**Session Number\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_**

# **Patient Demographics**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Encounter Type:*** | Individual / Group / Prenatal / Preterm **Gestational Age (at birth):** | ***Age:*** \_\_\_\_ \_\_\_\_ \_\_\_\_ | Years / Months / Weeks / DaysPre-term Child? (Premie)Weeks |
| ***Gender:*** | M / F / T | ***Race:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Insurance:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Referral:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# **Activity – Circle your option and add hours**

|  |  |
| --- | --- |
| ***Consultation with Preceptor*** | ***Hours*** |
| High Complexity / Moderate Complexity / Low Complexity / Straightforward |  |
| ***Time with Patient*** | ***Hours*** |
| Primary (>50) / Shared (50/50) / Primary (<50) / Observation Only |  |

# **Clinical Information**

|  |  |
| --- | --- |
| ***Reason for Visit:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Chief Complaint:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***Encounter* #:** \_\_\_\_\_ | ***Type of H & P;*** \_\_\_ Problem Focused \_\_\_ Detailed \_\_\_ Expanded Prob. Focused \_\_\_ Comprehensive |

# **Social Problems**

|  |  |  |
| --- | --- | --- |
| \_\_\_ Abused Child/Adult\_\_\_ Caretaking/Parenting\_\_\_ Education/Language\_\_\_ Emotional\_\_\_ Grief\_\_\_ Growth & Development\_\_\_ Housing/Residence\_\_\_ Income/Economic | \_\_\_ Interpersonal Relationships\_\_\_ Issues w/Comm. Resources\_\_\_ Legal\_\_\_ Neglected Child/Adult\_\_\_ Nutrition/Exercise\_\_\_ Palliative/End of Life Care\_\_\_ Prevention\_\_\_ Role Change | \_\_\_ Safety\_\_\_ Sanitation/Hygiene\_\_\_ Sexuality\_\_\_ Social Contact/Isolation\_\_\_ Spiritual Issues\_\_\_ Substance Abuse\_\_\_ Other: |

# **ICD-10 Codes Diagnosis Codes CPT billing Codes**

#1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Medications**

**# OTC Drugs taken regularly:** \_\_\_\_\_ **# Rx currently prescribed:** \_\_\_\_\_ **# New/Refilled Rx This Visit:** \_\_\_\_\_

|  |  |
| --- | --- |
| **Types of New/Refilled Rx This Visit** | **Adherence Issues with Medications** |
| \_\_\_ Analgesic & Antipyretic:\_\_\_ Cardiology:\_\_\_ Dermatology:\_\_\_ Endocrinology:\_\_\_ ENT:\_\_\_ GI Agents:\_\_\_ Gynecology:\_\_\_ Hematology/Oncology:\_\_\_ Infectious Diseases:\_\_\_ Neurology:\_\_\_ Ophthalmology:\_\_\_ Psychiatric: | \_\_\_ Pulmonary:\_\_\_ Rheumatology:\_\_\_ Urology:\_\_\_ Vaccines:\_\_\_ Wound Management:\_\_\_ Miscellaneous: | \_\_\_ Caretaker failure\_\_\_ Complexity/demands of treatment\_\_\_ Denial of need\_\_\_ Disappearance of symptoms\_\_\_ Disbelief in benefits/efficacy\_\_\_ Fear of addiction\_\_\_ Financial concerns\_\_\_ Forgetfulness\_\_\_ Knowledge deficit\_\_\_ Physical disability\_\_\_ Pregnancy\_\_\_ Psychiatric diagnosis\_\_\_ Religious reasons\_\_\_ Other/side effects: |

# **SOAP NOTES**

**Subjective**

|  |
| --- |
|  |

**Objective**

|  |
| --- |
|  |

**Assessment**

|  |
| --- |
|  |

**Plan**

|  |
| --- |
|  |