Medicare Advantage
360 Comprehensive Assessment Form

Member first name	Date of birth / /
Member last name	Date of service / /
Member ID	Primary care provider National Provider Identifier
Rendering provider	
Member's PCP	

Location
- ☐ Residence
- ☐ PCP office
- ☐ Facility
- ☐ Telehealth (audiovisual only)

Source
- ☐ Patient
- ☐ Other (name and relationship) ______

Reason for Exam
- ☐ 360 Annual Wellness Exam
- ☐ Other ______

Sex at birth
- ☐ Male
- ☐ Female
- ☐ Transgender

History of present illness
Active diagnosis

☐ See attached medical record, signed with credentials, and dated

Past medical history
Resolved diagnosis

☐ See attached medical record, signed with credentials, and dated

Surgical history
- ☐ Reviewed and no surgeries
- ☐ Prior organ transplant; specify site or organ

☐ See attached medical record, signed with credentials, and dated

Family History
- ☐ Reviewed and no relevant history
- ☐ Unknown history

Primary language spoken

☐ See attached medical record, signed with credentials, and dated

	Father	Mother	Children	Siblings
Hypertension	☐	☐	☐	☐
Heart disease	☐	☐	☐	☐
Stroke	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
High lipids	☐	☐	☐	☐
Dementia	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
	☐	☐	☐	☐

5002519.0226

Member name DOB / / DOS / /

Medications

- ☐ No current medications
- ☐ Medications reconciled
- ☐ See attached medical record, signed with credentials, and dated

Reporting CPT® Category II codes (Both codes must be used):

- 1159F Medication list documented in medical record
- 1160F Review of all medications by prescriber documented in medical record

List all medications, including OTCs, with dosage and frequency; not required if list of medications is attached.

Allergies

- ☐ No known drug allergies
- ☐ Allergies reviewed
- ☐ See attached medical record, signed with credentials, and dated

Habits

Tobacco use

☐ Yes ☐ No

Interested in quitting tobacco?

☐ Yes ☐ No

Alcohol use

☐ Yes, drinks per day ______

☐ No

Interested in quitting alcohol?

☐ Yes ☐ No

Opioid evaluation

Has your patient required or used more than a 15-day supply of narcotic medication over the last 12 months for a nonterminal diagnosis?

☐ Yes ☐ No

If Yes, are there alternative options besides opioids for the patient's pain?

☐ Yes ☐ No

Social history

Marital status

- ☐ Single
- ☐ Married
- ☐ Domestic partner
- ☐ Divorced
- ☐ Widowed

Lives

- ☐ Alone
- ☐ Spouse
- ☐ Institutional
- ☐ Family
- ☐ Other ______

High risk for sexually acquired diseases, including HIV

- ☐ Yes
- ☐ No

Illicit drug use

- ☐ Yes
- ☐ No

Hearing

- ☐ Normal
- ☐ Impaired/ hearing aid

Activities of daily living and independent activities of daily living assessed

☐ Patient is independent ☐ Patient needs assistance

Needs assistance with

- ☐ Transferring
- ☐ Bathing
- ☐ Mobility/walking
- ☐ Dressing
- ☐ Laundry
- ☐ Toileting
- ☐ Eating
- ☐ Handling finances
- ☐ Taking medications
- ☐ Driving/using transportation
- ☐ Preparing meals
- ☐ Housework
- ☐ Shopping for groceries
- ☐ Using the telephone
- ☐ Home repair

Reporting CPT II code: 1170F Functional status assessed

Cognitive observation by provider

- ☐ Normal
- ☐ Impaired

Advanced care planning and reporting CPT II codes

- ☐ Advance directive
- ☐ Medical power of attorney
- ☐ Living will
- ☐ ACP documented 1157F
- ☐ ACP discussion documented 1158F
- ☐ ACP discussion and plan documented 1123F

Member name DOB / / DOS / /

Fall risk screening (Fall risk: four or more reported)

- ☐ Unable to perform exam because of ____________
- ☐ Diagnoses (three or more existing)
- ☐ Prior history of falls within three months
- ☐ Incontinence/nocturia
- ☐ Visual impairment
- ☐ Impaired functional mobility
- ☐ Environmental hazard
- ☐ Polypharmacy
- ☐ Pain affecting level of function
- ☐ Cognitive impairment

Total number of boxes marked ________

- ☐ Fall risk prevention discussed

Depression screening (18 years old and older)

- ☐ Screening not performed because the patient is unable to communicate or answer.

