

# Clinical Flow Sheet & Documentation

Goal Weight	
Height	
Goal BMI	
Tobacco Use	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> N*
Alcohol Use	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> N
Substance Use	<input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> N

\*C=current; F=former; N=never

Patient Name: \_\_\_\_\_

Patient MR#: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

**ALLERGIES:**

METRIC	ENTER VISIT DATE IN FIRST ROW							COMMENT
Temperature								
Weight								BMI $\geq$ 30: obese
Body Mass Index (BMI)								BMI 25-29.9: overweight
Blood Pressure								Goal: <140/80
Pulse								
Respirations								
Counseled if current smoker?								Y or $\checkmark$ =Yes; N=No
<b>If Diabetic or Risk of DM:</b>								
FS or Serum Glucose								DM: FBS $\geq$ 126; random $\geq$ 200
HbA1c								Goal <6.5%; check q3m if >6.5%
Urine protein								Annual assessment
Creatinine (serum)								At least annually
Complete Foot Exam								At least annually
Dilated Eye Exam								Annually
<b>If Congestive Heart Failure:</b>								
Beta blocker?								Y or $\checkmark$ =Yes; N=No
ACE/ARB?								Y or $\checkmark$ =Yes; N=No
<b>If DM, CAD or Risk(s):</b>								
Lipid lowering agent								See NCEP Guidelines
Total Cholesterol								
Triglycerides								
LDL								<100 mg/dL
HDL								>40mg/dL
Liver-associated enzymes $\checkmark$ /d								
Anti-platelet medication?								Y or $\checkmark$ =Yes; N=No
<b>If Acute Depression:</b>								
On Rx?								Y or $\checkmark$ =Yes; N=No (Goal $\geq$ 12 wks)

Patient Name: \_\_\_\_\_

Patient MR#: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Preventive Care							
METRIC	ENTER DATES						COMMENT
	Women ♀						
Breast Exam							Annually @ ≥20 years
Mammogram							Consider annually @ ≥40
Breast Self-Exam Education							
PAP/Pelvic Exam							Annual w/i 3 years of vaginal intercourse or at 21 years old
	Men ♂						
Testicular Examination							
Testicular Self-Exam Educ.							
Digital Rectal Exam							Shared-decision approach for men with 10+ yr life expectancy
Prostate Specific Antigen							
	Geriatric						
Mini-Mental Status Exam							
Functional Assessment							
Osteoporosis Screening							♀>65 or <65 with 1 risk factor; ♂selectively
Risk of falls assessed?							Annually at ≥ 75 years
	General						
STI Screening							
Flex Sig/Colonoscopy							Start at 50yo or earlier if family hx
Stool for Occult Blood							
Dental Exam							
Eye Exam							
ECG							
Influenza Vaccine							
Pneumococcal Vaccine							

Problems Evaluated & Test Results		Consultants & Specialists		
Date	Problem and/or Test Result	Date	Specialist Name/Specialty	Reason for Consult and/or Recommendations