# **Consolidated CDA - Continuity of Care Document**

Patient	ADAM EVERYMAN
Date of birth	October 22, 1962, 00:00:00, CST
Sex	Male
Race	White
Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 123 GREEN TRAIL RD BIRMINGHAM, AL 35211, USA Tel: 205555555
Patient IDs	215 2.16.840.1.113883.3.493.9999 99999999 2.16.840.1.113883.4.1
Document Id	E5944796958B5B79E044002128D7E746 2.16.840.1.113883.3.493.9999
<b>Document Created:</b>	September 25, 2011
Performer	SAMIR KHAN
Performer	NANCY NIGHTINGALE
Author	Dr. SAMIR KHAN, GET WELL CLINIC
Contact info	1004 HEALTHCARE DR. PORTLAND, OR 970050000 Tel: 555551004
Document maintained by	GET WELL CLINIC
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### **Problems**

Problem Name	Type	<b>ICD9 Code</b>	<b>SNOMED</b>	Date	Status
COSTOCHONDRITIS	Diagnosis	733.6	64109004	August 15, 2012	Active
ASTHMA, UNSPECIFIED, UNSPECIFIED	Diagnosis	493.90	195967001	September 25, 2011	Active

## **Functional Status**

Туре	Date	Status
No Impairment	as of 20120815151600	Active

### **Medications**

<b>Product Display Name</b>	RxNorm Code	Strength	Date Started	Status	Provider
albuterol sulfate: inhale 2 puffs by Inhalation route every 6 hours PRN wheezing Dispense: 0 With: 0 refill(s)	1359561	90 mcg/actuation	April 17 2012	Active	Outside Provider

## **Allergies, Adverse Reactions, Alerts**

Substance	Event Type	Code	<b>Date Recorded</b>	Reactions	<b>Allergy Severity</b>
penicillin G	Drug Allergy - 416098002	7980	August 15, 2012 15:16:00	Urticaria (hives)	
codeine	Drug Allergy - 416098002	2670	August 15, 2012 15:16:00	Nausea	

# **Visit Information**

<b>Date</b> August 15, 2012	<b>Diagnosis</b> COSTOCHONDRITIS	<b>Provider</b> Dr. SAMIR KHAN	<b>Location</b> GET WELL CLINIC (SECOND LOCATION)	<b>Telephone</b> (555) 555-1004
			1004 HEALTHCARE DR.	
September 25, 2011	ASTHMA, UNSPECIFIED, UNSPECIFIED	Dr. SAMIR KHAN	PORTLAND, OR 97005-0000 GET WELL CLINIC (SECOND LOCATION)	(555) 555- 1004
			1004 HEALTHCARE DR.	
			PORTLAND, OR 97005-0000	

### **Reason for Visit and Chief Complaint**

Date	Reason for Visit	Chief Complaint
20110925151700	Initial Patient Encounter	Annual Exam
20120815151600	Follow Up Visit	Increased Difficulty Breathing

#### **Plan of Care**

Plan of Care - Goals and Instructions

Care Plan Goal Instructions Date

Asthma Care Plan Asthma Resources and instructions provided during 201208151516 Management visit

Costal Chondritis Care Plan Weight Loss Diet and exercise counseling provided 201208151516

during visit

**Future Appointments and Referrals** 

Name Type Date

ary function tests - DR. PENNY PUFFER, 5555511049, 1047 Referral to Other 20130705163151

Pulmonary function tests - DR. PENNY PUFFER, 5555511049, 1047
HEALTHCARE DRIVE, BEAVERTON OR 97005
Referral to Other Provider

**Future Lab Test and Procedures** 

Name Type Date

This patient has no future tests. NA as of: 20120815151600

**Instructions** 

Clinical Instructions/Patient Decision Aids Date Instruction Type

patient education instructions do not exist.

**Immunizations** 

Vaccine Administration Date

INFLUENZA VIRUS VACCINE August 15, 2010

**Procedures** 

Procedure Date

There is no procedure information.

**Results** 

Result Date Result Display Name Result Unit Range Type
August 15, 2012 CO2 - CARBON DIOXIDE, TOTAL 24 mmol/L 23 - 29 CHEM

**Vital Signs** 

Vital Sign Date Value

Blood Pressure August 15, 2012 140/90 mm[Hg]
Body Mass Index August 15, 2012 28 kg/m2

Height August 15, 2012 70 in

**Vital Sign** 

**Date** 

Value

Weight

August 15, 2012

195 pounds

**Social History** 

**Social History Element** 

Description

**Effective Dates** 

smoking

Never Smoker

August 15, 2012