**Empirical Risk Management (QIP Sheet)**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_ CHART \_\_\_\_\_\_\_

ALLERGIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEIGHT \_\_\_\_\_\_\_

CURRENT MEDICATIONS

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PREVENTION SERVICES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SERVICE | DATE | DATE | DATE | DATE | DATE |
| Annual Wellness Exam |  |  |  |  |  |
| Colorectal Screening |  |  |  |  |  |
| Glaucoma/DRE Screening |  |  |  |  |  |
| Mammogram |  |  |  |  |  |
| Bone Density |  |  |  |  |  |
| Pap Smear |  |  |  |  |  |
| LDL |  |  |  |  |  |
| BMI (to age 74) |  |  |  |  |  |

IMMUNIZATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Influenza |  |  |  |  |  |
| Pneumonia |  |  |  |  |  |
| TD |  |  |  |  |  |
|  |  |  |  |  |  |

Tobacco \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advanced Directive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Planning Discussed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_