

District 2 Public Health

PCM Visits and VHN

3/1/2016

VHN v. 11.4 - FORSYTH 123-45-6789 Scale3 100% *ALERTS*

Select PCM Workflow

Choose Workflow

- Women's Adult
- PCM**
- General Adult

Encounter

Enc # 541981

Type ADULT HEALTH

Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit

PCM TEST ENCOUNTER

Task List Items For

IMA TEST

[Due](#) [Overdue](#)

Workflow View

[Hide Workflow](#)

Historical Views

- Show All
- Alerts
- Allergies
- Meds
- Problems
- Labs
- Vitals
- Immunizations
- Family
- Social
- Radiology
- Skin Tests
- Prog Notes
- Encounters
- E-Charts

Go To View Mode Final Edit/Sign

Encounter/Note

- Subjective
 - Chief Complaint
- Objective
- Assessment
- Plan
- Overview
 - Provider Notes

progdisharge

PCM

Row 1 of 119 rows.

2:29 PM
2/24/2016

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc # 541981
Type ADULT HEALTH
Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit
PCM TEST ENCOUNTER

Task List Items For
IMA TEST
[Due](#) [Overdue](#)

Workflow View
[Workflow](#)

Historical Views
[Show All](#) [Alerts](#) [Allergies](#) [Meds](#) [Problems](#) [Labs](#) [Vitals](#) [Immunizations](#)
[Family](#) [Social](#) [Radiology](#) [Skin Tests](#) [Prog Notes](#) [Encounters](#) [E-Charts](#)

Go To View Mode Final Edit/Sign

PCM Workflow
[PCM Case Manager Initial Assessment](#)
[PCM Initial Assessment by Patient](#)
[REPRODUCTIVE LIFE PLAN \(GAI\)](#)
[PCM Care Plan](#)
[Enter Vitals](#)
[Allergies](#)
[Review Problem List](#)
[Encounter Info](#)
[Office Visit](#)
[Procedures](#)
[Education](#)
[Immunizations](#)
[Pregnancy Test](#)
[Order Labs](#)
[Review Lab Results](#)
[Order Appt](#)
[Order Referral](#)
[Review Task List](#)
[Sign Encounter](#)

Problems
Description ICD Code Proj E

Encounter/Note
Subjective
Chief Complaint
PCM TEST ENCOUNTER
Objective
Assessment
Plan
Overview
Provider Notes

progdisharge

Row 1 of 119 rows.

2:32 PM
2/24/2016

Begin
working
down the list

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

PCM: Case Manager Initial Assessment

Pregnancy Info | Refer/Prev Preg | Prev Preg2 | Current Preg1 | Current Preg2 | Father of Baby

Current Weight: 160

Current Height: 5'9"

LMP: 01/01/2016

Number of weeks gestation: 7.5

Pregnancy planned or unplanned: ☐ Planned ☒ Unplanned

Pregnancy accepted or unwanted: ☒ Accepted ☐ Unwanted

If unwanted, what is plan:

Options discussed:

Religious objections to any form of medical treatment: ☐ Yes ☒ No

Describe:

Case Manager Initial Assessment:

Fill out Charting Form completely

Sign RN signature

Print for Medicaid

Cancel Void Print Finish

OVR

2:47 PM 2/24/2016

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

PCM: Initial Assessment by Patient

Patient Information Patient Info 2 Pregnancy Info Health Info Health Info 2

— Patient Demographics: —

How well do you speak English ☐ Excellant ☐ Good ☐ Need Help

Written language preference English

Needs someone to translate ☐ Yes ☐ No

Primary language spoken/written in household English

Years education completed ☐ <9 years ☐ GED ☐ High School ☐ Tech ☐ College

Employed ☐ Yes ☐ No

Convenient time of day to call After 5pm

Do you have other insurance beside Medicaid? ☐ Yes ☐ No

If yes, name of other insurer

Family and friends are supportive ☐ Yes ☐ No

Will have transportation to get to appointments for this pregnancy ☐ Yes ☐ No

Current living situation ☐ Lives alone ☐ Lives with someone ☐ Lives in a shelter ☐ Homeless

If living with some one who is that person ☐ Husband ☐ Boyfriend ☐ Mother ☐ Father ☐ Others

If others, relationship

Cancel Void Print Finish

Initial Assessment by Patient:

Fill out Charting Form completely

Sign RN signature

Print for Medicaid

****NOTE:** on Health Info Tab the Yes/No dials switch places half-way down the page. Pay attention to marking correctly.

