CareFocus Patient Encounter Note For: AMA, L 12/1/2004

Visit	Date	Value
* Height		
(This visit) Height		
Weight (lbs)	3/12/2004	191.00
Weight		
** BMI		
Pulse (No Hist)		
Pulse		
Respiration (No Hist)		
Respiration		
Temperature (No Hist)		
Temperature		
Blood Pressure - Systolic	3/12/2004	140.00
Systolic BP		
Blood Pressure - Diastolic	3/12/2004	68.00
Diastolic BP		
Current Smoker?	Y N	No

Medical Record #:	16320BBB	Name:	AMA, L
Phone:		DOB:	3/26/1938 Sex: Female
Address:	New Rochelle, NY 10801		
Language:		Ethnicity:	
Contact Phone:		Contact Name:	LO
PCP:			
Insurance Name:			

Conditions

Chronic Conditions	Dx Date	Add
*CAD		☐
DepressionNOS		☐
*Diabetes - Type 1		☐
Diabetes - Type 2	6/1/2003	☐
*Dyslipidemia		☐
Hypertension	6/1/2003	☐
*MicAlburia		☐
Nephropathy	6/1/2003	☐
Neuropathy	6/1/2003	☐
*PVD		☐
Retinopathy	6/1/2003	☐
S/P LE Amp	6/1/2003	☐
Other:		☐

Medications

Class	Add Date	Discontinue Date
ACE Inhibitor	6/1/2003	
*AG Inhibitor		
*Antiplat/thromb		
ARB	6/1/2003	
Aspirin	6/1/2003	
*Biguanides		
*Glitinides		
Insulin	6/1/2003	
*Statins		
*Sulfonylurea		
*TZD/Glitazone		
Other:		

Vaccinations And Immunizations

Vacc/Imm	Last Date	Ref	Dec
Influenza	10/15/2003	☐	☐
Pneumonia Shot	6/1/2003	☐	☐
Other:		☐	☐

Other Diagnostic Tests

Test	Last Date	Result	Ref
*CardioStress			☐
*EKG			☐
Other:			☐

Laboratory Test Results

Test	Last Date	Value	Ref	
*ALT			☐	
CreClearance			☐	
Creatinine	10/9/2003	0.80	☐	
A1C	10/9/2003	7.20	☐	
HDL	6/1/2003	55.00	☐	
LDL	6/1/2003	134.00	☐	
MiA/Cr			☐	
Potassium			☐	
Triglyceride	6/1/2003	41.00	☐	
Glucose			☐	
Glucose - Fasting			☐	
*Spot Urine Albumin+Cre			☐	(ug/mg)
*4 hr. Time Urine			☐	(ug/min)
*24 hr. Urine			☐	(mg/24 hrs)
*Urine Dip Protein			☐	(neg/trace/pos prot)
Other:			☐	

Next Visit Date

Physical Examination

Screening	Last Date	Last Result	This Result	
*Foot Exam				(Y/N)

Risk Factors/Counseling/Education/Consult

Screening	Serv Date	Refer Date	Consult Date	Done	Not Done
Depression Screening	6/1/2003	No		☐	
Diabetes Education				☐	
*Nutrition Counseling				☐	
Exercise Counseling				☐	
*Self Management Goals				☐	
Tobacco Cessation Co	6/1/2003			☐	
Dental				☐	
Dilated Eye Exam	6/1/2003			☐	
*Podiatrist				☐	
Other:				☐	

(Pt Refused / Contraindications)

Physician Notes:

Date:

Physician Name:

Note For Service Name: Italics = Diabetes Specific Service... Italics = Diabetes Specific With NO Service History* **Bold = Service Is Overdue Based On Last Service Date**

Date Printed: 12/1/2004