PHQ-2

a. Little interest or pleasure in doing things

- 0 ☐ Not at all
- 1 ☐ Several days
- 2 ☐ More than half the days
- 3 ☐ Nearly every day

b. Feeling down, depressed or hopeless

- 0 ☐ Not at all
- 1 ☐ Several days
- 2 ☐ More than half the days
- 3 ☐ Nearly every day

If the PHQ-2 equals 3 or greater, complete PHQ-9 document and attach results to the 360 form.

- ☐ PHQ-9 form/standard screening tool/clinical interview

Bladder control screening

During the last three months, has patient leaked urine (even a small amount)? ☐ Yes ☐ No

If yes, how much of a problem was it? (5 is severe)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Discussed urinary incontinence, including bladder training exercises, medication and surgery. ☐ Yes ☐ No

Pain screening

Assess the overall pain presence in the patient's day-to-day life. (No pain = 0; has pain = 1-10)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

If pain, please add diagnosis and treatment plan in the Assessment and Plan section.

Reporting CPT II codes

- 0521F Plan of care to document pain is documented
- 1125F Pain severity quantified, pain present
- 1126F Pain severity quantified, no pain present

Physical activity screening

Climb several flights of stairs?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No, not limited at all

Perform moderate activity like moving a table or vacuuming?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No, not limited at all

Exercise regularly or take part in physical activity?

- ☐ Yes
- ☐ No

Advised to start or continue exercise, including stairs, increased walking, etc.?

- ☐ Yes
- ☐ No

Preventive screenings

Colorectal cancer screening

(All patients ages 45 to 75)
One of the following for compliance:

- ☐ Colonoscopy (every 10 years) Date ____________
- ☐ FIT DNA (Cologuard) (every three years) Date ____________
- ☐ Flexible sigmoidoscopy (every five years) Date ____________
- ☐ CT colonography (every five years) Date ____________
- ☐ FOBT (every year) Date ____________
- ☐ Total colectomy Date ____________
- ☐ Colostomy Date ____________
- ☐ Colon cancer Date ____________

Breast cancer screening

(Female ages 50 to 74 every 27 months)
One of the following for compliance:

- ☐ Mammogram Date ____________
- ☐ Bilateral mastectomy
- ☐ Two unilateral mastectomies

Osteoporosis screening

(Female, 65+, every 24 months)

- ☐ DEXA Date ____________

Name of osteoporosis medication and date prescribed:

Immunizations

Immunization education ☐ Yes ☐ No

- ☐ First COVID dose Date ____________
- ☐ Second COVID dose Date ____________
- ☐ Booster COVID dose Date ____________
- ☐ Manufacturer ____________

Influenza vaccine

Since July 1 of prior year (encourage recall from patient):

☐ Yes ☐ No Date ____________

Pneumococcal vaccine

Recommended at least one year apart (ages 65+)

- ☐ PCV13 Date ____________
- ☐ PPSV23 Date ____________

Member name DOB / / DOS / /

Diabetes mellitus annual screening and labs

HbA1C (83036, 83037) Date ________ Result ________

Reporting CPT II codes: 3044F < 7.0%, 3051F ≥7.0% and <8.0%, 3052F ≥ 8.0% and ≤9.0%, 3046F >9.0%