OV

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

REPRODUCTIVE LIFE PLAN (GA) <Signed by ALISON H WARD, 02/24/2016>

RLP

Describe your desire to have a child
☐ I do want to have a child ☐ I do not want a child ever (or ever again) ☐ I am unsure about when to have a child

If you do want a child, when
☐ Now or in the next year ☐ In 1 to 2 years ☐ In 3 to 4 years ☐ In 5 or more years ☐ Unsure about when

Uses something to prevent pregnancy/STI
 NONE, EVT

If you use a preventive method sometimes or every time, list method
 CD

What method have you thought about using
 IUD

Had a problem with a method now or in the past
 no

Are you concerned about sexually transmitted infections
☐ No ☐ Maybe ☐ Yes

Record Status
☐ Draft
☒ Final (Locked)
 Created by: al876385 on 02/24/2016
 Last Updated by: al876385 on 02/24/2016

Required Signature(s)
☒ RN [Show Signature](#)

Cancel Void Print Finish

Reproductive Life Plan:

Fill out Charting Form completely

Sign RN signature

Print for Medicaid

VHN v.11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Problem 1 Problem 2 Problem 3 Problem 4 Problem 5

Start Date 02/24/2016

Assessed Problems/Barrier Needs

Needs assistance with Food

Planned Goals

Patient is able to obtain nutritious food for a healthy pregnancy.

Interventions

Refer to available social services.

Referrals

Has WIC appointment 2/26/15.
Referred for Food Stamps
List of local food banks given

Cancel Void Print Finish

PCM Care Plan:

Enter a minimum of 3 problems you addressed with the patient, but you can add up to 5 if needed.

Sign RN signature

Print and have patient sign for Medicaid

OV

3:13 PM
2/24/2016

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter # Reason for Visit Task List Items For IMA TEST
 Type **ADULT HEALTH**
 Date 02/24/2016 Center 01 Status: OPEN

Workflow View [Hide Workflow](#)

Historical Views

[Go To View Mode](#) [Final Edit/Sign](#)

PCM Workflow

- ☒ PCM: Case Manager Initial Assessment
- ☒ PCM: Initial Assessment by Patient
- ☒ REPRODUCTIVE LIFE PLAN
- ☒ PCM Care Plan
- ☒ Enter Vitals
- ☒ Allergies
- ☐ Review Problem List
- ☐ Encounter Info
- ☐ Office Visit
- ☐ Procedures
- ☐ Education
- ☐ Immunizations
- ☐ Pregnancy Test
- ☐ Order Labs
- ☐ Review Lab Results
- ☐ Order Appt
- ☐ Order Referral
- ☐ Review Task List
- ☐ Sign Encounter

Encounter/Note

Subjective

Chief Complaint
PCM TEST ENCOUNTER

Objective

Assessment

E-charts
 ECHART:PCM: Case Manager Initial Assessment-02/24/2016
 ECHART:PCM: Initial Assessment by Patient-02/24/2016
 ECHART:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
 ECHART:PCM Care Plan-02/24/2016

Vitals

BMI: 23.6
 BP: 120/70 mm Hg
 Ht: 5 Ft. 9 In.
 Wt: 160 Lbs. 0 Oz.

Plan

Overview

Provider Notes

progdisharge

Row 1 of 119 rows.

3:26 PM 2/24/2016

Continue working down the workflow.

