

PATIENT ENCOUNTER FORM

Event : _____

DATE & TIME (24HR) _____

Last Name : _____

First Name : _____

Phone : _____

Age : _____ ☐ Female ☐ Male

DOB : _____

Family Physician : _____

PATIENT CATEGORY _____

Available, In Event Staff, In Performance, In Expectation, In Unknown

PARTICIPANT ID _____

(Race/BI# Number)

TRIANGLE ACUTY SCALE**

☐ Black ☐ Red ☐ Yellow ☐ Red ☐ Green ☐ White

PRESENTING COMPLAINT _____

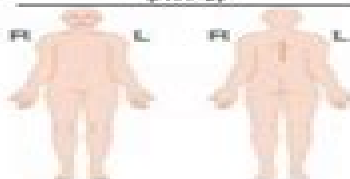
HISTORY _____

Past History _____

Medications _____

Allergies _____

Level of Consciousness
(AVPU)



PHYSICAL FINDINGS

VITAL SIGNS

	#1	#2	#3
Time	_____	_____	_____
Temp	_____	_____	_____
Pulse	_____	_____	_____
B.P.	_____	_____	_____
R.R.	_____	_____	_____
SaO2	_____	_____	_____
Glucose	_____	_____	_____
GCS	_____	_____	_____

CLINICAL IMPRESSION OF CARE PROVIDER

Abrasional/thermal hypothermia

☐ Blister ☐ Dislocation ☐ Intoxication

☐ Chest Pain ☐ Disinfect ☐ Laceration

☐ Concussion ☐ Fracture ☐ Sprain/Strain

☐ Contusion ☐ Hyperthermia

Other _____

MEDICATION or IV GIVEN

Time :	Medication/IV	Provider Name :
_____	_____	_____
_____	_____	_____
_____	_____	_____

TREATMENT & SERVICES PROVIDED

☐ Antacid ☐ Splint/Taping/Tensor

☐ Counseling ☐ Stretching

☐ Ibuprofen ☐ Tylenol

☐ Immobilization ☐ Vaseline

☐ R.I.C.E. ☐ Wound Management

☐ Sling ☐ Other _____

☐ Other _____ ☐ Other _____

DISCHARGE ACUTY SCALE**

☐ Black ☐ Red ☐ Yellow ☐ Red ☐ Green ☐ White

FOLLOW-UP

☐ Event Medical Team

☐ ER

☐ Family Physician/Clinic

☐ Other _____

DISPOSITION

☐ Returned to Event/work

☐ Left Event (Private Vehicle)

☐ Left Event (taxi)

☐ Left Event (event staff)

☐ Ambulance Transport

☐ Air Evacuation

☐ AMA

☐ Other _____

DISCHARGE INSTRUCTIONS _____

ADDITIONAL NOTES _____

Did the care provided on site prevent a visit to another medical facility (i.e. hospital, clinic, family doctor)? ☐ Yes ☐ No

LEVEL OF TRAINING OF CARE PROVIDER** _____

LOCATION CARE WAS PROVIDED _____

DISCHARGE TIME _____

Name of Attendant (Please PRINT) _____

Signature of Attendant _____

**DOB, Race, Family Physician (Optional)

PARTICIPANT ID:

**Triangle/Discharge Acuity Scale Level

Black/Deceased-obvious, non-conscious injury

Red/Severe injury-Critical, no action, Chest Pain, Collapse

Yellow/Injury-Critical, no action, Chest Pain, Collapse

Green/Injury-Critical, no action, Chest Pain, Collapse

White/Injury-Critical, no action, Chest Pain, Collapse

RA ID :

**Level of Training of Care Provider

PCR, EMT, CMA, EMT, LPN, RN, NP, NVC, Chiropractor, etc.

