



Services Received Today



Date: _____ Book Follow-up. Timing _____

ATTACHED Patient UNATTACHED Patient OUT of PROVINCE Patient → Was pt booked by 811 Yes No

Code: <input type="checkbox"/> 91 <input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> Lab Tests Ordered <input type="checkbox"/> Scan requisition to profile * Requires additional responses on pages 2			
<input type="checkbox"/>	Rx Renewal: 1-3 meds	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	Rx Renewal: 4+ meds	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	Complex Medication Review (Unattached or Referral Patient)	<input type="checkbox"/> Initial	<input type="checkbox"/> F/UP
<input type="checkbox"/>	Basic Medication Review	<input type="checkbox"/> Initial	<input type="checkbox"/> F/UP
<input type="checkbox"/>	Advanced Medication Review Senior Pharmacare Patients	<input type="checkbox"/> Initial	<input type="checkbox"/> F/UP
<input type="checkbox"/>	<input type="checkbox"/> UTI <input type="checkbox"/> Lyme prophylaxis <input type="checkbox"/> Lyme Tx <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> C19 Cough	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	<input type="checkbox"/> Contraception <input type="checkbox"/> Initial <input type="checkbox"/> F/U No Change <input type="checkbox"/> F/U With Change	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	Take home Naloxone kit training		
<input type="checkbox"/>	CPAMS (INR)	<input type="checkbox"/> 1st appt/mo	<input type="checkbox"/> Visit # _____
<input type="checkbox"/>	Bloom Month 1-6	<input type="checkbox"/> 1st appt/mo	<input type="checkbox"/> Visit # _____
<input type="checkbox"/>	Bloom Month 7-12	<input type="checkbox"/> 1st appt/mo	<input type="checkbox"/> Visit # _____
<input type="checkbox"/>	Prescription Adaptation		<input type="checkbox"/> Refusal fill
<input type="checkbox"/>	Therapeutic Substitution		
<input type="checkbox"/>	Minor Ailment Assessment Code: _____ See table below Rx Rx for OTC OTC or nothing Referral no Rx Referral with Rx		
<input type="checkbox"/>	Assessment and prescribing for Group A Strep	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	Point of Care Test: Group A Strep	<input type="checkbox"/> Test	<input type="checkbox"/> No Test
<input type="checkbox"/>	Assessment and prescribing primary compliant <input type="checkbox"/> Sinusitis <input type="checkbox"/> Acute Otitis Media <input type="checkbox"/> Acute Otitis Externa	<input type="checkbox"/> Rx	<input type="checkbox"/> No Rx
<input type="checkbox"/>	Assessment and Administration of injectable medication: <input type="checkbox"/> Drug name: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Complex (bill too)
<input type="checkbox"/>	Vaccine: <input type="checkbox"/> Basic PFV <input type="checkbox"/> Complex Vaccine Assessment: Bill PIN/Fee <input type="checkbox"/> Non PFV Injection table 3 P IN		
<input type="checkbox"/>	Service in Scope, No other PIN to bill - use 92099715		
<input type="checkbox"/>	Deprescribing: <input type="checkbox"/> PPI <input type="checkbox"/> Benzodiazepine	<input type="checkbox"/> Initial	<input type="checkbox"/> F/UP
<input type="checkbox"/>	Deprescribing: <input type="checkbox"/> Other Drug name: _____	<input type="checkbox"/> Initial	<input type="checkbox"/> F/UP
<input type="checkbox"/>	Tobacco Use Reduction (follow up in quantity of visits)	<input type="checkbox"/> Initial	<input type="checkbox"/> 1-7
<input type="checkbox"/>	Chronic Disease Management: <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> CVD <input type="checkbox"/> Chronic Kidney <input type="checkbox"/> Chronic non cancer pain <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Mental health <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Other _____	<input type="checkbox"/> Initial <input type="checkbox"/> Initial after a phc diagnosis of HTN or T2D	<input type="checkbox"/> F/UP
<input type="checkbox"/>	Diagnosing assessment <input type="checkbox"/> Hypertension <input type="checkbox"/> Type 2 Diabetes	Apt # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
<input type="checkbox"/>	Prescribing with diagnosis collaboration with provider		
<input type="checkbox"/>	Prescribing with a diagnosis already established		
<input type="checkbox"/>	Point of Care Test	<input type="checkbox"/> A1C	<input type="checkbox"/> Lipids
<input type="checkbox"/>	Travel: <input type="checkbox"/> Comprehensive Travel Health Consultation <input type="checkbox"/> Malaria Chemoprophylaxis Assessment/Rx		
<input type="checkbox"/>	Completion of Forms Not Covered by an Agreement (ex: Special auth)		
<input type="checkbox"/>	CPPCC-NP Consult _____ minutes		

Other:

Minor Ailment PIN list. Circle the service provided.

Acne (mild) 92099689	Contact allergic dermatitis 92099690	Eczema (mild-mod) 92099688	Headache (mild) 92099681	Muscle pain minor 92099679	Oral Ulcer 92099674	Urticaria 92099687
Allergic Rhinitis 92099682	Dry eye 92099675	Emergency contraception 92099676	Hemorrhoids 92099683	Nausea 92099684	Sleep disorder (minor) 92099678	Vaginal candidiasis 92099671
Cold sore 92099669	Noninfectious diarrhea 92099666	Fungal skin Infection 92099672	Impetigo 92099668	Dysmenorrhea 92099677	Smoking cessation product 92099667	Other: (circle) 92099725 (cough, Dandruff corns calluses, warts, nasal congestion)
Conjunctivitis 92099659	Oral fungal infection 92099673	GERD 92099685	Joint pain (minor) 92099680	Dyspepsia 92099686	Threadworms/ Pinworms 92099670	