Perform Ht/Wt/BP and Enter into Vitals

Review allergies

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Coding System
☒ ICD-9 ☒ ICD-10 ☐ SNOMED-CT

Search for a diagnosis

Personal Agency Search

ICD-10	ICD-10 Description
Z13.0	ENCOUNTER FOR SCREENING
Z11.1	ENCOUNTER FOR SCREENING
B85.0	PEDICULOSIS DUE TO PEDICU
Z01.00	ENCOUNTER FOR EXAMINATIO
Z13.6	ENCOUNTER FOR SCREENING
R87.613	HIGH GRADE SQUAMOUS INTR
R87.628	OTHER ABNORMAL CYTOLOGI
Z01.01	ENCOUNTER FOR EXAMINATIO
Z01.419	ENCOUNTER FOR GYNECOLOC
Z32.01	ENCOUNTER FOR PREGNANCY
D50.9	IRON DEFICIENCY ANEMIA / INS

New Problem
Z32.01-ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE
Diagnosis Date: 02/24/2016
Program: AH
Condition Status:
Chronic: ☐
Status: ☒ Active ☐ Resolved ☐ Inactive

Problem List
Show: ☒ Active ☐ Resolved ☐ Inactive ☐ Voided ☐ All

Search for a SNOMED-CT Code

144437003	SERUM PREGNANCY TEST POSITIVE (FINDING)
147236004	URINE PREGNANCY TEST POSITIVE (FINDING)
149560008	PREGNANT - URINE TEST CONFIRMS (FINDING)
149561007	PREGNANT - BLOOD TEST CONFIRMS (FINDING)
250423000	PREGNANCY TEST POSITIVE (FINDING)

322.01 Encounter for positive Pregnancy Test
Add additional Dx codes as necessary.
Examples:
R11.0 Nausea
026.811 Pregnancy related exhaustion first trimester
Z72.0 Tobacco use

progdischARGE

Row 1 of 119 rows.

OVR

District 2 Public Health
3/2016

VHN v. 114 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc # 541981
Type ADULT HEALTH
Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit
PCM TEST ENCOUNTER

Task List Items For
IMA TEST
Due Overdue

Workflow View
Hide Workflow

PCM Workflow
☒ PCM: Case Manager Initial Assessment
☒ PCM: Initial Assessment by Patient
☒ REPRODUCTIVE LIFE PLAN
☒ PCM Care Plan
☒ Enter Vitals
☒ Allergies
☒ Review Problem List
☐ Encounter Info
☐ Office Visit
☐ Procedures
☐ Education
☐ Immunizations
☐ Pregnancy Test
☐ Order Labs
☐ Review Lab Results
☐ Order Appt
☐ Order Referral
☐ Review Task List
☐ Sign Encounter

Encounter Information
 Visit Type: ADMISSION/NEW
 Confidential: ☐
 Smoking Status: NEVER SMOKER/RECODE+
 Providers/Time
 Clinicians: AHD
 Counseling: ☐
 Outprocess: ☐
 Interpreter: ☐
 Attending MD: ☐
 Enter time spent in minutes: OVR

Encounter Info
New vs. Established

Problems
☒ Pregnancy Test, Result Positive (167236004-SNOMED)
☒ Exhaustion and Fatigue, First Trimester (88893004-SNOMED)
☒ Nausea, Vomiting, Unspecified (16932000-SNOMED)

Immunizations
☒ Case Manager Initial Assessment-02/24/2016
☒ Initial Assessment by Patient-02/24/2016
☒ ECHART: REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
☒ ECHART: PCM Care Plan-02/24/2016

Vitals
 BMI: 23.6
 BP: 120/70 mm Hg
 Ht: 5 Ft. 9 In.
 Wt: 160 Lbs. 0 Oz.

Plan
 Overview

prodischarge

Row 1 of 119 rows.

3:44 PM
2/24/2016

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc # 941981
Type ADULT HEALTH
Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit
PCM TEST ENCOUNTER

Task List Items For
IMA TEST
o Due o Overdue

Workflow View
Hide Workflow

Historical Views

Office Visit
Type General Preventive Counseling
NEW PT DETAILED OV (99203)

Primary Diagnosis
Z32.01 ENCOUNTER FOR PREGNA Change...