EGFR (80047-80048, 80050, 80053, 80069, 82565) Date ________ Result ________

and urine albumin (82043) Date ________ Result ________

Urine creatinine (82560) Date ________ Result ________ or urine albumin creatinine ratio (UACR) Date ________ Result ________

Date of last retinal or dilated eye exam by an eye care professional ________

Reporting CPT II Codes: 2023F, 2025F or 2033F for negative retinopathy; 2022F, 2024F or 2026F for positive/unknown

Retinopathy results ☐ Positive ☐ Negative ☐ Bilateral absence of eyes ☐ Bilateral eye enucleation

Foot exam

Complete for diabetic patients and patients with neuropathic complaints

Patient reports

- ☐ Burning, tingling, numbness in feet
- ☐ Previous foot ulcer
- ☐ Pain or cramping in calf area during exercise
- ☐ None of these

Inspection

- ☐ Infection
- ☐ Calluses or corns

Nail disorders

- ☐ Ulceration
- ☐ Skin breaks
- ☐ Foot deformity
- ☐ None of these

Pulses

Left

- ☐ Normal
- ☐ Abnormal

Right

- ☐ Normal
- ☐ Abnormal

Neuropathy

Left

- ☐ Absent
- ☐ Present

Right

- ☐ Absent
- ☐ Present

Complications due to diabetes (Check all that apply)

- ☐ Peripheral vascular disease
- ☐ Peripheral neuropathy
- ☐ Ulcer
- ☐ Gangrene
- ☐ Amputation: date, side and level ________
- ☐ None of these

Patients diagnosed with chronic obstructive pulmonary disease

GOLD stage ________

Maintenance Rx prescribed ☐ Yes ☐ No

Rescue Rx prescribed ☐ Yes ☐ No

Self-management plan for exacerbation

Antibiotics ☐ Yes ☐ No

Steroids ☐ Yes ☐ No

Patients diagnosed with chronic heart failure

Prescribed ☐ Yes ☐ No

ACE or ARB ☐ Yes ☐ No

Beta blocker ☐ Yes ☐ No

Neprilysin inhibitor ☐ Yes ☐ No

Aldosterone receptor antagonists ☐ Yes ☐ No

Left ventricular ejection fraction

Result and date ________

New York Heart Association Class ☐ 1 ☐ 2 ☐ 3 ☐ 4

Coronary artery disease

If statin prescribed, what intensity?

☐ Mild ☐ Moderate-high

Member name DOB / / DOS / /

Review of systems

	Negative	Positive or findings		Negative	Positive or findings
General	☐		**Neurological**	☐	
Head, eyes, ears, nose and throat	☐		**Skin**	☐	
Cardiac	☐		**Psychiatric**	☐	
Respiratory	☐		**Endocrine**	☐	
Gastronintestinal	☐		**Hematological**	☐	
Musculoskeletal	☐		**Genitourinary**	☐	

Vitals

Height in inches	Weight in pounds	BMI	Temperature (F°)	Blood pressure	Heart rate	Respiratory rate

Complete vitals unless audiovisual telehealth visit; then collect patient reported BP with digital device.

Physical exam

	Normal	Abnormal or findings
General	☐	
HEENT	☐	
Neck	☐	
Heart	☐	
Lungs	☐	
Breast	☐	
Abdomen	☐	
Extremities	☐	
GU	☐	
Musculoskeletal	☐	
Neurological	☐	
Skin	☐	
Psychiatric	☐	
Lymphatic	☐	

Reporting CPT II codes

BMI: 3008F

Blood pressure:

- 3074F SBP < 130 mmHg
- 3075F SBP 130-139 mmHg
- 3077F SBP ≥ 140 mmHg
- 3078F DBP < 80 mmHg
- 3079F DBP 80-89 mmHg
- 3080F DBP ≥ 90 mmHg

HMR reviewed and updated on today's visit? ☐ Yes ☐ No

Today's Assessment and Plan, signed with credentials, and dated attached?
☐ Yes ☐ No

If no HMR or Assessment and Plan attached, please complete the Assessment and Plan or the following Appendix: Current Conditions.

