

PATIENT ENCOUNTER WORKSHEET

I. IDENTIFICATION name: sex: dob: age: pat ID: alt ID #: appt: // treating: primary: ins: prev appt: // TxMD: missed appoint.: _____ Total =	IV. REASON FOR VISIT - RN: BP: _____ Concerns: _____ WT: _____ Current meds: _____ Med list updated? _____ Allergies updated? _____ NOTES: _____ _____ _____ _____ _____ _____ _____ _____																			
II. REMINDERS UPCOMING/SENT DUE S / U = reminders Sent / Upcoming Future Appointments and Reminders - What and When: _____ _____ _____ _____ _____	V. HEALTH MAINTENANCE RECOMMENDATIONS <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">NAME</th> <th style="text-align: left;">DUE</th> <th style="text-align: left;">RECORD</th> <th style="text-align: left;">INTERVAL</th> <th style="text-align: left;">FLAG</th> </tr> </thead> <tbody> <tr> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> <td>-----</td> </tr> </tbody> </table> *=Due +=Hi-Risk R=Rfcd N=Non-Rspndr T=Told #=Intrvl Chgd A=Abnl	NAME	DUE	RECORD	INTERVAL	FLAG	-----	-----	-----	-----	-----									
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III. RESULTS PENDING DUE X-Ray, Lab, etc, to track, or Follow up Letters to Send: _____ _____ _____ _____ _____	VI. HEALTH RISK FACTORS // _____ _____ _____ _____ _____	VII. COMMENTS _____ _____ _____ _____ _____																		
VIII. PHYSICIAN SIGNATURE AND DATE _____ _____ _____ _____ _____																				
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HEALTH RISK FACTOR (HRF) QUESTIONNAIRE

Please check all that apply to this patient

Family History (FH)

- FH-CV-DZ (Heart Dz, Stroke, Hypertension)
- FH-COLON-CA (Colorectal Cancer)
- FH-BR-CA (Breast Cancer)
- FH-TEST-CA (Testicular Cancer)
- FH-MELA (Melanoma)
- FH-OTHER-CA (Other Cancer)
- FH-GENET-DZ (Genetic Diseases)
- FH-DM (Diabetes)

Patient Conditions

- CV-DZ (Heart Dz, Stroke, Hypertension)
- DM (Diabetes)
- CHOLEST-HIGH (Hypercholesterolemia)
- COPD (COPD)
- HIV+ (HIV Positive)
- PREV-BR-CA (Previous Breast Cancer)
- PREV-CA (Previous Other Cancer)
- ARTH (Arthritis)
- PUD (Peptic Ulcer)
- RENAL (Renal Disease)
- LIVER (Liver Disease)
- OSTEOP (Osteoporosis Risk)
- PREV-TB (Previous TB)
- COLITIS (Crohns Dz, Ulcerative Colitis)

OTHER RISKS

- SMOKE (Tobacco Use)
- STD-RISK (STD Prone)
- ALCOHOL (Alcohol Use)
- STRESS (Stress)
- DRUG (Drug Use)
- IMMIGRANT (Immigrant Status)
- OBESE (Obesity)
- OCC-ENV-RISK (Occup/Environ Exp)
- SEDENT (Sedentary)
- INFLU-RISK (Influenza Risk)
- SEATBELT (Seatbelt)
- HEPB-RISK (Hepatitis Risk)
- HIV-RISK (HIV Prone)
- SPLENECTOMY (Splenectomy)
- DEPO (Depo Provera)
- NORPLANT (Norplant)

ALLERGIES

- AL-PEN (Penicillin)
- AL-SUL (Sulfa)
- AL-COD (Codeine)
- AL-ASA (Aspirin)
- AL-TCN (Tetracycline)
- AL-AMOX (Amoxicillin)
- AL-ERYTHRO (Erythromycin)
- AL-_____ (Specify)

HEALTH MAINTENANCE RECOMMENDATIONS (HMRS): PATIENT HX

CHILD (UNDER 18)

ADULTS (OVER 18)

Has basic immunization series* been done?
 Yes _____ (Skip to 6) (*DPT/OPV,MMR,Hib,HepB)
 No _____ (Complete 1-8)

Vaccine	Date Done	(Not Indicated)
1. DPT	_____	_____
2. IPV	_____	_____
3. MMR	_____	_____
4. H-FLU-VACC	_____	_____
5. HEP-B-VACC	_____	_____ ()
6. HCT	_____	()
7. PPD	_____	()
8. TD-ADULT	_____	()
9. INFLU-VACC	_____	()
10. PNEUMO-VACC	_____	()

Test or Vaccine	OR		Results		Specify Interval
	Date Done	Due Date	NL	ABNL	
CHOL	_____	_____	_____	_____	_____
RECTAL	_____	_____	_____	_____	_____
FOBT	_____	_____	_____	_____	_____
SIGMOID	_____	_____	_____	_____	_____
BREAST EXAM	_____	_____	_____	_____	_____
MAMMO	_____	_____	_____	_____	_____
PAP	_____	_____	_____	_____	_____
INFLU-VACC	_____	_____	_____	_____	_____
PNEUMO-VACC	_____	_____	_____	_____	_____
TD-ADULT	_____	_____	_____	_____	_____
HEP-B-VACC	_____	_____	_____	_____	_____
PROSTATE	_____	_____	_____	_____	_____
DEPO PROVERA	_____	_____	_____	_____	_____
NORPLANT	_____	_____	_____	_____	_____

Visit Date : _____ Patient Name : _____
 Primary Doctor : _____ Pat ID : _____ Status : _____
 Treating Doctor : _____ Date of Birth : _____ Sex : _____

This patient is: ESTABLISHED TEMPORARY INACTIVE (circle one)

Verify Patient's Sex: M F (circle one)