OK
Cancel

Office Visit: Full PCM/AH visit
New: 99203
Established: 99213

PCM Workflow
[x] PCM: Case
[x] PCM: Initial
[x] REPROD
[x] PCM Care
[x] Enter Vitals
[x] Allergies
[x] Review Prob
[x] Encounter Info
[x] Office Visit
Procedures
Education
Immunizations
Pregnancy Test
Order Labs
Review Lab Results
Order Appt
Order Referral
Review Task List
Sign Encounter

Office Visits
99203-NEW PT DETAILED OV

Assessment
Problems/Diagnoses (Last reviewed by ALISON HWARD on 02/24/2016)
ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE (167256004-SNOMED)
PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER (88895004-SNOMED)
NAUSEA WITH VOMITING, UNSPECIFIED (16932000-SNOMED)

Charts
Echart:PCM: Case Manager Initial Assessment-02/24/2016
Echart:PCM: Initial Assessment by Patient-02/24/2016
Echart:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
Echart:PCM Care Plan-02/24/2016

Vitals
BMI: 23.6
BP: 120/70 mm Hg

prodischarge

Row 1 of 119 rows.

OVR

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc #
Type ADULT
Date 02/24/2016

Workflow View
Hide Workflow

PCM Workflow
☒ PCM: Case
☒ PCM: Initial
☒ REPRODU
☒ PCM Care P
☒ Enter Vitals
☒ Allergies
☒ Review Probl
☒ Encounter In
☒ Office Visit
☐ Procedures
☐ Education
☐ Immunizations
☐ Pregnancy T
☐ Order Labs
☐ Review Lab
☐ Order Appt
☐ Order Refer
☐ Review Task
☐ Sign Encoun

Code	Description	Select
LU073	FLAGYL 7 DAY TREATMENT	<input type="checkbox"/>
LU072	FLAGYL STAT	<input type="checkbox"/>
LU070	FOAM AND CREAM	<input type="checkbox"/>
LU110	HEAD LICE CHECK	<input type="checkbox"/>
LU101	HEAD LICE MEDS	<input type="checkbox"/>
92551	HEARING SCREENING	<input type="checkbox"/>
LU109	HIV POST TEST COUNSELING	<input type="checkbox"/>
LU108	HIV PRE TEST COUNSELING	<input type="checkbox"/>
11976	IMPLANT REMOVAL	<input type="checkbox"/>
LU112	INDIGENT CARE APPLICATION	<input type="checkbox"/>
58301	IUD REMOVAL	<input type="checkbox"/>
LU113	LION'S CLUB APPLICATION	<input type="checkbox"/>
LU077	METROGEL	<input type="checkbox"/>
LU075	MICONOZOLE	<input type="checkbox"/>
LU090	MULTIPLE VITAMIN #100 TABLETS	<input type="checkbox"/>
LU092	PERMETHERIN CREAM	<input type="checkbox"/>
LU091	PODOFILOX	<input type="checkbox"/>
LU115	PRESUMPTIVE APPLICATION	<input checked="" type="checkbox"/>
LU111	RASH CHECK	<input type="checkbox"/>
LU107	REACTOR CARD GIVEN	<input type="checkbox"/>
LU089	SEPTRA	<input type="checkbox"/>
LU103	SSI BP, WT HT	<input type="checkbox"/>
LU127	TCA 80% (TRICHLORACETIC ACID)	<input type="checkbox"/>
LU079	TERAZOL	<input type="checkbox"/>
96372	THERAPEUTIC INJECTION	<input type="checkbox"/>
99407	TOBACCO CESSATION SERVICES IN-	<input type="checkbox"/>
99406	TOBACCO CESSATION SERVICES IN-	<input checked="" type="checkbox"/>
LU080	VAGINAL FILM	<input type="checkbox"/>
99173	VISUAL ACUITY SCREENING	<input type="checkbox"/>

49 row(s) found.

