

PATIENT ENCOUNTER WORKSHEET

I. IDENTIFICATION

name: SMITH, JANE D.
sex: F dob: 01/01/1971 age: 32Y
pat ID: 11111111-01
alt ID #: 111-11-1111
appt: 02/01/2003
treating: NORMAN, LEE MD
primary: NORMAN, LEE MD
ins: HEALTHPLUS
prev appt: 01/15/2003 TxMD: 60-LN
missed appoint.: _____ Total = 1

II. REMINDERS UPCOMING/SENT DUE

U LAB ABNORMAL-FOLLOW UP

S / U = reminders Sent / Upcoming

Future Appointments and Reminders -
What and When:

III. RESULTS PENDING DUE

CHOLESTEROL	01/22/2003
GLUCOSE	01/17/2003
PAP SMEAR	01/24/2003

X-Ray, Lab, etc, to track, or
Follow up Letters to Send:

IV. REASON FOR VISIT - PHYSICAL EXAM 19 - 34 YRS FEMALE

RN:
BP: _____ Concerns: _____

WT: _____

Current meds: _____

Med list updated? _____

Allergies updated? _____

MD:

Health Maintenance / cancer screening intervals appropriate?

Review habits: smoking, alcohol, drugs, sexual, diet, seatbelts, HIV.

Mortality Data / Leading causes of death (1984):

1. Accident
2. Cancer: 1) breast 2) leukemia
3. Homicide
4. Suicide
5. Heart Disease

NOTES: _____

V. HEALTH MAINTENANCE RECOMMENDATIONS

NAME	DUE	RECORD	INTERVAL	ABNL
+ GLUCOSE	07/03	01/03 07/02 01/02	Q6M	
+* FOOT EXAM	01/03	07/02R 01/02 07/01	Q6M	
PAP	01/04	01/03 01/02 01/01	Q1Y	
BREAST-EXAM	01/04	01/03 01/02 01/01	Q1Y	
+ CHOLESTEROL	01/04	01/02 01/00 /	Q2Y	
+ INFLU-VACC #1	10/03	11/02 01/02 10/01N	Q1Y	
TD-ADULT #1	01/07	01/97 / /	Q10Y	

*=Due +=Hi-Risk R=Rfcd N=Non-Rspndr T=Told #=Intrvl Chgd A=Abnl

VI. HEALTH RISK FACTORS 07/22/02

DM
FH-CV-DZ
OBESE

VII. COMMENTS
VIII. PHYSICIAN SIGNATURE AND DATE
IX. OUTCOME SCREENS

- | | | |
|--------------------------------------|----------------------------------|--|
| 01. ___ VISIT NOT OF QA SIGNIFICANCE | 07. ___ CLINIC INCURRED INCIDENT | 13. ___ RDD (RECORD DOCUMENTATION DEF) |
| 02. ___ HOSPITAL ADMIT FOR APO | 08. ___ PATIENT DISSATISFACTION | 14. ___ CONTINUITY/PREVENTIVE CARE DEF |
| 03. ___ RETURN TO CLINIC/ER FOR APO | 09. ___ ERROR-BLOOD PRODUCT | 15. ___ DELAY-IN DIAGNOSIS |
| 04. ___ UNPLANNED SURGICAL OUTCOME | 10. ___ ERROR-MEDICATION | 16. ___ DELAY-IN CONSULTATION |
| 05. ___ INFECTIOUS COMPLICATIONS | 11. ___ ERROR-TEST FOLLOW UP | 17. ___ OTHER _____ |
| 06. ___ PATIENT DEATH | 12. ___ DRUG REACTION | |