

Self-Care Management(SCM) **ADULT HEALTH SCHEDULE**

Chart # **JDOE-01**

Diabetes	Hypertension	Depression
Medication	Medication	Medication
Glucose monitoring	Salt intake	Stress Management
Foot Care	BP monitoring	Exercise
Eye exam	Alcohol use	Group Activity
Tobacco cessation		Asthma
Nutrition		Medication
Exercise		Peak Flow monitoring
Alcohol use		Environmental control

HR	Indicates High Risk (Status Box)
PR	patient refuses
NA	not applicable/contraindicated
P-Done and Positive; N-Done and Negative	
X - Done	Value - ###
PhC - Phone Call	Note - Notice sent
Apt	Appointment scheduled

Last Name: **DOE** First Name: **JANE** MI: **P**

Gender: **F** CAP Y/N: **Y**

DOB: **11/15/1957** Social Security #: **458-79-2541**

Review & Document @ Encounter	Status	2002		2003		2004		2005		2006		2007	
		mth	VALUE	mth	VALUE	mth	VALUE	mth	VALUE	mth	VALUE	mth	VALUE
Colonoscopy/Sigmoidoscopy													
Blood in stool				P	04								
Mammograph													
PAP													
Reserved for future use													
Pneumonia Shot													
Flu Shot													
DIABETES: SCM													
First HemoglobinA1c				7.3	01								
Second HemoglobinA1c													
Aspirin Use				NA	04								
Urine test for protein				PAb	04								
HYPERTENSION SCM Q yr													
BP				143/93	05								
2nd BP for year													
ASTHMA SCM													
* Severity Assessment				ModP	06								
Anti-inflammatory Meds													
Peak Flow					06								
DEPRESSION SCM													
Evaluation					05								
CARE MANAGE. ACTION													
Health Hx and Risk ? 5 yr													
SF-8 - Health Status ?													

* Asthma Severity MI - Mild Intermittent MP - Mild Persistent ModP - Moderate Persistent SP - Severe Persistent