

CDEMS Progress Note

Last Visit

This Visit

Date mmddyy

Weight (pds)

pds

Height (ins)

inches

BP-Sys/Dia

LN FN DOB Sex

Address Phone Age

PLanguage Ethnicity PCP Migrant Homeless

BMI Insurance Regence Selections Specialist

Conditions	Dx	Add	D/C	Services	LDate	LResult	NDate	NResult	Ref	De	Labs	LDate	LResult	NDate	NResult	Ref	De
CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exer Asmt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cholesterol	02/05	154	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cerebrovasc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flu Vac	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triglyceride	02/05	86	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periph vascul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NutEduc	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	HDL	02/05	41	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
DM-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pne Vac	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	LDL	02/05	96	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
HTN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM Goal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Hyperlipidem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smke Asmt	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Previous MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smke Ce	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Meds	Rx	Add	D/C
ACE/ARB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE/ARBcont	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA contra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA+/or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Blockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Blk contra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Med	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SM Goal

NEW Self Mgmt Goal (leave blank if no change)

Next Visit Date Provider

Tickler Legend

- Shaded in RED to alert the provider of a test overdue or a lab result exceeding goal**
- Shaded in GREEN to alert the provider that the re-test date is approaching (within 60 days).**
- Shaded in BLACK to alert the provider that the patient was referred for care during previous visit**

Clinical Standards

HDL Chol	check q12mo: Goal >40mg/dL	LVEF assessment	pts w/prior MI
LDL Chol	check q12mo: Goal <100 or non HDL <130	DM Screening	Every 12mo
Blood pressure	check q/visit: Goal <140/90	Nutrition counseling	Every 12mo
ASA or Plavix or Antico	All	Depression screening	Every 12mo
ACE/ARB use	All	Activity assessment	Every 12mo
Beta-Blocker	pts w/prior MI	Smoking status	cessation offered
Statin	All	Self Mgmt Goal	Discussed / documented

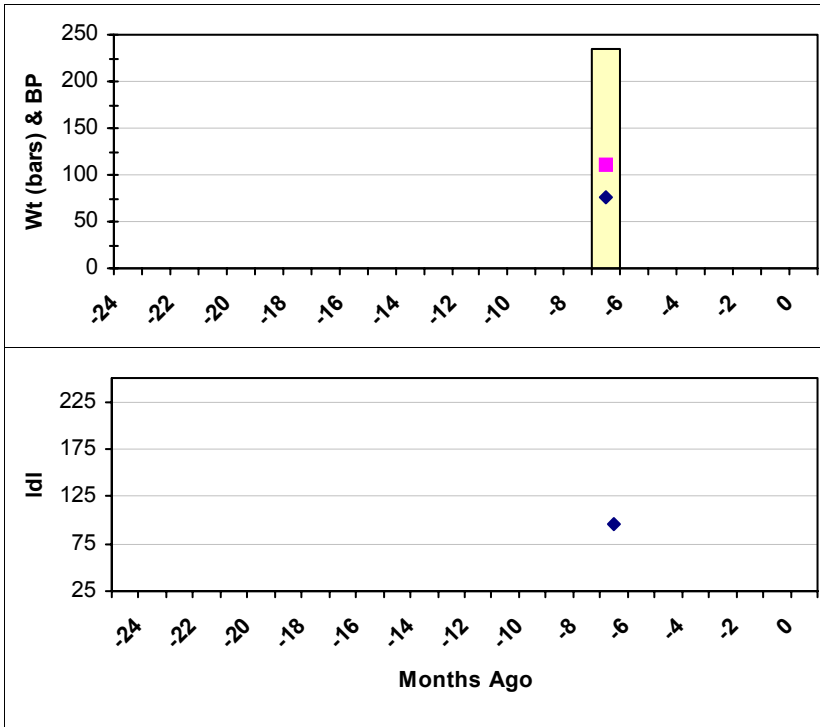


Patient Summary as of:

Recommendations For The Patient

NOT A PERMANENT PART OF PATIENT'S RECORD

Test/Treatment Type	Standard for your care	Additional Information
LDL Cholesterol Check	Every 12mo: Goal LDL<100	checks for "bad cholesterol" that can cause heart attacks
HDL Cholesterol Check	Every 12mo: Goal HDL >40	"good cholesterol" lowers risk for heart disease
Blood Pressure Check	Every visit: Goal <140/90	checks for hypertension
Blood Thinner	One of these meds ongoing	Antiplatelet or Anticoagulant medication reduces the risk of blood clotting
ACE Inhibitor medication	Ongoing	lowers blood pressure making it easier for the heart to pump blood
Beta-blocker medication	Ongoing: After a heart attack	reduces the workload of the heart
Nutrition Evaluation	Every visit:diet low in sat fat & cholesterol	decreases risk of heart disease and can lower "bad cholesterol"
Smoking Assessment	Goal: Do not smoke	cessation counseling or medication can help a person stop-smoking
Physical Activity Asmt	Minimum Goal: 30min/3-4days/wk	improves general health, reduces risk of heart disease
Weight Assessment	Every visit:Goal - BMI <25	BMI is a measure of body fat based on height and weight.
Self-Management Goal	Discussed/documented	helps you set your own goals for controlling your health condition



Your Blood pressure and Weight

Date	Sys	Dia
02-22-05	110	76

Date	Wt
02/22/05	235

ldl

Date	result
2/1/2005	96