

Patient: ANDY M TEST DOB: 01/01/1930, 75 Year Old Female

Services due (click Protocols tab for details):

FLU VAX, MONOFILAM CF or MONOFILAM RT or MONOFILAMENT or DM8 FOOT CK, CREATINE, MICROALBUMIN, TRIGLYCERIDE, HDL, CHOLESTEROL, HGBA1C, DIAB CVI CK, BP DIASTOLIC, BP SYSTOLIC.

### History of Present Illness

History from [dropdown]

Reasons for exam:

- Review and update of medical problems
- health maintenance
- diabetes follow up exam
- acute respiratory infection
- sore throat
- dysuria
- joint complaints
- back pain
- consultation

Reason for exam:

[text area]

[text area]

- HPI
- Historics**
- Risk
- ROS
- Vitals
- PE
- Assessment
- Plan
- EM Summary

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### Past, Family, and Social History

All reviewed, no changes required

Past history

reviewed - no changes required

Family history

reviewed - no changes required

Social history

reviewed - no changes required

Specialists Seen

reviewed - no changes required

**HPI** **Histories** **Risk** **RDS** **Vitals** **PE** **Assessment** **Plan** **IM Summary**

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Risk Factors

Patient: ANDY M TEST DOB: 01/01/1930, 75 Year Old Female

Tobacco uses:  current  prev.  never

Add Tobacco Use to Prob List  Reviewed

Get Previous  Clear Previous

cigarettes  packs/day # of Years:   
 cigars  per day Pack Years:   
 smokeless/chew  per day  
 pipe  per week

**Counseled to quit/out down:**  yes  no

Time Spent (face to face) Counseling:

Quit Date:

Follow up appointment after quit date

Additional Comments:

Passive smoke exposure:  yes  no

Counseled regarding the importance of avoiding passive smoke ex.

Methods of Smoking Cessation tried:

Smoking Cessation Program:  Yes  No

Nicotine Replacement:  Yes  No

Hypnosis/Acupuncture:  Yes  No

Bupropion:  Yes  No

Nortriptyline or Other TCA:  Yes  No

Clonidine Pill or Patch:  Yes  No

Other:  Yes  No

Readiness to Change:

1. Are you thinking about stopping tobacco use?  Yes  No

2. Would you be interested in talking to the provider on ways?  Yes  No

3. Would you be willing to set a quit date after today?  Yes  No

4. What has happened when you tried to quit

Readiness to change stage:

Tobacco | **Etoh/Drugs** | Health Risk | Diet

Alcohol use:  yes  no

Average drink(s) per day:

Type:

Has patient ever -

Felt need to cut down:  yes  no

Been annoyed by complaints:  yes  no

Felt guilty re: drinking:  yes  no

Needed eye opener in a.m.:  yes  no

Comments:

Counseled:  yes  no

Have you ever used marijuana, cocaine, or any other recreational drugs?  Yes  No

- If so, which drugs:
- Marijuana
  - Cocaine
  - Heroin
  - Hallucinogens
  - Stimulants
  - NDU

Do you currently use any recreational drugs?  Yes  No

- If so, which drugs:
- Marijuana
  - Cocaine
  - Heroin
  - Hallucinogens
  - Stimulants
  - NDU
  - Other

Counseled regarding the use of recreational drugs

**NPI** | **Histories** | Risk | **ROS** | **Vitals** | **PE** | **Assessment** | **Plan** | **EM Summary**

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HIV high risk behavior:  yes  no

Comments:

Caffeine use (drinks/day):

Exercise (times/week):

Type of exercise:

How long each day (minutes):

Counseled regarding the benefits of regular physical exercise

Seat Belt Use:

Counseled regarding the importance of proper use of lap and sho

Rides motorcycle, bicycle, or all-terrain vehi:  Yes  No

Wears a helmet:

Counseled to wear a helmet while riding a bicycle, motorcycle or

Smoke detectors in home:  Yes  No

Counseled to install/maintain smoke detectors in the home

Firearms in home:  [Yes]  No

Counseled regarding safe storage of firearms in the home

Sun exposure:

