## **Clinical Flow Sheet & Documentation**

Goal Weight	
Height	
Goal BMI	
Tobacco Use	$\Box C \Box F \Box N^*$
Alcohol Use	$\Box C \Box F \Box N$
Substance Use	$\Box C \Box F \Box N$

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

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

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

## **ALLERGIES:**

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

METRIC	ENTER V	<b>ISIT DATE</b>	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 $\sqrt{=}$ Yes; N=No
If Diabetic or Risk of DM:				
FS or Serum Glucose				DM: FBS ≥126; random ≥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
If Congestive Heart Failure:				
Beta blocker?				Y or $\sqrt{=}$ Yes; N=No
ACE/ARB?				Y or $\sqrt{=}$ Yes; N=No
If DM, CAD or Risk(s):				
Lipid lowering agent				See NCEP Guidelines
Total Cholesterol				
Triglycerides				
LDL				<100 mg/dL
HDL				>40mg/dL
Liver-associated enzymes $\sqrt{d}$				
Anti-platelet medication?				Y or $\sqrt{=}$ Yes; N=No
If Acute Depression:				
On Rx?				Y or $\sqrt{=}$ Yes; N=No (Goal $\ge 12$ wks)

Patient Name:	
Patient MR#:	
Patient DOB:	

	<b>Preventive Care</b>	
METRIC	ENTER DATES	COMMENT
	<b>Women</b> ♀	
Breast Exam		Annually @ $\geq 20$ 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
Prostate Specific Antigen		with 10+ yr life expectancy
	Geriatric	
Mini-Mental Status Exam		
Functional Assessment		
Osteoporosis Screening		$\bigcirc$ >65 or <65 with 1 risk factor; $\bigcirc$ selectively
Risk of falls assessed?		Annually at $\geq$ 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		
	Problem and/or Test Result		Specialist	<b>Reason for Consult and/or</b>
Date		Date	Name/Specialty	Recommendations