Diagnoses descriptions
(No ICD-10 codes only)

Treatment plan
Medications, follow-up plan, diet, lab order, referral, etc. (Please describe)

Member name DOB / / DOS / /

Coordination of care

☐ None ☐ See attached medical record, signed with credentials, and dated

(List any providers or specialists involved in the patient's care and any supplier of equipment.)

Behavioral health referral

☐ Yes ☐ No

Case management referral

☐ Yes ☐ No

Social needs screening

Housing stability

What is your living situation today?

☐ I have a steady place to live

☐ I have a place to live today, but I am worried about losing it in the future

☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

Think about the place you live. Do you have problems with any of the following?

Choose all that apply.

☐ Pests such as bugs, ants or mice

☐ Mold

☐ Lead paint or pipes

☐ Lack of heat

☐ Oven or stove not working

☐ Smoke detectors missing or not working

☐ Water leaks

☐ None of the above

Access to transportation

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings or work, or from getting things needed for daily living?

☐ Yes

☐ No

Food security

Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true

☐ Sometimes true

☐ Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true

☐ Sometimes true

☐ Never true

Check any that apply

☐ Care coordination

☐ Social concerns

☐ Patient education

☐ Other (specify) __________

If yes, please specify

____

Rendering name		Rendering signature
Rendering NPI	☐ MD ☐ DO ☐ NP ☐ PA	Date / /
Supervising physician name (if applicable)		Supervising physician signature (if applicable)
☐ MD ☐ DO		Date / /

Appendix: Current conditions

This appendix is **optional** for the 360 Comprehensive Assessment. It may be helpful to follow during our members' visits.

Cardiovascular

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Myocardial infarction ☐ Ischemic ☐ Non-ischemic Date ______	☐	☐	☐	☐	☐
☐ Angina pectoris	☐	☐	☐	☐	☐
☐ CAD ☐ CAD with angina pectoris Vessel(s) ☐ native ☐ graft	☐	☐	☐	☐	☐
☐ Cardiomyopathy ☐ Presence of internal cardiac defibrillator Type (specify) ______	☐	☐	☐	☐	☐
☐ CHF ☐ Left heart failure ☐ Right heart failure ☐ Diastolic ☐ Systolic ☐ Systolic *and* diastolic	☐	☐	☐	☐	☐
☐ Biventricular heart failure	☐	☐	☐	☐	☐
☐ Pulmonary hypertension ☐ Primary ☐ Secondary	☐	☐	☐	☐	☐
☐ Valvular disease	☐	☐	☐	☐	☐
☐ Hyperlipidemia ☐ Mixed ☐ Familial ☐ Statin prescribed ☐ Statin intolerant	☐	☐	☐	☐	☐
☐ Carotid artery stenosis ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Atrial fibrillation ☐ Paroxysmal ☐ Persistent ☐ Long-standing persistent ☐ Permanent (chronic)	☐	☐	☐	☐	☐
☐ Sick Sinus Syndrome ☐ With pacemaker ☐ Without pacemaker	☐	☐	☐	☐	☐
☐ Tachycardia Type (specify) ______	☐	☐	☐	☐	☐
☐ Essential hypertension ☐ Resistant hypertension	☐	☐	☐	☐	☐
☐ HTN heart disease *with* CHF (add specific CHF above) ☐ HTN heart disease *without* CHF	☐	☐	☐	☐	☐
☐ Hypertensive chronic kidney disease (add specific stage of CKD to renal section)	☐	☐	☐	☐	☐
☐ Hypertensive heart and CKD (add specific stage of CKD to renal section) ☐ With CHF (add specific CHF above) ☐ Without CHF	☐	☐	☐	☐	☐
☐ Chronic deep vein thrombosis	☐	☐	☐	☐	☐
☐ Atherosclerosis of the extremities ☐ Claudication ☐ Rest pain ulceration ☐ Rest pain	☐	☐	☐	☐	☐
☐ Other peripheral vascular disease	☐	☐	☐	☐	☐
☐ Atherosclerosis of aorta ☐ Abdominal aortic aneurysm ☐ Thoracic aortic aneurysm	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Nutritional/metabolic/endocrine

