Chart Transition Forms for EMR Implementation

Patient Name: ______________________________ DOB ___/___/____ Sex____ Chart#______________________
(Last name, First name)

Permanent Problem list	Date Onset
1	
2	
3	
4	
5	
6	
7	
8	

Chronic Meds/Dose/#	Start Date	Refills			

Immunizations/Age/Date

PM Hx – **Smoker Y/N Exposure**

Hosp.

Past Surgical Hx

Social Hx

Culture	Children	Contraception
Educ	Occupation	ETOH
Housing	Occ Haz	CAGE Score
Economic Condition	Nutrition	Rec Drugs
Marital Status	Exercise	Family Violence
Lives with	Caffeine	Sexual Act

Health Insurance Y/N Specify

Drug Allergies

Fam Hx of (who/age)	Alz
Breast CA	DM II
Colon CA	HTN
Melamona	Osteoporosis
Other CA	CAD
Hyperlipidemia	CVA

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Temporary Problems	Date	Treatment/Rx	Tests/Labs	F/U

Vital Signs Flow Sheet

Date													
Height													
Weight (Lbs.)													
Temperature													
Pulse													
Systolic													
Diastolic													
Resp Rt													
Other													

Laboratory Data (only pull labs that directly relate to the patient's chronic problems list for last year)

Test	Date/result	Date/result	Date/result	Date/result	Date/result	Test	Date/result	Date/result	Date/result	Date/result	Date/result
i.e. HbA1c	4-02 / 12.9	10/02 / 11.4	5-03 / 10.6								

Microbiology, X-ray and other Path Reports

Date	Test	Result	Date	Test	Result

Consultations

Date	Specialty	Report/Findings/Recommendations

Advance Directives

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Age, Gender and Chronic Disease Appropriate Reminders Pt Age____ Gender____

Item (labs, vitals, procedures, counseling…)	Frequency to be performed	Date last performed	Comments

Complete with appropriate items for age and gender of patient, special family or social history, medications, and specific chronic diseases follow up