Encounter Forms For Family Practice

Paul A. Nutting



Encounter Forms For Family Practice:

Urban Family Medicine Richard B. Birrer, 2012-12-06 Now more than ever Family Medicine is alive and well in the United States The base of this medical specialty has traditionally been in the smaller cities suburban communities and rural areas of this country Over the past decade however there has been a resurgence of interest in primary care in our major metropolitan areas as a solution to the high tech subspecialty pace of the tertiary care environment A rebirth of urban family medicine has accompanied these pioneering efforts To date the accomplishments are substantial and the prospects are bright There is still a long way to go and there are a significant number of hurdles to cross Although diseases are generally the same wherever you are their effects as illness on the individual and the family are strongly influenced by the environment and social milieu Urban families have distinctive and diverse problems cultural economic and ethnic Training programs situated in the large cities must recognize these issues and include special emphasis on the situations that the family physician is likely to encounter during and after his training There is very little research literature on the background and nature of special urban problems and these areas are the subject of several chapters of this long overdue volume devoted specifically to urban family medicine Dr Birrer has persuaded true experts to share their knowledge with the reader

Family Medicine A.K. David, T.A. Jr. Johnson, D.M. Phillips, J.E. Scherger, Robert B. Taylor, 2013-06-29 Much is new in Family Medicine since the last edition of our textbook For example not only is the therapy of human immunodeficiency virus HIV disease and the acquired immunodeficiency syndrome AIDS much different than a few years ago the epidemiology of the disease has also changed and more than half of the family physicians in a rural state such as Oregon have already managed patients with HIV disease or AIDS 1 There are new immunization recommendations for children and new antibiotics for the treatment of bacterial infections Computers are bringing medical informatics and on line consultation into office practice Medicare physician payment reform is underway and the reality of rationing medical care has been recognized There has been a recent increase in student interest in a family practice career 2 coincidental with a Council on Graduate Medical Education COGME recommendation that at least 50 percent of all residency graduates 3 should enter practice as generalists Also there is increasing awareness of the need for a 4 Center for Family Practice and Primary Care at the National Institutes of Health This all new fourth edition is intended to present the scientific and practical basis of family medicine with special attention to what's new in family medicine The emphasis is on how the physician provides continuing and comprehensive care for persons of all ages with clinical content selected from the perspective of family physicians The format of the book like the practice of family medicine continues to change *Health Information Management* Lynn Kuehn, 1997 Use the guide that offers concise tips to keep your medical records organized and under control Get help with record systems storage retrieval coding transcription computerization human resources and legal issues **Family Medicine** J. L. Buckingham, E. P. Donatelle, W. E. Jacott, M. G. Rosen, Robert B. Taylor, 2013-06-29 This Second Edition of Family Medicine Principles and

Practice presents a scientific approach to health and illness in the context of mankind's most enduring societal unit the family This is a new book building on the strengths of the First Edition The emphasis of this book like that of the specialty itself is on the clinical delivery of health care that is how the practitioner manages common problems and recognizes uncommon entities encountered in office hospital home and nursing home In the First Edition we were faced with the problem of how to organize a family medicine textbook that dealt with clinical topics yet represented more than a series of essays on the specialties for the generalist reader We began by identifying specific objectives outlined in the preface to the First Edition From this evolved an approach which has been called the biopsychosocial perspective inclusion of behavioral family social and cultural aspects of health care integrated with the traditional manifestations and management textbook model The First Edition also introduced a comprehensive classification of clinical problems in family medicine now used in curriculum planning in many family practice residency programs

Quality Improvement Davis Balestracci, Jeanine L. Barlow, 1996-10 Find ideas and tools to improve your practice's quality of care

Advances in Medical Education A.J.J.A. Scherpbier, Cees P.M. van der Vleuten, J.J. Rethans, A.F.W. van der Steeg, 2012-12-06 About 550 registrants from 51 different countries attended the Seventh Ottawa Conference on Medical Education and Assessment in Maastricht We received 525 abstracts for the conference divided in thematic poster sessions and platform presentations Organising the conference was an honour and we tried to meet the high standards of a friendly and relaxed atmosphere which has characterized previous Ottawa conferences During and after the conference about 250 papers were submitted for publication in the conference proceedings leaving us little time for a post conference depression Despite the large number of papers the editors have attempted to review and edit the papers as carefully as possible Occasionally however correspondence exceeded reasonable deadlines preventing careful editing of a small number of the papers Although we felt that our editorial task was not quite finished we nevertheless decided to include these papers We thank the many authors for their enthusiastic and prompt response to occasionally tedious editorial suggestions and requests We are sure that this collective effort has resulted in a book that will make an important contribution to the field of medical education The editors want to thank Jocelyn Flippo Berger whose expertise with desktop publishing and perseverance was a great help