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Protein calorie malnutrition ☐ Mild ☐ Moderate ☐ Cachexia	☐	☐	☐	☐	☐
☐ Overweight (BMI 25.0 - 29.9) ☐ Obesity (BMI 30 - 39.9) ☐ Morbid obesity (BMI > 40)	☐	☐	☐	☐	☐
☐ Hypothyroidism ☐ Acquired (post-surgical) ☐ Hyperthyroidism	☐	☐	☐	☐	☐
☐ Prediabetes	☐	☐	☐	☐	☐
☐ Vitamin D deficiency	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Diabetes mellitus

Document all comorbid manifestations.

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ DM ☐ Type 1 ☐ Type 2 ☐ Insulin ☐ Oral medications	☐	☐	☐	☐	☐
☐ DM with kidney complications ☐ CKD (include stage in renal section)	☐	☐	☐	☐	☐
☐ DM with neurological complications ☐ Mononeuropathy ☐ Polyneuropathy ☐ Gastroparesis ☐ Other ______	☐	☐	☐	☐	☐
☐ DM with ophthalmic complications ☐ Retinopathy ☐ Proliferative ☐ Non-proliferative ☐ With macular edema ☐ Right ☐ Left ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
☐ DM with circulatory complications ☐ Peripheral angiopathy / peripheral vascular disease ☐ With gangrene ☐ Without gangrene	☐	☐	☐	☐	☐
☐ DM with skin complications ☐ Right ☐ Left ☐ Non-pressure chronic ulcer ☐ Location (specify) ______	☐	☐	☐	☐	☐
☐ DM with other complications ☐ Hypoglycemia ☐ Hyperglycemia	☐	☐	☐	☐	☐
☐ DM with oral complications ☐ Periodontal ☐ Other ______	☐	☐	☐	☐	☐
☐ DM with arthropathy ☐ Neuropathic ☐ Other ______	☐	☐	☐	☐	☐

Respiratory

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ COPD ☐ With oxygen dependence ☐ With exacerbation	☐	☐	☐	☐	☐
☐ Chronic bronchitis ☐ With oxygen dependence ☐ With exacerbation	☐	☐	☐	☐	☐
☐ Emphysema ☐ With oxygen dependence ☐ With exacerbation	☐	☐	☐	☐	☐
☐ Mesothelioma Location ______	☐	☐	☐	☐	☐
☐ Asthma ☐ Intermittent ☐ Persistent ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
☐ Bronchiectasis ☐ With Exacerbation ☐ With acute lower respiratory infection	☐	☐	☐	☐	☐
☐ Obstructive sleep apnea	☐	☐	☐	☐	☐
☐ Chronic respiratory failure	☐	☐	☐	☐	☐
☐ Pulmonary fibrosis	☐	☐	☐	☐	☐
☐ Tracheostomy	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Musculoskeletal

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Rheumatoid arthritis (requiring disease modifying therapy) ☐ Psoriatic arthritis	☐	☐	☐	☐	☐
☐ Systemic lupus erythematous	☐	☐	☐	☐	☐
☐ Osteoarthritis Locations ______ ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Osteopenia Location ______	☐	☐	☐	☐	☐
☐ Osteoporosis Type ☐ Senile ☐ Postmenopausal ☐ Unspecified ☐ Has the patient had a fracture in the past 12 months? ☐ Yes ☐ No If a fracture occurred, note specific bone location ☐ Right ☐ Left ______	☐	☐	☐	☐	☐
☐ S/P amputation ☐ Presence of artificial limb Location ______ ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Skin/Subcutaneous