Uses sunscreen:  Yes  No

Counseled regarding importance of sunscreen use

Counseled regarding importance of Advanced Directive P

Name of Current Dentist/Dental Provider:

Counseled Regarding the importance of flossing and brushing teeth

**Domestic Violence**

If the patient is experiencing DV, refer to one or more of the listed resources

Behavioral Health Services

Local Law enforcement

Domestic Violence Crisis Line: 1-800-852-3389 or 225-8000

Refused

**Additional**

Comments:

Screened/Counseled regarding domestic violence

**HPI**

**Histories**

**Risk**

**ROS**

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**Diet**

- Counselor to limit dietary intake of fat (<30% calories)
- Counselor to limit dietary intake of cholesterol (<300 mg/day)
- Counselor to limit dietary intake of sodium
- Counselor to maintain caloric balance
- Counselor to maximize intake of fruits, vegetables & grain products

Select All

History of Eating Disorder

Additional  
Comments:

**Recommended Daily**

**Calcium Intake**

- Adolescent/Young Adult 1200-1500r
- 25-50 Year Old 1000mg
- Postmenopausal 1000-1500mg

One 8 ounce glass of milk contains approx. 300mg of Calcium

Advise patients who need to increase calcium intake to consume extra amounts of:

- Low fat dairy: skim or 1/2% or 1% milk and nonfat yogurt
- Small fish (with bones)
- Tofu (bean curd)
- Dark green leafy vegetables
- Counselor regarding the importance of maintaining recommended

**HPI**

**Histories**

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Review of Systems

Genitourinary

Preset All - Premenopausal

Preset All - Postmenopausal

System

Patient complains of:

Patient denies:

Clear All

- General
- Eyes/Ears/Nose/Throat
- Cardiovascular
- Respiratory
- Gastrointestinal
- Genitourinary
- Musculoskeletal
- Skin
- Neurologic

- premenopausal
- see HPI
  - dysuria
  - urinary frequency
  - stress incontinence
  - vaginal discharge
  - amenorrhea
  - menorrhagia
  - abnormal vaginal bleeding
  - pelvic pain
  - dysmenorrhea
  - loss of libido
  - sexual dysfunction

- postmenopausal
- see HPI
  - dysuria
  - urinary frequency
  - stress incontinence
  - vaginal discharge
  - amenorrhea
  - menorrhagia
  - abnormal vaginal bleeding
  - pelvic pain
  - dysmenorrhea
  - loss of libido
  - sexual dysfunction

Denies Clear Preset

Page 2 Systems:

- Psychiatric
- Endocrine
- Heme/Lymphatic
- Allergic/Immunologic

Primary Contraceptors:

Maternal DES Exposure:  yes  no  unk

Test	Last Recorded	Updates	Results	By	
Pap Smear	None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Record</a>
Gyn Exam		<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Record</a>
Mammogr.	None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Record</a>
Bone Dens	None	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Record</a>

To REMOVE UPDATE, go to flowsheet, highlight in lower box, click 'Change Back' [Flowsheet](#)

- [HPI](#)
- [Histories](#)
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Vitals

Vision / O2 SAT / PEF

Hearing Test

**Vital Signs**

<b>Enter weight:</b> <input type="text"/> <b>lb</b> <input type="text"/> <b>oz</b>		<b>Standard</b>	<b>Metric</b>	<input type="radio"/> wheelchair	<input type="radio"/> refused
Previous Weight: 800 (11/19/2004 10:19:27 AM)		Weight: <input type="text"/> lb	<input type="text"/> kg	<input type="checkbox"/> HT Reviewed - unchanged	
Height: <input type="text"/> in		Head circumference: <input type="text"/> in	<input type="text"/> cm	<b>Check only if height is the same as previous value</b>	
Temperature: <input type="text"/> degF		Temperature site: <input type="radio"/> oral	<input type="text"/> degC	<input type="radio"/> rectal	
Pulse rate: <input type="text"/>		<input type="radio"/> axillary		<input type="radio"/> tympanic	
Pulse rhythm: <input type="text"/>					
Respirations: <input type="text"/>					
Body Mass Index: <input type="text"/>		<input type="checkbox"/> DO NOT add BMI to note	<input type="checkbox"/> Add metrics to note		
Body Surface Area (m2): <input type="text"/>		<input type="checkbox"/> Add BSA to note	<input type="checkbox"/> Only show metrics in note		
Vitals measured by: <input type="text"/>		<b>ME</b>			

