

FAMILY MEDICAL CENTER CL 14 (880)
NEIGHBOR, W
17-jan-1997 06:00:00

Patient Profile Report For:
MCISTEST, PTIGNORE THIS S
U6999999

==[PATIENT DEMOGRAPHICS]=====

NAME: MCISTEST, PTIGNORE THIS S

ID: U6999999

RACE: Asian

SEX: F

BORN: 01-jan-1940

SSN: 999-99-9999

LANGUAGE: SIGN

PCP / : CLINIC PCP, UNASSIGNED OR UNKNOWN

CLINIC: FAMILY MEDICAL CENTER - CL 14 (880)

ADDRESS: PO BOX 1002

BLDG 4

SEATTLE, WA 98118

PHONE: HOME: 323-1234

WORK: 123-7890

INPT INSURANCE: N/A

OUTPT INSURANCE: N/A

==[PCP ASSIGNMENT REVIEW]=====

Please correct assigned PCP and clinic (service center), if needed, in the spaces below:

Corrected PCP: _____ Corrected Clinic /: _____
Service Center: _____

==[REMINDERS FOR PROVIDER]=====

Patient Education DUE:

Condition	Service	Min Freq	Last Done	Record Date Done
Asthma	Peak flow meter educ.	1 yr	Unknown	___/___/___
Diabetes	Foot exam/education	1 yr	Unknown	___/___/___

Services DUE:

Condition	Service	Min Freq	Last Done	Due On	Corrected Last Done	Not UW	D/C
Cervical cancer	Pap smear	3 yr	Unknown		_____	[]	[]
Diabetes	Glycated hemoglobin	6 mo	Unknown		_____	[]	[]
Diabetes	Ophthalmology visit	1 yr	Unknown		_____	[]	[]
Diabetes	Urine protein	1 yr	07/21/94	07/21/95	_____	[]	[]

Services NOT DUE (could be due soon):

Condition	Service	Min Freq	Last Done	Due On	Corrected Last Done	Not UW	D/C
Breast cancer	Mammogram	1 yr	01/14/97	03/28/98	_____	[]	[]
Colorectal cancer	Flexible sigmoidoscopy	5 yr	01/14/97	03/28/99	_____	[]	[]

Discontinued Reminders:

Condition	Service	Min Freq	Discontinued by: Staff Name	Date D/Ced	Reactivate Reminder
Colorectal cancer	Stool test for blood	2 yr	3530 HARDER	12/05/96	[]
Diabetes	Total cholesterol	3 yr	0015 KRAUS	11/13/96	[]

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Footnotes:

- For Patient Education items ONLY, record the date of service to update Last Done.
 - For Services Due and Not Due ONLY, record a Corrected Last Done date if Last Done is in error. Services done or ordered in the last week (including today) need not be corrected.
 - Check the 'Not UW' box if a Corrected Last Done update was performed outside of UWMC.
 - If a test or service is not appropriate for this patient, check the D/C box to discontinue the reminder.
 - Check the Reactivate Reminder box to reverse the discontinuation of a prompt. The reminder will only become active if the patient would otherwise be eligible (due to age, sex or condition).
 - Prompted services are based on a minimal set of guidelines. Recommendations for more frequent screening in the general population and of those at high risk as well as additional testing should be based upon provider discretion.
- =====

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What is your employment status? (Check one) (Update every 3 years) [EMPL_ST]

☐ 1. Employed full time

☐ 2. Employed part time

☐ 3. Attending school or vocational training full time

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- ☐ 4. Attending school or vocational training part time
 - ☐ 5. Retired
 - ☐ 6. Homemaker
 - ☐ 7. Unemployed due to pain or illness
 - ☐ 8. Unemployed for other reasons

If you are currently working, please answer
the next 3 questions:

(Update every 3 years)

- Does your job involve repetitive lifting? [OCCRISK-01]
☐ Yes(1) ☐ No(2) ☐ Uncertain(3)
- Does your job involve repetitive use of shoulders,
arms, or hands? [OCCRISK-02]
☐ Yes(1) ☐ No(2) ☐ Uncertain(3)
- Have you ever been exposed to chemicals, gas,
or other materials that might be harmful? [OCCRISK-03]
☐ Yes(1) ☐ No(2) ☐ Uncertain(3)

