

PCP: @PCP@ @FPL@

Insurance: @PAYOR@

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

Reason for appt: _____

@CAREPLANREFERRAL@

Pre-visit scrub

<p>HM Due: @HMDUE2@</p>	<p>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,egfracfam)@</p>
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MA

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