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Pressure ulcer ☐ Stage 1 ☐ Stage 2 ☐ Stage 3 ☐ Stage 4 ☐ Unstageable	☐	☐	☐	☐	☐
☐ Non-pressure ulcer Location (specify) ______ ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Venous stasis ulcer Location (specify) ______ ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Pemphigus	☐	☐	☐	☐	☐
☐ Pemphigoid	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Renal/Urinary

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Chronic kidney disease ☐ Stage 1 (GFR>90) ☐ Stage 2 (GFR 60-89) ☐ Proteinuria (CKD 1 and 2 must have abnormal structural test, i.e. micro-albumin)	☐	☐	☐	☐	☐
☐ Stage 3A (GFR 45-59) ☐ Stage 3B (GFR 30-44) ☐ Stage 4 (GFR 15-29) ☐ Stage 5 (GFR< 15)	☐	☐	☐	☐	☐
☐ End-stage renal disease Dialysis ☐ Yes ☐ No	☐	☐	☐	☐	☐
☐ Arteriovenous fistula ☐ Graft ☐ Catheter	☐	☐	☐	☐	☐
☐ Urinary incontinence (check one) ☐ Unspecified ☐ Stress ☐ Urge	☐	☐	☐	☐	☐
☐ Benign prostatic hyperplasia ☐ With lower urinary tract symptoms (specify) ______ ☐ Without LUTS	☐	☐	☐	☐	☐
☐ Cystostomy	☐	☐	☐	☐	☐
☐ Secondary hyperparathyroidism of renal origin	☐	☐	☐	☐	☐
☐ Erectile dysfunction	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Gastrointestinal

☐ **Reviewed and no active disease**	**Meds**	**Monitor**	**Diet**	**Labs**	**Referral**
☐ Gastroesophageal reflux disease	☐	☐	☐	☐	☐
☐ Barrett's esophagus	☐	☐	☐	☐	☐
☐ Chronic hepatitis (specify type) ______	☐	☐	☐	☐	☐
☐ Alcoholic hepatitis ☐ Ascites	☐	☐	☐	☐	☐
☐ Toxic liver disease (specify type) ______ ☐ With chronic persistent hepatitis ☐ With chronic lobular hepatitis ☐ With fibrosis and cirrhosis of liver ☐ With chronic active hepatitis without ascites ☐ With chronic active hepatitis with ascites	☐	☐	☐	☐	☐
☐ End stage liver disease	☐	☐	☐	☐	☐
☐ Primary sclerosing cholangitis ☐ Other cholangitis (specify) ______	☐	☐	☐	☐	☐
☐ Obstruction of bile duct	☐	☐	☐	☐	☐
☐ Pancreatitis, chronic	☐	☐	☐	☐	☐
☐ Crohn's disease Locations ______	☐	☐	☐	☐	☐
☐ Cirrhosis liver ☐ Alcoholic ☐ Non-alcoholic	☐	☐	☐	☐	☐
☐ Ulcerative colitis, if complications exist, specify ______	☐	☐	☐	☐	☐
☐ Irritable bowel syndrome ☐ With diarrhea ☐ Without diarrhea	☐	☐	☐	☐	☐
☐ J Tube ☐ G Tube	☐	☐	☐	☐	☐

Gastrointestinal *cont'd*

	Meds	Monitor	Diet	Labs	Referral
☐ Colostomy ☐ Ileostomy	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Eye

☐ **Reviewed and no active disease**	Meds	Monitor	Diet	Labs	Referral
☐ Cataract ☐ Senile ☐ Diabetic ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Glaucoma ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Macular degeneration ☐ Exudative ☐ Nonexudative ☐ Right ☐ Left	☐	☐	☐	☐	☐
☐ Legal blindness ☐ Right ☐ Left ☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐
☐ Retinopathy not due to diabetes; specify laterality, type, severity and macular edema status ______ (See above for diabetic retinopathy.)	☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Active neoplasm and current treatment

