|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:**  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Vitals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vitals:**  |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

|  |
| --- |
| **MSE/PE** [ ] AIMS Completed During visit  |
|       |
| **\*Assessment and Plan** [ ] CURES reviewed during visit[ ] Add to Shared Care Plan |
|       |

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

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

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

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

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

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

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

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