



## Practice Facilitation Handbook

### Sample Medical Record: Wendy See

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#### Use for October 2010 abstraction

<b>WeServeEveryone Clinic</b>	
1111 First Street California 111-111-11111 Fax: 111-111-1111	Chart Summary

#### Wendy See

Home: 777-777-7777 Female DOB: 07/07/1943	0000-33333	Ins: Commercial Orange Shield
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#### Patient Information

<b>Name:</b> Wendy See	<b>Home Phone:</b> 777-777-7777
<b>Address:</b> 3333 Wonder Ave Famous, California	<b>Office Phone:</b>
<b>Patient ID:</b> 0000-33333	<b>Fax:</b>
<b>Birth Date:</b> 07/07/1943	<b>Status:</b> Active
<b>Gender:</b> Female	<b>Marital Status:</b> Single
<b>Contact By:</b> Phone	<b>Race:</b> Asian
<b>Soc Sec No:</b> 333-333-3333	<b>Language:</b> English
<b>Resp Prov:</b> Carl Savem	<b>MRN:</b> MR-111-1111
<b>Referred by:</b>	<b>Emp. Status:</b> Full-time
<b>Email:</b>	<b>Sens Chart:</b> No
<b>Home LOC:</b> WeServeEveryone	<b>External ID:</b> MR-111-1111

#### Problems

DIABETES MELLITUS (ICD-250.)

DEPRESSION (ICD-311)

#### Medications

HUMULIN INJ 70/30 (INSULIN REG & ISOPHANE (HUMAN)) 20 units ac breakfast  
Last Refill: #600 u x 0 : Carl Savem MD (01/27/2010)

PROZAC CAPS 10 MG (FLUOXETINE HCL) 1 po qd

Last Refill: #30 x 2 : Carl Savem MD (06/17/2010)

## Directives

### Allergies and Adverse Reactions (! = critical)

! Benadryl

### Services Due

FLU VAX

9/22/2010 - Office Visit: F/u Diabetes

Provider: Carl Savem MD

Location of Care: WeServeEveryone Clinic

### OFFICE VISIT

### History of Present Illness

Reason for visit: Routine follow up Chief Complaint: No complaints

### History

**Social History:** Her husband died 2 years ago and she is more introspective.

### Diabetes Management

#### Hyperglycemic Symptoms

**Polyuria:** no

**Polydipsia:** no

**Blurred vision:** no

#### Sympathomimetic Symptoms

**Diaphoresis:** no

**Agitation:** no

**Tremor:** no

**Palpitations:** no

**Insomnia:** no

#### Neuroglycopenic Symptoms

**Confusion:** no

**Lethargy:** no

**Somnolence:** no

**Amnesia:** no

**Stupor:** no

**Seizures:** no

## Review of Systems

**General:** denies fatigue, malaise, fever, weight loss

**Eyes:** denies blurring, diplopia, irritation, discharge

**Ear/Nose/Throat:** denies ear pain or discharge, nasal obstruction or discharge, sore throat

**Cardiovascular:** denies chest pain, palpitations, paroxysmal nocturnal dyspnea, orthopnea, edema  
**Respiratory:** denies coughing, wheezing, dyspnea, hemoptysis

**Gastrointestinal:** denies abdominal pain, dysphagia, nausea, vomiting, diarrhea, constipation

**Genitourinary:** denies hematuria, frequency, urgency, dysuria, discharge, impotence, incontinence

**Musculoskeletal:** denies back pain, joint swelling, joint stiffness, joint pain

**Skin:** denies rashes, itching, lumps, sores, lesions, color change

**Neurologic:** denies syncope, seizures, transient paralysis, weakness, paresthesias

**Psychiatric:** denies depression, anxiety, mental disturbance, difficulty sleeping, suicidal ideation, hallucinations, paranoia

**Endocrine:** denies polyuria, polydipsia, polyphagia, weight change, heat or cold intolerance

**Heme/Lymphatic:** denies easy or excessive bruising, history of blood transfusions, anemia, bleeding disorders, adenopathy, chills, sweats

**Allergic/Immunologic:** denies urticaria, hay fever, frequent UTIs; denies HIV high risk behaviors

## Vital Signs

<b>WeServeEveryone Clinic</b>	<i>March 24, 2011</i>
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Ht: **60 in.** Wt: **120 lbs.** T: **98.0** degF. T site: **oral** P: **72** Rhythm: **regular** R: **16** BP: **125/70**

## Physical Exam

**General Appearance:** well developed, well nourished, no acute distress

**Eyes:** conjunctiva and lids normal, PERRLA, EOMI, fundi WNL

**Ears, Nose, Mouth, Throat:** TM clear, nares clear, oral exam WNL

**Respiratory:** respiratory effort normal

**Cardiovascular:** regular rate and rhythm, S1-S2, no murmur, rub or gallop, no bruits, peripheral pulses normal and symmetric, no cyanosis, clubbing, edema or varicosities

**Skin:** clear, good turgor, color WNL, no rashes, lesions, or ulcerations

## Assessment

**Problems (including changes):** Blood pressure is lower.

**Impression:** Sub optimal sugar, control with retinopathy and neuropathy, high glucometer readings. He will work harder on diet. Will increase insulin by 2 units.

### Medications:

HUMULIN INJ 70/30 20 u ac breakfast

PROZAC CAPS 10 MG 1 qd

**Treatment:** Will have annual foot exam at next visit.

### Orders:

UA

**Education/Counseling (time):** 20 minutes

**Coordination of Care (time):** 5 minutes

**Follow-up/Return Visit:** 3 months

**Disposition:** return to clinic

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**10/19/2010 - Lab Report: Metabolic Panel Provider: Carl Savem MD**

**Location of Care: Millennium Health System**

(1) HbA1c Test

HbA1c level 7.0%

(2) Lipid Profile

Cholesterol, Total 210 mg/dl

Triglycerides 236 mg/dl  
HDL Cholesterol 36  
LDL Cholesterol 90

**WeServeEveryone Clinic**

March 24, 2011

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Chart Summary

Female DOB: 07/07/1943

0000-33333

Ins: Commercial xxxxx

	Date 9/22/2010
HEIGHT (in)	60
WEIGHT (lb)	120
TEMPERATURE (deg F)	98
TEMP SITE	oral
PULSE RATE (/min)	72
PULSE RHYTHM	
RESP RATE (/min)	16
BP SYSTOLIC (mm Hg)	125
BP DIASTOLIC (mm Hg)	70
CHOLESTEROL (mg/dL)	
HDL (mg/dL)	
LDL (mg/dL)	
BG RANDOM (mg/dL)	
CXR	
EKG	
PAP SMEAR	
BREAST EXAM	
MAMMOGRAM	
HEMOCCULT	neg
FLU VAX	0.5 ml g
PNEUMOVAX	0.5 ml g
TD BOOSTER	0.5 ml g
Foot Exam	Complete
Eye Exam	Complete

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