Kinn's The Administrative Medical Assistant E-Book Deborah B. Proctor, Brigitte Niedzwiecki, Julie Pepper, Payel Madero, 2016-05-13 Administrative Medical Assisting begins with Kinn Elsevier's Kinn's The Administrative Medical Assistant 13th Edition provides you with the real world administrative skills that are essential to working in the modern medical office An applied learning approach to the MA curriculum is threaded throughout each chapter to help you further develop the tactile and critical thinking skills necessary in today's healthcare setting Paired with our adaptive solutions EHR documentation ICD 10 coverage and detailed procedural videos you will learn the professional and interpersonal skills of modern administrative medical assisting Professionalism in applicable procedures teaches you how to properly interact with patients and coworkers Professional

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Establishing a Heart Failure Program Michael McIvor,2008-04-15 every critical examination of HF therapy in the United States has documented that we are not using all the weapons in our arsenal We know what works yet we are not systematically applying these proven therapies from the Introduction If you are interested in a better way to treat heart failure this book is for you Dr Michael McIvor who has taught thousands of healthcare professionals how to effectively care for patients with chronic HF through CME symposia takes a logical step by step approach to setting up and operating the kind of program that reduces hospital admissions and improves patient care *Establishing a Heart Failure Program The Essential Guide* answers the different questions posed by physicians nurse practitioners nurses and hospital administrators all of whom need to work as a team to achieve success The three major sections of the book address Taking the first steps toward building your heart failure program developing a business plan choosing your model of care and making accurate financial projections Assembling the pieces of your program managers front line staff and the physical facility Day to day operations A companion website presents forms you can download and use in your own heart failure center Drawing from experience Dr McIvor helps you avoid common problems by identifying potential problems and sharing advice that has proven effective to your colleagues He gives you the essential tools unavailable elsewhere to set up and maintain a heart failure program that achieves superior clinical outcomes

Primary Care Barbara Starfield,1998 Primary Care now highlights two additional areas compared to the previous edition equity in health services and health and the overlap between clinical medicine and public health It provides a basis for future directions in health policy

General practice activity in Australia 2013-14 Britt Helena,Miller, Graeme C,Henderson, Joan,Bayram, Clare,Valenti L, Harrison C, Charles J, Pan Y, Wong C, Pollack AJ ,2014-11-07 This book provides a summary of results from the 16th year of the BEACH program a continuous national study of general practice activity in Australia From April 2013 to March 2014 959 general practitioners recorded details of 95 900 GP patient encounters at which patients presented 148 880 reasons for encounter and 151 675 problems were managed For an average 100 problems managed GPs recorded 65 medications including 53 prescribed seven supplied to the patient and six advised for over the counter purchase 12 procedures 24 clinical treatments

advice and counselling six referrals to specialists and three to allied health services orders for 31 pathology tests and seven imaging tests A subsample study of more than 31 000 patients suggests prevalence of measured risk factors in the adult 18 years and over population who attended general practice at least once in 2013 14 were obesity 27% overweight 35% daily smoking 17% at risk alcohol consumption 26% One in four people in the attending population had at least two of these risk factors A companion publication A decade of Australian general practice activity 2004 05 to 2013 14 is also available

Practice Management for the Medical Office powered by SimChart for The Medical Office Elsevier Inc,2015-12-14 Power up your learning with this interactive medical assisting training tool Introducing Practice Management for the Medical Office powered by SimChart for the Medical Office an intuitive hands on learning simulation that provides foundational exercises around the administrative components of the EHR to teach you the steps for claims processing Realistic activities focus specifically on the practice management functionality within SimChart for the Medical Office including scheduling patient registration claim entry payment posting and report generation Reports can be coded with ICD 10 ICD 9 or both and ICD 10 and ICD 9 answers are given for every report so educators and self study learners have some flexibility while adjusting to the ICD transition An educational EHR provides you with a safe intuitive and realistic learning environment to develop key documentation and audit skills Relaunch of Walden Medical as Walden Medical Group a multi specialty health care setting broadens the reach of SimChart for the Medical Office beyond primary care adding pediatric cardiac dental and surgical cases Activities focus on the practice management functionality within SimChart for the Medical Office including scheduling patient registration claim entry payment posting and report generation New print form output for CMS 1500 ADA J400 and UB 04 so you can output a paper claim form for submission Unit exams are automatically graded and the results are stored in the instructor gradebook tracking performance in instructor led courses The gradebook must be set up on Evolve or the school s learning management system Reports can be coded with ICD 10 ICD 9 or both and ICD 10 and ICD 9 answers are provided for every report giving educators and self study learners flexibility while adjusting to the ICD transition Simulation and practice instructions provided with each assignment to support the experience of a real medical office setting with an electronic workflow and help you complete assignments **Claim Success!** Kyle Farhat,Nancie Cummins,2008 Claim Success is written to provide entrepreneurs business people and anyone investigating medical billing as a potential career with completely up to date comprehensive information about literally everything you will need to know to decide if running a medical billing and practice management company is a good business for you to consider Publisher Kinn's The Medical Assistant - E-Book Brigitte Niedzwiecki,Julie Pepper,P. Ann Weaver,2019-09-24 More than any other product on the market the most successful Medical Assistants begin their careers with Kinn Trusted for more than 60 years Kinn s The Medical Assistant An Applied Learning Approach 14th Edition teaches you real world administrative and clinical skills essential for a career in the modern medical office always with a focus on application through unfolding case

