

**Follow Up Clinic Visit**

☆ Indicates 2007 Physician Quality Reporting Initiative (PQRI) Physician Quality Measures

<b>Date</b>			<b>Chief Complaint or Reason For Visit</b>		
<b>Time</b>			<b>HPI</b>		
<b>ROS</b>	WNL	See HPI	<p>www.e-medtools.com</p> <p><b>Physical Exam</b> <input type="checkbox"/> Checked box indicates findings are within normal limits</p> <p><b>General</b> <input type="checkbox"/> Alert</p> <p><b>Eye</b> <input type="checkbox"/> Conjunctivae <input type="checkbox"/> Pupils <input type="checkbox"/> Discs</p> <p><b>ENT</b> <input type="checkbox"/> TM <input type="checkbox"/> Pharynx <input type="checkbox"/> Dentition <input type="checkbox"/> Nasal <input type="checkbox"/> External ears <input type="checkbox"/> Hearing</p> <p><b>Neck</b> <input type="checkbox"/> Thyroid <input type="checkbox"/> Lymph nodes</p> <p><b>Resp</b> <input type="checkbox"/> Clear to auscultation <input type="checkbox"/> Clear to percussion <input type="checkbox"/> Effort <input type="checkbox"/> Normal to palpation</p> <p><b>CV</b> <input type="checkbox"/> Auscultation <input type="checkbox"/> Palpation <input type="checkbox"/> Femoral <input type="checkbox"/> Carotid <input type="checkbox"/> Aorta <input type="checkbox"/> Femoral pulses <input type="checkbox"/> Pedal pulses</p> <p><b>GI</b> <input type="checkbox"/> Abdomen <input type="checkbox"/> No hepatosplenomegaly <input type="checkbox"/> No hernia <input type="checkbox"/> Rectum <input type="checkbox"/> Guaiac</p> <p><b>Breasts</b> <input type="checkbox"/> Inspection <input type="checkbox"/> Palpation</p> <p><b>GU</b> <input type="checkbox"/> Scrotum <input type="checkbox"/> Penis <input type="checkbox"/> Testate <input type="checkbox"/> Urethra</p> <p><b>Gyn</b> <input type="checkbox"/> External <input type="checkbox"/> Bladder <input type="checkbox"/> Clitoris <input type="checkbox"/> Vagina <input type="checkbox"/> Adnexa</p> <p><b>Lymph</b> <input type="checkbox"/> Neck <input type="checkbox"/> Axilla <input type="checkbox"/> Groin <input type="checkbox"/> Cervical</p> <p><b>Musc</b> <input type="checkbox"/> Gait <input type="checkbox"/> Digit <input type="checkbox"/> Ankle <input type="checkbox"/> Reflex <input type="checkbox"/> Stability <input type="checkbox"/> Strength</p> <p><b>Skin</b> <input type="checkbox"/> Inspection <input type="checkbox"/> Temperature</p> <p><b>Neuro</b> <input type="checkbox"/> Cranial NTR <input type="checkbox"/> Sensation</p> <p><b>Psych</b> <input type="checkbox"/> Affect <input type="checkbox"/> Orientation <input type="checkbox"/> Insight <input type="checkbox"/> Memory</p>		
Constitutional	<input type="checkbox"/>	<input type="checkbox"/>			
Eyes	<input type="checkbox"/>	<input type="checkbox"/>			
ENT/mouth	<input type="checkbox"/>	<input type="checkbox"/>			
Resp	<input type="checkbox"/>	<input type="checkbox"/>			
CV	<input type="checkbox"/>	<input type="checkbox"/>			
GI	<input type="checkbox"/>	<input type="checkbox"/>			
GU	<input type="checkbox"/>	<input type="checkbox"/>			
Musc	<input type="checkbox"/>	<input type="checkbox"/>			
Skin/breasts	<input type="checkbox"/>	<input type="checkbox"/>			
Neuro	<input type="checkbox"/>	<input type="checkbox"/>			
Endo	<input type="checkbox"/>	<input type="checkbox"/>			
Heme/lymph	<input type="checkbox"/>	<input type="checkbox"/>			
Allergy/Immun	<input type="checkbox"/>	<input type="checkbox"/>			
Psych	<input type="checkbox"/>	<input type="checkbox"/>			
<b>History</b> No changes See HPI			<b>Impression and Plan</b>		
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<p>www.e-medtools.com</p> <p><b>PQRI Measures - 2007</b></p> <p><input type="checkbox"/> Med list reconciled with Nursing Home, Skilled Nursing facility or Rehab facility med list ★46</p> <p><input type="checkbox"/> &gt;= 2 Falls within past 12 months, OR 1 which resulted in injury ★4</p> <p><input type="checkbox"/> Antidepressant medication during acute phase for patients with new episode of Major Depression ★9</p> <p><input type="checkbox"/> Hemoglobin A1c level ★1 (Patients with DM 1 or 2)</p> <p><input type="checkbox"/> LDL Cholesterol ★2 (Patients with DM 1 or 2)</p> <p><input type="checkbox"/> Beta-blocker therapy ★7,8 (Pt with CAD + prior MI, OR Heart failure + LV dysfunction)</p> <p><input type="checkbox"/> ACE Inhibitor or ARB therapy ★5 (Pts with heart failure + LV dysfunction)</p> <p><input type="checkbox"/> Patient has advanced care directives ★47 Name of HCPOA/Surrogate</p>		
PMSH	<input type="checkbox"/>	<input type="checkbox"/>			
Social	<input type="checkbox"/>	<input type="checkbox"/>			
Family	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Tests to be ordered</b>					
<input type="checkbox"/> Colonoscopy <input type="checkbox"/> CXR <input type="checkbox"/> ECG <input type="checkbox"/> ECHO <input type="checkbox"/> Mammography <input type="checkbox"/> PFTs <input type="checkbox"/> Sleep study  <input type="checkbox"/> Labs <input type="checkbox"/> Fasting Lipid Panel <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> CMP <input type="checkbox"/> Urinalysis <input type="checkbox"/> TSH  <input type="checkbox"/> Hepatitis vaccine <input type="checkbox"/> Influenza vaccine <input type="checkbox"/> Pneumococcal vaccine <input type="checkbox"/> Tetanus vaccine					
<b>Instruction &amp; Education</b>					
<input type="checkbox"/> Smoking cessation <input type="checkbox"/> Diet and exercise <input type="checkbox"/> Importance of vaccinations <input type="checkbox"/> Medication side effects <input type="checkbox"/> Advanced care directives <input type="checkbox"/> Form offered to patient					
Signature					