OK
Cancel

Task List Items For
IMATEST
o Due o Overdue

+ Labs + Vitals + Immunizations
+ Encounters + E-Charts

Procedures:

Presumptive application

Tobacco Use Counseling if needed. Choose Tobacco Cessation Services Intermediate 99406.

ARD on 02/24/2016
RESULT POSITIVE (167256004-SNOMED)
AND FATIGUE, FIRST TRIMESTER (88895004-SNOMED)
(16932000-SNOMED)
02/24/2016
24/2016
)-02/24/2016

prodischarge

Row 1 of 119 rows.

OVR

3:48 PM
2/24/2016

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Encounter
Enc #
Type ADULT
Date 02/24/2016

Workflow View
Hide Workflow

Code	Description	Select
LU124	DERMATOLOGY REFERRAL	<input type="checkbox"/>
LU062	DOMESTIC VIOLENCE	<input checked="" type="checkbox"/>
LU053	EXERCISE	<input checked="" type="checkbox"/>
LU050	GENERAL DIETARY COUNSELING	<input checked="" type="checkbox"/>
LU060	IRON RICH FOODS	<input checked="" type="checkbox"/>
LU051	LOW SALT DIET	<input type="checkbox"/>
LU063	PREGNANCY REFERRAL	<input checked="" type="checkbox"/>
LU123	WCMETH TASK FORCE	<input type="checkbox"/>
LU052	WEIGHT CONTROL	<input type="checkbox"/>

OK
Cancel
controlb

Education:
Check off appropriate Education topics. Additional education can be written in your Narrative Note

Task List Items For IMA TEST
Due Overdue

Problems + Labs + Vitals + Immunizations
+ Prog Notes + Encounters + E-Charts

PCM Workflow
☒ PCM: Case Manager Initial Assessment
☒ PCM: Initial Assessment by Patient
☒ REPRODUCTIVE LIFE PLAN (GA)
☒ PCM Care Plan
☒ Enter Vitals
☒ Allergies
☒ Review Problems
☒ Encounter Information
☒ Office Visit
☒ Procedures
☐ Education
☐ Immunizations
☐ Pregnancy Test
☐ Order Labs
☐ Review Lab Results
☐ Order Appt
☐ Order Referral
☐ Review Task List
☐ Sign Encounter

9 row(s) found.

OVER

Reviewed by ALISON HWARD on 02/24/2016
 PREGNANCY TEST, RESULT POSITIVE (167256004-SNOMED)
 EXHAUSTION AND FATIGUE, FIRST TRIMESTER (88893004-SNOMED)
 TING, UNSPECIFIED (16932000-SNOMED)

APPLICATION

ECHART:PCM: Case Manager Initial Assessment-02/24/2016
 ECHART:PCM: Initial Assessment by Patient-02/24/2016
 ECHART:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
 ECHART:PCM Care Plan-02/24/2016

Vitals

progdisharge

Row 1 of 119 rows.

OVER

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc # 541981
Type ADULT HEALTH
Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit
PCM TEST ENCOUNTER

Task List Items For
IMA TEST
[Due](#) [Overdue](#)

Workflow View
[Hide Workflow](#)

Historical Views

PCM Workflow

- ☒ PCM: Case Manager Initial Assessment
- ☒ PCM: Initial Assessment by Patient
- ☒ REPRODUCTIVE LIFE PLAN (GA)
- ☒ PCM Care Plan
- ☒ Enter Vitals
- ☒ Allergies
- ☒ Review Problem List
- ☒ Encounter Info
- ☒ Office Visit
- ☒ Procedures
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- ☐ Pregnancy Test
- ☐ Order Labs
- ☐ Review Lab Results
- ☐ Order Appt
- ☐ Order Referral
- ☐ Review Task List
- ☐ Sign Encounter

Problems

Description
ENCOUNTER
PREGNANCY
NAUSEA W

Continue working down the workflow:

Review Immunization for Flu vaccine and Tdap.

