Office Visit Note for Grace Primary Care Physicians

*Patient Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DOB*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

*Provider*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Visit Date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*See attached Health Summary Form\*\*\***

*Allergies*: ○ reviewed *Current* *Medications*: ○ reviewed

**SUBJECTIVE:**

*Chief Complaint*: ○New ○Established visit ○General Physical Exam ○Chronic Care Management ○Well Woman ○Acute ○Procedure

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ Obtain Medical Records: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Symptoms*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*HPI (Current problems)*:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Review of Systems*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Constitutional:**   * Chills * Fatigue * Fever * Night Sweats * Weight changes * Unremarkable * N/A | **Eyes:**   * Blurred Vision * Eye Drainage * Eye Pain * Irritation * Vision change * Unremarkable * N/A | **Ears/Nose/Throat:**   * Ear Pain * Bloody Nose * Congestion * Hoarse Voice * Sore Throat * Unremarkable * N/A | **Cardiovascular:**   * Chest Pain * Orthopnea * Palpitations * PND * Edema * Unremarkable * N/A | **Respiratory:**   * Cough * Dyspnea * TB Exposure * Hemoptysis * Wheezing * Unremarkable * N/A | **Endocrine:**   * Hair loss * Heat/cold in * Polydipsia * Polyphagia * Unremarkable * N/A | **Heme/Lymphatic:**   * Bruising * Bleeding * Adenopathy * Unremarkable * N/A |
| **Gastrointestinal:**   * Abdominal Pain * Blood in Stool * Constipation * Melena * Nausea /   Vomiting / Diar   * Unremarkable * N/A | **Genitourinary:**   * Dysuria * Hematuria * Nocturia * Polyuria * Incontinence * Unremarkable * N/A | **Musculoskeletal:**   * Arthralgias * Back Pain * Joint stiffness * Limb Pain * Myalgia * Unremarkable * N/A | **Skin/Integument/Breast:**   * Atypical moles * Dry skin * Itching * Rashes   ***Breast***:   * + Discharge   + Masses * Unremarkable * N/A | **Neurologic:**   * Ataxia * Fainting * Headache * Seizures * Weakness * Unremarkable * N/A | **Allergies/**  **Immunology:**   * Seasonal all * Perennial all * Freq infections * HIV risk factors * Urticaria * Unremarkable * N/A | **ALL SYSTEMS REVIEWED:**   * Negative * All others negative * Unremarkable * N/A |

*Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_

**OBJECTIVE:**

*Vitals:*

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| --- | --- | --- | --- | --- |
| Height: | Weight: | Heart Rate: | Blood Pressure: | Temperature: |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Respiratory: | O2SAT: | LMP: | Visual Acuity (OS): | Visual Acuity (OD): | Ears: |
|  |  |  |  |  | ○ Pass ○ Fail |

*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Exams:*

**General Appearance:** ○ WDWN ○ Appropriately groomed ○ NAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes**: ○ EOMI ○ PERRLA ○ Lids ○ Conj ○ *Fundoscopic exam*:  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENT**: ○ Outer ear ○ TM’s ○ Nasal/Oral mucosa ○ Oropharynx ○ *Teeth & Gingiva*: \_\_\_\_\_\_\_\_\_\_\_\_○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neck**: ○ Supple ○ FROM ○ Thyroid ○ No Carotid bruits ○ No LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resp**: ○ CTAB ○ No R/R/W ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CV**: ○ RRR ○ S1/S2 ○ No m/r/g ○ Normal PMI ○ Peripheral: No clubbing, cyanosis or edema ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GI**: ○NT/ND ○ NABS ○ No HSM ○ No masses ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GU**: *Male*: ○ B desc testes ○ No masses ○ No hernia ○ Penis ○ No inguinal LAD ○ *Prostate: \_\_\_\_\_\_\_* ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Female*: ○ Ext. Genitalia ○ Urethra ○ No inguinal LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pelvic*: ○ Vagina ○ Cervix ○ No CMT ○ No Adnexal tenderness ○ No Masses ○ Uterus ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lymphatic:** ○ No LAD (Cervical - Supraclavicular - Axillary – Inguinal) ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breast:** ○ No Masses ○ Skin changes ○ Nipple discharges ○ No axillary LAD ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Skin:** ○ No Rashes ○ No Lesions ○ No Suspicious moles ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Musc/Skel:** ○ ROM ○ Strength ○ Tone Diabetic Foot Exam

**Neuro**: ○ A&O X 3 ○ II-XII intact ○ Sens/Motor ○ DTR’s ○ Gait ○ Coordination ○ Abnormal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psych**: Affect Demeanor Speech pattern *Thought: No SI No HI*

PE: (Circle= exam normal unless otherwise described

|  |  |
| --- | --- |
| **Assessment:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Plan:**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Orders***

***Labs***: ***Today***: In-house: ○U/A ○ Hgb ○ Glucose ○ Rapid Strep ○ Stool Test ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send out: ○ CBC ○ CMP ○ HgbA1C ○ Lipid Panel ○ TSH ○ Pap smear ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Future***: Send out: ○ CBC ○ CMP ○ HgbA1C ○ Lipid Panel ○ TSH ○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ To be drawn one week prior to next visit

***In house x-ray***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tests/Procedures***: ○ EKG ○ PFT’s ○ Hearing ○ Nebulizer Treatments: 1, 2, or 3 ○ Pulse ox ○ Vision

○ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Referrals***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Immunizations***: ○TdaP ○ Pneumovax ○ Flu ○ Hep A ○ Hep B ○ HPV

○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Medications/injections***: ○Vitamin B-12\_\_\_\_\_\_\_mg IM ○ Toradol\_\_\_\_\_\_\_mg IM ○ Zofran\_\_\_\_\_\_\_mg IM

○ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Vaccines:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PAP meds***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Radiology***: ○ CT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_ ○ MRI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ US \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ○ X-ray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ DEXA ○ ECHO ○ Screening Mammogram ○ Diagnostic Mammogram

**Prescriptions**: New, Refill, or Change in Meds

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication: | Form/Strength | Sig: | Quantity: | Refills: |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

***Follow-Up:***

***30 minute Appointment***: ○ Re-check ○ Well Woman (30 min.) ○ Chronic Care Management (30 min.) ○ Procedure (30 min.)

***60 minute Appointment***: ○ Yearly Physical Exam ○ Chronic Care Management (60 min.) ○ Well Woman (60 min.) ○ Procedure (60 min.)

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In: \_\_\_\_\_\_\_ days \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ months ○ prn ○ After referral test

**Nurse Visit:** ○ Immunizations ○ Injections ○ Lab Draw ○ Procedures/Tests ○ X-rays

In: \_\_\_\_\_\_\_ days \_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_ months○ one week prior to visit

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_