

Name:

BP:

Wt:

Ht:

BMI:

HPI entered / Complaints / Concerns _____

Recent Specialist Visits / ER visits: Y / N

Pharmacy Correct: Y / N

Smoking Hx: Smoker Y / N Quit year _____

Years smoked _____ Packs per day smoked _____

Refills Needed?

In Office Provider Orders

____ Annual Educational Package with explanation and flowsheet updated

____ EKG ____ Spiro ____ 6 min. walk ____ Injection ____ Prep for procedure

____ Log for planned procedure ____ Log for INR ____ Log for high risk tracking

Labs today: ____ full fasting ____ full non-fasting ____ CMP ____ CBC ____ Lipids ____ PSA

____ TSH & free T4 ____ HbA1c ____ Urine Albumin/Creat. ____ UA _____ Other

Future labs: ____ full fasting ____ full non-fasting ____ CMP ____ CBC ____ Lipids ____ PSA

____ TSH & free T4 ____ HbA1c ____ Urine Albumin/Creat. ____ UA _____ Other

Date of future labs: ____ 1 week before next appt. ____ weeks ____ months _____

Future labs: ____ schedule in office ____ give patient script ____ transmit to lab

Order x-rays: _____ ____ take patient to C/O for x-ray referral

Check Out

____ Rx for Radiology ____ needs referral at C/O for walk in Radiology

____ Rx for future labs ____ FIT card

____ Blank Living Will ____ Gold Form ____ DMV Form

Referrals: _____

ROI's: _____

Nurse Visit: ____ ds ____ wks ____ mth _____

Next Appt: ____ ds ____ wks ____ mth (1st/2nd) VR KG ____ Labs 1 wk before ____ above

Next Appt: ____ ds ____ wks ____ mth (1st/2nd) VR KG ____ Labs 1 wk before ____ above

or _____