Order Hgb screening and Preg Test if performed

Sign

ER

ON/NEW

ED OV

ed by ALISON H WARD on 02/24/2016
EGNANCY TEST, RESULT POSITIVE (167236004-SNOMED)
ED EXHAUSTION AND FATIGUE, FIRST TRIMESTER (88895004-SNOMED)
TING, UNSPECIFIED (16932000-SNOMED)

APPLICATION

nager Initial Assessment-02/24/2016
ECHART:PCM: Initial Assessment by Patient-02/24/2016
ECHART:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
ECHART:PCM Care Plan-02/24/2016

Vitals

prodischarge

Row 1 of 119 rows.

OVR

3:54 PM
2/24/2016

VHN v. 114 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow

Encounter
Enc # 541981
Type ADULT HEALTH
Date 02/24/2016 Center 01 Status: OPEN

Reason for Visit
PCM TEST ENCOUNTER

Task List Items For
IMA TEST
[Due](#) [Overdue](#)

Workflow View
[Hide Workflow](#)

Historical Views

PCM Workflow

- ☒ PCM: Case Manager Initial Assessment
- ☒ PCM: Initial Assessment by Patient
- ☒ REPRODUCTIVE LIFE PLAN (GA)
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- ☐ Pregnancy Test
- ☒ Order Labs
- ☐ Review Lab Results
- ☐ Order Appt
- ☐ Order Referral
- ☐ Review Task List
- ☐ Sign Encounter

Problems

Description	ICD Code
ENCOUNTER FOR PRE-	Z32.01
PREGNANCY RELATED-	O26.811
NAUSEA WITH VOMITIN-	R11.2

Go To View Mode Final Edit/Sign

Encounter/Note

- Subjective
 - Chief Complaint
PCM TEST ENCOUNTER
 - Visit Type
VISIT TYPE: ADMISSION/NEW
- Objective
 - Office Visits
99203-NEW PT DETAILED OV
- Assessment
 - Problems/Diagnoses (Last reviewed by ALISON HWARD on 02/24/2016)
ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE (167256004-SNOMED)
PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER (88895004-SNOMED)
NAUSEA WITH VOMITING, UNSPECIFIED (16932000-SNOMED)
 - Procedures
LU115-PRESUMPTIVE APPLICATION
 - E-charts
ECHAT:PCM: Case Manager Initial Assessment-02/24/2016
ECHAT:PCM: Initial Assessment by Patient-02/24/2016
ECHAT:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
ECHAT:PCM Care Plan-02/24/2016
 - Vitals

prodischarge

Creating billing records...

Confirm that all your check marks are Green and all items completed before hitting "Sign Encounter"

4:01 PM 2/24/2016

Clinical Notes

B I U E [Icons] [Font Size]

Assessment

Problems/Diagnoses (Last reviewed by ALISON H WARD on 02/24/2016)
 ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE ((167256004-SNOMED))
 PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER ((88895004-SNOMED))
 NAUSEA WITH VOMITING, UNSPECIFIED ((16932000-SNOMED))

Procedures
 L1111-PRESUMPTIVE APPLICATION

E-charts
 ECHART:PCM: Case Manager Initial Assessment-02/24/2016
 ECHART:PCM: Initial Assessment by Patient-02/24/2016
 ECHART:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
 ECHART:PCM Care Plan-02/24/2016

Vitals
 BMI: 23.6
 BP: 120/70 mm Hg
 Ht: 5' 9 in.
 Wt: 160 Lbs. 0 Oz.

Plan

E d Topics
 L1106-DOMESTIC VIOLENCE(AHD)
 L1103-EXERCISE(AHD)
 L1109-GENERAL DIETARY COUNSELING(AHD)
 L1106-IRON RICH FOODS(AHD)
 L1106-PREGNANCY REFERRAL(AHD)

Lab Orders
 HEMOGLOBIN 02/24/2016

Overview

This is where you write out your Narrative Note. Include a brief description of patient's pregnancy: due date, past medical/pregnancy problems, current medical/pregnancy problems, medical provider. Include a description of their support system. List any problems and concerns and associated advice. Acknowledge a review of systems, any reported problems and associated referrals. List education and information given. Utilize MACROS for commonly used narrative items. This summary should provide a highlight of the entire visit.