**Blood Pressure**

Standard  Postural  Multiple Sites

Cuff Size:

Previous BP:  /

Add cuff size to note

**Standard**

Blood Pressure #1:  /  mm Hg

Blood Pressure #2:  /  mm Hg

Blood Pressure #3:  /  mm Hg

**Time**

#1:

#2:

#3:

**BP Taken By**

**ME**

**ME**

**ME**

Last Menstrual Period:

Birth Control:

Add birth control to note

**Update Smoking Status - Open Risk Form**

- NPI
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Vitals

Vision / O2 SAT / PEF

Hearing Test

**Vision Screening**

Left eye w/o correction: 20/

Right Eye w/o correction: 20/

OU without correction: 20/

Left eye with correction: 20/

Right eye with correction: 20/

OU with correction: 20/

Color vision testing:

normal

blue/green color blind

Red/Green color blind

Vision testing entered by:

**O2SAT**

O2 SAT (oxim) #1:   Done by:

O2 SAT (oxim) #2:   Done by:

O2 SAT (oxim) #3:   Done by:

**PEF**

PEF #1:  Done by:

PEF #2:  Done by:

PEF #3:  Done by:

- 
- 
- 
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Vitals

Vision / O2 SAT / PEP

Hearing Test

Hearing Test

Right ear:

Left Ear:

Bilateral:

Tested by:

Comments:

Audiometer Test

Pure Tone Test

Audiometer Testing

Series 1

Ear:  Right  Left

- 50 dB HIGHCHAIR:
- 45 dB WRISTWATCH/RAINBOW:
- 40 dB BATHTUB:
- 35 dB COWBOY/HOTDOG:
- 30 dB FIRETRUCK:
- 25 dB SANDBOX:
- 20 dB TOOTHRUSH:
- 15 dB SAILBOAT:
- 15 dB SNOWMAN/BASEBALL:
- 15 dB CUPCAKE:

Series 3

Ear:  Right  Left

- 50 dB SAILBOAT:
- 45 dB TOOTHRUSH:
- 40 dB SANDBOX:
- 35 dB FIRETRUCK:
- 30 dB COWBOY/HOTDOG:
- 25 dB BATHTUB:
- 20 dB WRISTWATCH/RAINBOW:
- 15 dB AIRPLANE:
- 15 dB HIGHCHAIR:
- 15 dB ICECREAM:

Series 2

Ear:  Right  Left

- 50 dB WRISTWATCH/RAINBOW:
- 45 dB SAILBOAT:
- 40 dB AIRPLANE:
- 35 dB CUPCAKE:
- 30 dB ICECREAM:
- 25 dB SNOWMAN/BASEBALL:
- 20 dB HIGHCHAIR:
- 15 dB FIRETRUCK:
- 15 dB TOOTHRUSH:
- 15 dB BATHTUB:

Series 4

Ear:  Right  Left

- 50 dB SNOWMAN/BASEBALL:
- 45 dB BATHTUB:
- 40 dB SAILBOAT:
- 35 dB CUPCAKE:
- 30 dB AIRPLANE:
- 25 dB HIGHCHAIR:
- 20 dB ICECREAM:
- 15 dB COWBOY/HOTDOG:
- 15 dB SANDBOX:
- 15 dB WRISTWATCH/RAINBOW:

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Physical Exam

- Constitutional
- Skin
- Head
- Eyes
- Ears
- Nose
- Mouth
- Neck
- Breasts
- Cardiovascular
- Respiratory
- Abdomen
- Musculoskeletal
- Diabetic Foot Exam
- Neuro/Psych
- Vulva
- Urethra/Bladder
- Vagina
- Cervix
- Uterus
- Adnexa
- Rectum