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Kinn's The Administrative Medical Assistant E-Book Brigitte Niedzwiecki, Julie Pepper, 2022-11-19 Selected for Doody's Core Titles 2024 in Medical Assisting More than any other product on the market the most successful medical assistants begin their careers with Kinn Known for more than 65 years for its alignment with national curriculum standards Kinn's The Administrative Medical Assistant An Applied Learning Approach 15th Edition teaches the real world administrative skills essential for a career in the modern medical office always with a focus on helping you apply what you've learned This edition features new and expanded content on insurance coding privacy and security telehealth logistics and much more With its approachable writing style appropriate for all levels of learners and a full continuum of separately sold adaptive solutions EHR documentation experience and HESI remediation and assessment quickly master the leading skills to prepare for certification and a successful career in the dynamic and growing administrative medical assisting profession Step by step illustrated procedures include rationales and a focus on professionalism Electronic health record EHR coverage provides access to hands on activities using SimChart for the Medical Office sold separately Applied learning approach incorporates threaded case scenarios and critical thinking applications Patient education and legal and ethical features at the end of each chapter reinforce legal and communications implications

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Office Management Alice Anne Andress, 2013-08-09 With proven techniques and professional insight this one of a kind resource is your complete guide to ensuring both effective patient care and sound business practices in the medical facility From the front office to financial management each detailed chapter addresses the interpersonal and administrative concerns you ll face in the management of a medical office accompanied by realistic forms letters and procedural policies that help you prepare for on the job success This new edition keeps you up to date on emerging developments in billing and coding documentation ethical and legal issues and technological advances to help you keep your medical office at the forefront of the competitive health care field Manager s Alert boxes detail measures to help you avoid complications and prevent potential emergencies From the Expert s Notebook boxes help you build daily decision making skills with helpful tips suggestions and insights drawn from real world practice Exercises at the end of each chapter reinforce concepts and help you assess your understanding Detailed appendices provide fast easy access to commonly used abbreviations and symbols Medicare information helpful websites and answers to the end o f chapter exercises as well as a sample procedure and policy manual to guide you in developing your own practices Written Communication chapter helps you ensure proper communication and documentation in the health care facility Updated content in the Medical Record chapter familiarizes you with the latest information on the electronic medical record The updated Billing Coding and Collections chapter keeps you up to date with the latest coding and insurance forms CMS 1500 Coverage of current legal and ethical issues and emerging technology in the medical office keep you apprised of recent developments *General Practice Activity in Australia 2011-12* Britt, Helena, Miller GC, Henderson J, Charles J, Valenti L, Harrison C, Bayram C, Zhang C, Pollack AJ, O'Halloran J, & Pan Y, 2012-11-26 The book provides a summary of results from the 14th year of the BEACH program a continuing national study of general practice activity in Australia From April 2011 to March 2012 984 general practitioners recorded details about 98 400 GP patient encounters at which patients presented 153 218 reasons for encounter and 152 286 problems were managed For an average 100 problems managed GPs recorded 70 medications including 57 prescribed six supplied to the patient and seven advised for over the counter purchase 11 procedures 24 clinical treatments advice and counselling six referrals to specialists and three to allied health services orders for 31 pathology tests and seven imaging tests A subsample study of more than 31 000 patients suggests prevalence of the following measured risk factors in the attending adult 18 years and over patient population obesity 27 per cent overweight 35 per cent daily smoking 15 per cent at risk alcohol consumption 25 per cent One in four people in the attending population had at least two of these risk factors A companion publication A Decade of Australian General Practice Activity 2001 02 to 2010 11 is also available

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