☐ **Reviewed and no active disease**		Meds	Monitor	Diet	Labs	Referral
☐ Colon cancer	☐ Colectomy date ______ ☐ Chemo ☐ Radiation	☐	☐	☐	☐	☐
	☐ Metastatic (specify) ______	☐	☐	☐	☐	☐
☐ Breast cancer	Neoplasm breast site ☐ Right ☐ Left Treatment ☐ Mastectomy ☐ Bilateral ☐ Unilateral ☐ Chemo ☐ Radiation ☐ Hormonal therapy	☐	☐	☐	☐	☐
	☐ If ductal carcinoma in situ ☐ Right ☐ Left	☐	☐	☐	☐	☐
	☐ Metastatic (specify) ______	☐	☐	☐	☐	☐
☐ Prostate cancer	☐ Prostatectomy Treatment ______	☐	☐	☐	☐	☐
	☐ Metastatic (specify) ______	☐	☐	☐	☐	☐
☐ Lung cancer	☐ Right ☐ Left ☐ Upper lobe ☐ Lower lobe ☐ Other ______	☐	☐	☐	☐	☐
	Treatment ☐ Lobectomy ☐ Pneumonectomy ☐ Chemo ☐ Radiation	☐	☐	☐	☐	☐
	☐ Metastatic (specify) ______	☐	☐	☐	☐	☐
☐ Skin cancer	Specify type and site ______	☐	☐	☐	☐	☐
	☐ Melanoma in situ (specify site) ______	☐	☐	☐	☐	☐
☐ Other malignancies, primary or secondary (specify) ______		☐	☐	☐	☐	☐

Blood disorders and current treatment

☐ **Reviewed and no active disease**	Meds	Monitor	Diet	Labs	Referral
☐ Myelodysplastic disease	☐	☐	☐	☐	☐
☐ Malignant ascites	☐	☐	☐	☐	☐
☐ Malignant pleural effusion (specify primary site if known) ______	☐	☐	☐	☐	☐
☐ Benign carcinoid tumor (specify site) ______	☐	☐	☐	☐	☐
☐ Myelodysplastic disease	☐	☐	☐	☐	☐
☐ Multiple myeloma ☐ Current ☐ In remission ☐ Relapse	☐	☐	☐	☐	☐
☐ Drug-induced neutropenia (specify drug) ______	☐	☐	☐	☐	☐

Member name DOB / / DOS / /

Blood disorders and current treatment *cont'd*

		Meds	Monitor	Diet	Labs	Referral
☐ Anemia	☐ Due to CKD ☐ Drug-induced (specify drug) ______	☐	☐	☐	☐	☐
	☐ Due to chemotherapy ☐ B-12 ☐ Iron ☐ General	☐	☐	☐	☐	☐
	☐ Sickle cell ☐ Other diagnosis (specify) ______	☐	☐	☐	☐	☐

Infectious disease and current treatment

☐ **Reviewed and no active disease**		Meds	Monitor	Diet	Labs	Referral
☐ Thrombocytopenia	☐ Immune TCP ☐ Congenital and hereditary TTP ☐ Other primary ______ ☐ Other unspecified ______	☐	☐	☐	☐	☐
☐ HIV+ ☐ AIDS		☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______		☐	☐	☐	☐	☐