Asked patient if they wanted a chaperone

Show ABNORMALS as  normal text  ALL CAPS  
 Show COMMENTS as  normal text  ALL CAPS

EARS

<input type="checkbox"/> R ear normal <input type="checkbox"/> L ear normal <input type="checkbox"/> no external deformities <input type="checkbox"/> canals clear <input type="checkbox"/> TMs pearly gray <input type="checkbox"/> TMs mobile <input type="checkbox"/> normal Rinne <input type="checkbox"/> normal Weber <input type="checkbox"/> gross hearing intact	<input type="checkbox"/> R canal inflamed <input type="checkbox"/> R cerumen impaction <input type="checkbox"/> R TM red <input type="checkbox"/> R TM bulging <input type="checkbox"/> R TM retracted <input type="checkbox"/> R TM dull <input type="checkbox"/> R decreased hearing <input type="checkbox"/> L canal inflamed <input type="checkbox"/> L cerumen impaction <input type="checkbox"/> L TM red <input type="checkbox"/> L TM bulging <input type="checkbox"/> L TM retracted <input type="checkbox"/> L TM dull <input type="checkbox"/> L decreased hearing <input type="checkbox"/> abnormal Rinne <input type="checkbox"/> abnormal Weber
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Patient: ANDY M TEST DOB: 01/01/1930, 76 Year Old Female

Assessment

Update Allergies

Assess or Update Problems

Status of Existing Problems  Do not include

New Problem  Do not include  additional workup planned

CHF (ICD-428.0)

**\*\*\* This patient with CHF is not on an ACE or ARB. If no contraindications, consider instituting.**

Today's Assessment

Prior Assessment

[Empty text boxes for Today's Assessment and Prior Assessment]

Preventive Care Reminders

Include preventive care reminders in note

FLU VAX, MONITOR ANGLE or MONITOR ANEMPT or MONITOR ANEMT or DMS FOOT EX, CREATININ, MICROALB UIN, TRIGLYCERIDE, BUN, CHOLESTEROL, INR/PT, DIABEYE EX, BP DIASTOLIC, BP SYSTOLIC.

HPI | **Histories** | Risk | ROS | Vitals | PE | Assessment | Plan | EM Summary

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Patient: ANDY M TEST DOB: 01/01/1930, 75 Year Old Female

Plan

Enter Medications

Enter Orders

Update Directives

Med List Changes:  Include changes  Do not include

Updated Medication List  Do not include

Empty list box for Med List Changes

ATENOLOL TABS (ATENOLOL TABS) asd

Plan

Previous Plan

Instructions

Orders

Print Instructions for Patient

WID Numbering

Copy of Patient Instructions Handout, including Medication List give

Flu Shot	Last: None	Update:	Date given:	Done by:	Record
Pneumovax	Last: 02/24/2005 - Given	Update:	Date given:	Done by:	Record
Tetanus	Last: 09/23/2004 - Given	Update:	Date given:	Done by:	Record

Disposition: [dropdown] in [dropdown]

- HPI
- Histories
- Risk
- ROS
- Vitals
- PE
- Assessment
- Plan
- SM Summary

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Patient: ANDY M TEST DOB: 01/01/1900, 75 Year Old Female

<b>Level 2 visit</b> Brief HPI (1-3 elements) 1 organ sys or body area exam straightforward medical decision making	<b>Level 3 visit</b> brief HPI plus 1 ROS 2- 4 organ sys/body area exam Low complexity medical decision making
<b>Level 4 visit</b> extended HPI 2-9 ROS and 1 PFSH 5-7 organ sys/body area exam moderate complexity medical decision making	<b>Level 5 visit</b> extended HPI plus 10+ ROS plus 2 PFSH 8 or more organ systems High complexity medical decision making

Time is a factor in coding when > 60% visit is spent in counseling and/or coordination of care.

For established patients: 99212=10 min; 99213=15 min; 99214=25 minutes; 99215= 40 minutes

For new patients: 99201=10 min; 99202= 20 min; 99203= 30 min; 99204= 45 min; 99205= 60 min

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