Alcohol Use:

(Update every three years)

- On the average, how many days per week do you drink alcohol? [ALC-01]
☐ days per week
- On the average, on the days you drink, how many drinks per day do you take? [ALC-02]
☐ drinks per day
- Have you ever felt you ought to cut down on drinking? [ALC-03]
☐ Yes(1) ☐ No(2)
- Have people annoyed you by criticizing your drinking? [ALC-04]
☐ Yes(1) ☐ No(2)
- Have you ever felt bad or guilty about your drinking? [ALC-05]
☐ Yes(1) ☐ No(2)
- Have you ever had a drink first thing in the morning
to steady your nerves or get rid of a hangover? [ALC-06]
☐ Yes(1) ☐ No(2)

Tobacco use:

(Update every three years)

- Have you ever smoked cigarettes? [SMO-01]
☐ Yes(1) ☐ No(2)
- Do you currently smoke cigarettes? [SMO-02]
☐ Yes(1) ☐ No(2)
- On the average, how many cigarettes per day do you smoke? [SMO-03]
☐ number of cigarettes (zero if you do not smoke)

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How many years have you been a smoker? [SMO-04]
_____ number of years (zero if you do not smoke)

Have you ever used tobacco products other than cigarettes? [SMO-05]
_____ Yes(1) _____ No(2)

Exercise: (Update every three years)

How many times in the average week do you do the following kinds
of exercise for more than 15 minutes during your free time
(enter zero if none)?

Strenuous Exercise (heart beats rapidly, for example,
jogging, exercise cycle or machine, racquet sports,
swimming, cross country skiing). [EXESTRN]
_____ times per week

Moderate Exercise (not exhausting, for example,
brisk walking, folk dancing, cycling, golf). [EXEMODR]
_____ times per week

Mild Exercise (minimal effort, for example,
walking at average pace, bowling). [EXEMILD]
_____ times per week

Peak Flow Meter Usage: (Update once a year)

Do you have a peak flow meter at home? [ASTH-EDUC1]
_____ Yes(1) _____ No(2)

Have you used your peak flow meter in the last two weeks? [ASTH-EDUC2]
_____ Yes(1) _____ No(2)

When were you first diagnosed with diabetes? (Obtain once) [DB-AGE]
[DB-YEAR]
Age of diagnosis _____ OR Year of diagnosis _____

Has a health care provider told you that you developed
any of the following in the past year? (Update every 3 years)

Angina or chest pain due to heart problems? [MISTIA-01]
_____ Yes(1) _____ No(2) _____ Uncertain(3)

Congestive Heart Failure? [MISTIA-02]
_____ Yes(1) _____ No(2) _____ Uncertain(3)

Heart Attack or Myocardial Infarction? [MISTIA-03]
_____ Yes(1) _____ No(2) _____ Uncertain(3)

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Stroke or Mini-Stroke?

[MISTIA-04]

____ Yes(1) ____ No(2) ____ Uncertain(3)

Please complete the Health Survey on the next page.

HEALTH SURVEY

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by marking one box. If you are unsure about how to answer, please give the best answer you can.

1. In general, would you say your health is:

☐ excellent ☐ very good ☐ good ☐ fair ☐ poor [sf36-1]

The following items are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?

	yes, limited a lot	yes, limited a little	no, not limited at-all	
2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-3b]
3. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-3d]

During the PAST 4 WEEKS, have you had any of the following problems with your work or other regular daily activities AS A RESULT OF YOUR PHYSICAL HEALTH?

	Yes	No	
4. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-4b]
5. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-4c]

During the PAST 4 WEEKS, have you had of the following problems with your work or other regular daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

6. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-5b]
7. Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>	[sf36-3b]
8. During the PAST 4 WEEKS, how much did PAIN interfere with you normal work (including both work outside the home and housework)?			
<input type="checkbox"/> not all <input type="checkbox"/> a little bit <input type="checkbox"/> moderately <input type="checkbox"/> quite a bit <input type="checkbox"/> extremely			[sf36-8]

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all	most	a good	some	a little	none
of the	of the	bit of	of the	of the	of the
time	time	the time	time	time	time

- ```
[] all of the time
[] most of the time
[] some of the time
[] a little of the time
[] none of the time
```