

use your last name

SAMPLE DATA

Chart Transition Forms for EMR Implementation

Patient Name: Test (Last name, First name) DOB 6/1/1950 Sex M Chart# XY257UM701

Permanent Problem list	Date Onset	Chronic Meds/Dose/#	Start	
			Date	Refills
1 Hyperlipidemia	1995	Slo Niacin 1g qd	OTC started	7/98
2 DEPRESSION	2002	Zocor 20mg qd	7/98	7/99 7/00 7/01 7/02
3 Hearing Loss	1998	"	7/03	7/04 7/05 7/06
4				
5		Prozac 20mg qd	6/02	12/02 6/03 12/03
6		Prozac 40mg	6/04	12/04 6/05 12/06 6/06
7		"	12/06	6/07
8				

Immunizations/Age/Date	
flu	10/06
tetanus	4/99

Confirm
meds with
patient

PM Hx - Hosp. None -	Smoker Y/N <input checked="" type="checkbox"/> Exposure	Past Surgical Hx Repair ACL left knee '94 Appendectomy 1975
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Social Hx Culture: _____ Educ: PhD Housing: Own home Economic Condition: good Marital Status: divorced Lives with: _____ Health Insurance Y/N Specify: _____			Children 4 grand kids Occupation: teacher FSU Occ Haz: _____ Nutrition: good Exercise: runner Caffeine: coffee 2c/d CHP			Contraception _____ ETOH: occasional beer CAGE Score: _____ Rec Drugs: none Family Violence: _____ Sexual Act: yes			Drug Allergies none			Fam Hx of (who/age) Breast CA: no Colon CA: Father, Uncles (2) Melanoma: _____ Other CA: _____ Hyperlipidemia: yes - Father			Alz: _____ DM II: _____ HTN: no Osteoporosis: no CAD: _____ CVA: _____		
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DEPRESSION!
mother
sister

Chart Transition Forms for EMR Implementation

Temporary Problems	Date	Treatment/Rx	Tests/Labs	F/U
head trauma Soccer accident	10/98	Suture	Xray - OK	1 mo -
Sinusitis	3/06	Levogain		

Vital Signs Flow Sheet

Date	6/05	12/05	6/06	12/06	6/07								
Height	70"	70"	70"	70"	70"								
Weight (Lbs.)	180	184	191	185	182								
Temperature	97.6	98.6	98.4	98.6	97.9								
Pulse	50	52	56	60	60								
Systolic	110	120	115	118	120								
Diastolic	70	75	70	80	80								
Resp Rt													
Other													

Last 3 values

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								
LIPIDS	6/05	7/06	6/07								
TGCG	110	130	159								
LDL	120	126	140								
HDL	45	42	38								
Chol	187	194	209								
HIV	6/02 Negative										
LFTs	6/06	12/06	6/07								
ALK Phos	45	40	110								
ALT	17	25	54								
AST	40	25	50								
Bilirubin TOT	0	0	0								
Albumin	4	4.2	4.3								
Dir Bil	0.2	0.2	0.2								

ENTER 1 year's worth - OR Last 3 values

Microbiology, X-ray and other Path Reports

Date	Test	Result	Date	Test	Result
8/05	Colonoscopy	Clear	8/05	Colonoscopy	Clear Fm Hx of Colon CA; Repeat 5 yrs

Consultations

Date	Specialty	Report/Findings/Recommendations

Advance Directives

Living will on file

Chart Transition Forms for EMR Implementation

Age, Gender and Chronic Disease Appropriate Health Maintenance Flow Chart
 Check Performed

Pt Age 57 Gender M

	Date	6/07								
<u>Hi</u>		x								
<u>Wgt</u> obesity		x								
<u>BP</u>		x								
<u>Td</u>		Current - Due 2009								
<u>Cholesterol</u>		6/07 Due 1yr								
Visual Acq										
<u>Diet Counc</u>		overdue	none recorded							
<u>Exer Counc</u>			none recorded							
Sexual Counc										
Injury Counc										
Dental Counc										
Sub Abu Counc										
Flex Sig										
<u>Colonoscopy</u>		8/05 due 8/10								
<u>F.O.B.</u>		none overdue								
Smoking Counc										
Pap Smear										
Mammogram										
Folate Sup										
Breast Exam										
<u>Digital Rectal</u>		6/06								
Functional Status										
Mental Status										
<u>ASA</u>		1/06 ✓								
Depression Screening		6/06 due 1yr								
<u>LFTS</u>		Q 6mo 2008	6/07	Due 12/07						

Check USPSTF for age & gender

Special HM Recommendations for Chronic Dx

Complete with appropriate items for specific chronic diseases