|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name** |  | **Client ID** |  | **Client DOB** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Effective Date** |  | **Author** |  |

Status:  Show  No Show  Cancel Cancel Reason: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:       Start Date:

Procedure:       Start Time:

Location:       Travel Time:

Clinician:       Documentation Time:

Mode of Delivery:       Face to Face Time:

Evidence Based Practices: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Service:  To  From  Two-Way  N/A  None

Interpreter Services Needed

Interpreter has been scheduled:  Yes  No Language:

Interpreter Agency Scheduled:

Comments:

**Note:**

|  |
| --- |
| **\*Subjective/CC/HPI/Visit Notes** |
|  |

|  |
| --- |
| **Client History & Pertinent Information** |
|  |

**Recent Labs/Tests:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Labs** | **Date** | **Flag** | **Value** | **Range** | **Comments** | **Reviewed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Allergies/Intolerances/Failed Trials:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type/Drug** | **Severity** | **Reaction** | **Comments** |
| **Allergies** |  |  |  |  |
| **Intolerances** |  |  |  |  |
| **Failed Trials** |  |  |  |  |

**Current Medications:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medication Consent?** | **Drug Name:** | **Instructions:** | **Start Date:** | **Refills:** | **Ordered By:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Current Self- Reported Medications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug Name:** | **Instructions:** | **Start Date:** | **Refills:** | **Source:** |
|  |  |  |  |  |
|  |  |  |  |  |
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**Vitals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vitals:** |  |  |  |  |
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| --- |
| **MSE/PE** AIMS Completed During visit |
|  |
| **\*Assessment and Plan** CURES reviewed during visitAdd to Shared Care Plan |
|  |

**Active Diagnoses (D) and Problem List (P) within Program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Addressed Today?** | **ICD10** | **Description** | **Date** | **Program** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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| --- |
| **Additional Information:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |
| --- | --- |
| Printed Name & Credentials |  |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If Applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| Cosignatory |  | Date |  |

|  |  |
| --- | --- |
| Printed Name & Credentials |  |