Neurological

☐ **Reviewed and no active disease**		Meds	Monitor	Diet	Labs	Referral
☐ Cerebrovascular accident with sequlae (specify below)		☐	☐	☐	☐	☐
Specify late effect	☐ Cognitive (specify) ______ ☐ Speech/language ☐ Aphasia	☐	☐	☐	☐	☐
	☐ Dysphagia ☐ Other ______	☐	☐	☐	☐	☐
☐ Monoplegia	☐ Dominant ☐ Nondominant ☐ Left ☐ Right ☐ Upper ☐ Lower	☐	☐	☐	☐	☐
☐ Hemiplegia/ hemiparesis	☐ Dominant ☐ Nondominant ☐ Left ☐ Right ☐ Upper ☐ Lower	☐	☐	☐	☐	☐
☐ Weakness	☐ Dominant ☐ Nondominant ☐ Left ☐ Right	☐	☐	☐	☐	☐
☐ History of trauma		☐	☐	☐	☐	☐
☐ Monoplegia	☐ Dominant ☐ Nondominant ☐ Left ☐ Right ☐ Upper ☐ Lower	☐	☐	☐	☐	☐
☐ Hemiplegia/ hemiparesis	☐ Dominant ☐ Nondominant ☐ Left ☐ Right	☐	☐	☐	☐	☐
☐ Quadriplegia		☐	☐	☐	☐	☐
☐ Migraine		☐	☐	☐	☐	☐
☐ Multiple sclerosis		☐	☐	☐	☐	☐
☐ Myasthenia gravis		☐	☐	☐	☐	☐
☐ Amyotrophic lateral sclerosis		☐	☐	☐	☐	☐
☐ Post-polio syndrome		☐	☐	☐	☐	☐
☐ Polyneuropathy other than due to diabetes (specify)		☐	☐	☐	☐	☐
☐ Parkinson's disease ☐ With dementia ☐ With behavioral disturbances		☐	☐	☐	☐	☐
☐ Seizures ☐ Seizure disorder (epilepsy)		☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______		☐	☐	☐	☐	☐

Psychiatric

☐ **Reviewed and no active disease**		Meds	Monitor	Diet	Labs	Referral
☐ Dementia	☐ Unspecified ☐ Vascular (specify) ______	☐	☐	☐	☐	☐
	☐ Senile ☐ With delusions ☐ With depression	☐	☐	☐	☐	☐

Member name DOB / / DOS / /

Psychiatric *cont'd*

		Meds	Monitor	Diet	Labs	Referral
☐ Alzheimer's disease	☐ Early onset ☐ Late onset	☐	☐	☐	☐	☐
	☐ With dementia ☐ With dementia and behavioral disturbance	☐	☐	☐	☐	☐
☐ Depressive disorder	☐ Major depressive disorder ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
	Occurrence ☐ Single episode ☐ Recurrent ☐ Full remission ☐ Partial remission	☐	☐	☐	☐	☐
	If severe ☐ With psychotic symptoms (consider psych referral if symptoms are present, recurrent or suicidal) ☐ Without psychotic symptoms	☐	☐	☐	☐	☐
☐ Anxiety		☐	☐	☐	☐	☐
☐ Bipolar	☐ Current ☐ In remission ☐ Full ☐ Partial	☐	☐	☐	☐	☐
	☐ With psychotic features ☐ Without psychotic features	☐	☐	☐	☐	☐
	Current type ☐ Depressed ☐ Manic ☐ Mixed	☐	☐	☐	☐	☐
	Current severity ☐ Mild ☐ Moderate ☐ Severe	☐	☐	☐	☐	☐
☐ Schizophrenia	☐ Paranoid ☐ Simple ☐ Undifferentiated	☐	☐	☐	☐	☐
	☐ Disorganized ☐ Other (specify) ______	☐	☐	☐	☐	☐
☐ Alcohol use	☐ Alcohol misuse ☐ Alcohol dependence ☐ In remission	☐	☐	☐	☐	☐
☐ Substance use	☐ Substance misuse ☐ Dependence ☐ In remission (specify) ______	☐	☐	☐	☐	☐
☐ Tobacco dependence		☐	☐	☐	☐	☐
☐ Anorexia nervosa		☐	☐	☐	☐	☐
☐ Bulimia nervosa		☐	☐	☐	☐	☐
☐ Other diagnosis (specify) ______		☐	☐	☐	☐	☐

Rendering name		Rendering signature
Rendering NPI	☐ MD ☐ DO ☐ NP ☐ PA	Date / /
Supervising physician name (if applicable)		Supervising physician signature (if applicable)
☐ MD ☐ DO		Date / /

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