Sign/Save
 Cancel
 Macros

OVR

4:23 PM
 2/24/2016

Write out Narrative Note
before signing and saving.

See next page for items to
include.

Once complete Sign/Save

tmpmerge224.pdf - VHN PDFViewer
File View Go To Zoom Settings Help
Page: 1 / 2 Find: 3A

IMA TEST (VHN # 97656) Printed: 02/24/2016 1/2

ENCOUNTER NOTE FOR IMA TEST, VHN # 97656

FORSYTH BOARD OF HEALTH
428 CANTON HIGHWAY
CUMMING, GEORGIA 30040-2002
Phone: 770-781-6900 Fax: 770-781-6929

Name: IMA TEST **Patient #:** 97656 **Date of Service:** 02/24/2016

Subjective
Chief Complaint
PCM TEST ENCOUNTER
Visit Type
VISIT TYPE: ADMISSION/NEW

Objective
Office Visits
99203-NEW PT DETAILED OV

Assesment
Problems/Diagnoses (Last reviewed by ALISON H WARD on 02/24/2016)
ENCOUNTER FOR PREGNANCY TEST, RESULT POSITIVE (167256004-SNOMED)
PREGNANCY RELATED EXHAUSTION AND FATIGUE, FIRST TRIMESTER (88895004-SNOMED)
NAUSEA WITH VOMITING, UNSPECIFIED (16932000-SNOMED)
Procedures
LU115-PRESUMPTIVE APPLICATION
E-charts
ECHART:PCM: Case Manager Initial Assessment-02/24/2016
ECHART:PCM: Initial Assessment by Patient-02/24/2016
ECHART:REPRODUCTIVE LIFE PLAN (GA)-02/24/2016
ECHART:PCM Care Plan-02/24/2016
Vitals
BMI: 23.6
BP:120/70 mm Hg
Ht:5 Ft. 9 In.
Wt:160 Lbs. 0 Oz.

Plan
Ed Topics
LU062-DOMESTIC VIOLENCE(AHD)
LU053-EXERCISE(AHD)
LU050-GENERAL DIETARY COUNSELING(AHD)
LU060-IRON RICH FOODS(AHD)
LU063-PREGNANCY REFERRAL(AHD)
Lab Orders
HEMOGLOBIN 02/24/2016

Overview
This is where you write out your Narrative Note. Include a brief description of patient's pregnancy: due date, past medical/pregnancy problems, current medical/pregnancy problems, medical provider. Include a description of their support system. List any problems and concerns and associated advice/referrals

Acknowledge a review of systems, any reported problems and associated referrals. List education and information given. Utilize MACROS for commonly used narrative items. This summary should provide a highlight of the entire visit .

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow Workflow:

Adult Menu

Once the Encounter is Complete you will go to the Adult Menu

Patient Summary Information

IMA TEST
97656, 123-45-6789, Scale3: 100%
Gender: FEMALE DOB: 01/05/1985 (31 Yrs 1 Mos 19 Days)
PCP In/Out: N/A/N/A

Task List Items For ALISON H WARD
1 New 2 Due
IMA TEST
0 Due 0 Overdue

1 2

Alerts Allergies Medications Problems Lab Results Vitals Immunizations Radiology Skin Tests

Alerts

Alert Description	Begin	End
Apt 02/26/16-10:00/MAW-	02/16/2016	02/26/2016
Apt 02/26/16-11:00/MAW-	02/16/2016	02/26/2016

1 note from 01/08/2009 on this patient

4:44 PM 2/24/2016

VHN v.114 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Workflow Workflow:

Patient Summary Information

IMA TEST
 # 97656, 123-45-6789, Scale3: 100%
 Gender: FEMALE DOB: 01/05/1985 (31 Yrs 1 Mos 19 Days)
 PCP In/Out: N/A/N/A

