

## Partners in Health Community Access Program Data Sheet

**Directions**

Shade circles like this:   
 Do not shade like this:

Today's Date 07 / 125 / 2003  
m m d d y y y y

Please complete using blue or black ink.

Facility: C O M M U N I T Y C L I N I C

First Name: J A N E Last Name: D O E M.I. P

Social Security Number 45817912541 Date of Birth: 1111511957 Gender:  Male  Female

Diagnosis? (Mark all that apply)  Diabetes  Asthma  Hypertension  Depression  None of these

<b>Preventive</b>	Colonoscopy/Sigmoidoscopy : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Blood in stool : <input checked="" type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">04</span> m m
	Mammogram : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	PAP : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	For Future Use: <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Pneumonia Shot : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Flu Shot : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
<b>Diabetes</b>	Documented Self Management : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	First Hemoglobin A1c: Value : <span style="border: 1px solid black; padding: 2px;">7.3</span> Date: <span style="border: 1px solid black; padding: 2px;">01</span> m m
	Second Hemoglobin A1c: Value : <span style="border: 1px solid black; padding: 2px;">  </span> Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Aspirin Use : <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA Date: <span style="border: 1px solid black; padding: 2px;">04</span> m m
	Urine test for protein: <input type="radio"/> Normal <input checked="" type="radio"/> Abnormal <input type="radio"/> NA Date: <span style="border: 1px solid black; padding: 2px;">04</span> m m
<b>Hypertension</b>	Documented Self Management : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	First Blood Pressure: Systolic: <span style="border: 1px solid black; padding: 2px;">143</span> Diastolic: <span style="border: 1px solid black; padding: 2px;">93</span> Date: <span style="border: 1px solid black; padding: 2px;">05</span> m m
	Second Blood Pressure: Systolic: <span style="border: 1px solid black; padding: 2px;">  </span> Diastolic: <span style="border: 1px solid black; padding: 2px;">  </span> Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
<b>Asthma</b>	Documented Self Management : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Severity Assessment : <input type="radio"/> Mild Intermittent <input type="radio"/> Mild Persistent <input checked="" type="radio"/> Moderate Persistent <input type="radio"/> Severe Persistent Date: <span style="border: 1px solid black; padding: 2px;">06</span> m m
	Anti-inflammatory Meds : <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Peak Flow: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Date: <span style="border: 1px solid black; padding: 2px;">06</span> m m
<b>Depression</b>	Documented Self Management : <input type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m
	Evaluation : <input checked="" type="radio"/> Yes <input type="radio"/> No Date: <span style="border: 1px solid black; padding: 2px;">05</span> m m
	Care Management Action : <input type="radio"/> Phone <input type="radio"/> Note or Letter <input type="radio"/> Appointment Date: <span style="border: 1px solid black; padding: 2px;">  </span> m m

