella</td> <td>MCV-4</td> </tr> <tr> <td colspan="4">Influenza</td> </tr> </table>	Hep B	Hep A	Tdap	TD	MMR	PCV13	Zoster	IPV	HPV	PPSV23	Varicella	MCV-4	Influenza				Imaging X-Ray Ultrasound CT Other Specialty Referral Spine Assessment: YES NO	Outside Records Needed:
Hep B	Hep A	Tdap	TD															
MMR	PCV13	Zoster	IPV															
HPV	PPSV23	Varicella	MCV-4															
Influenza																		
Notes:																		

Lab:

Urine Specimen: <input type="checkbox"/> Dip (Clean Catch) <input type="checkbox"/> Culture 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
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Dot Phrase Cheat Sheet: .BMIADULT1OCHINONLY For patients with BMI >25 .LCDVMEDICAREWELLNESSVISIT For welcome and annual Medicare exams .xwell*** For well child exams by age/gender .SBIRT Positive Screenings only
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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
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