Enlarge

Task List Items For
 ALISON HWARD
 1 New 2 Due

IMA TEST
 o Due o Overdue

1 2

Alerts Allergies Medications Problems Lab Results Vitals Immunizations Radiology Skin Tests

Alerts

Alert Description	Begin	End
Apt 02/26/16-10:00 /MAW-	02/16/2016	02/26/2016
Apt 02/26/16-11:00 /MAW-		

Adult Menu

STD TB Old TB PPD/Skin Tests Lab Immunizations Follow Up Pregnancy Test Maternal Dental SHAPP Cancer Screen WIC Exit

Choose "Maternal"

1 note from 01/08/2009 on this patient

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Choose Work

Maternal / Child Case Management Program - Case Record

Patient # DOB 31 Yrs 1 Months 19 Days

Last Name First Middle

Address

City Maiden Name Yrs Education

State Race Center #

Zip Marital Stat

Phone Home Medicaid # MDCD Type

Bus

Family Size/Income / Type Total Income

Poverty Level (%)

Enrollment Information

Doctor's Phone Doctor's Name

Outside Agency

Initial Wks Gest

Date Scheduled

Init. Comprehens

Prog Enr	Open Date	Close Date	Reason	Area	CMO Notified
PN	02/24/2016	02/24/2016	NM	01	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Enter Area if used by clinic

OVR

OVR

1 note from 01/08/2009 on this patient

4:48 PM 2/24/2016

This Page must be added and completed because of the CMO notification

You will complete Page 1 and 2

Page 1

VHN v. 11.4 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale3 100% *ALERTS*

Pregnancy/History/Health Status

Patient # 97656 Name TEST IMA

Current Pregnancy

Preg Test By Health Department Preg Test Date 02/22/2016 Verified Y Pregnancy Intendedness Z

LMP Date LMP Type EDD Date

Reproductive History

Gravida 1 Full Terms Prematures

Live Births Living Children

Therapeutic Abortions Spontaneous Abortions Still Born

Date Last Preg Ended

Health Status

Prenatal Care At 3 Gest Wk PN Care Began 7

WIC Admission Date Pn Care Admitted

Transferred to Transfer Date

Ref to MH Case Management? Referral Source

Pregnancy Outcome

Delivery Date Delivery Method Delivered By

Pregnancy Outcome Mother's Hosp D/C Date

Last WIC Date Infant Birth Weight lbs ozs

Inactive Date Maternal/Fetal Referral? # of Appts

Current Risk Assessment

Medical Risk Status Risk Preterm Labor: Tool

Score: Init Date

26wk Date

Smoking N Packs Per Day

Pre-Preg 0.00 1st Assess

26wk Delivery

Page 2

OK

Cancel

OVR

1 note from 01/08/2009 on this patient:

4:53 PM 2/24/2016

VHN v. 114 - FORSYTH - # 97656 IMA TEST- DOB 01/05/1985 123-45-6789 Scale 100% *ALERTS*

Maternal/ Child Case Management Program - Case Record

Patient # DOB 31 Yrs 1 Months 19 Days

Last Name First Middle

Address

City Maiden Name Yrs Education

State Race Center #

Zip Marital Stat

Phone: Home Medicaid # MDCD Type

Bus

Family Size/Income / Type Total Income

Poverty Level (%)

Enrollment Information

Doctor's Phone Doctor's Name

Outside Agency

Initial Wk's Gest

Date Scheduled

Init. Comprehens

Prog Enr	Open Date	Close Date	Reason	Area	CMO Notified
PN	02/24/2016	02/24/2016	NM	01	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

MATERIAL HEALTH: Add a New Maternal Health Record.
Record Added...

1 note from 01/08/2009 on this patient

MENU

- Query
- Zoom
- Next
- Previous
- Add
- Update
- View
- Serv
- problems
- Health Assess.
- Follow Up
- Remove
- Lab
- rXdispense
- proGress
- viTals
- Wic
- Output
- 2Referral
- surveys
- ISched
- Exit

OVR

