

CHART PREP/NURSING SHEET

Patients

Please answer the following questions by circling **Y** (yes) or **N** (no). Thank you.

Y N Have you had any X-rays, CTs, mammograms, MRIs or other types of tests done recently? If yes, when and at which facility?

Y N Have you had any lab work performed recently? If yes, when and at which facility? _____

Y N Have you been seen at an emergency department/urgent care center/hospital recently? If yes, what is the name of the facility? _____

Y N Has another physician seen you recently? If yes, which physician and when?

If you answered yes to any of the questions above, you may need to complete a release of information form. Please check with our front office staff. _____

Y N Do you have forms that need to be completed? If so, please complete your portions and then give the forms to the nurse.

Y N Are you here for a physical or Pap smear? If yes, ask the front desk for a physical form, and complete both sides.

Note: It is rare for insurance companies to reimburse for a physical and treatment of a health problem at the same visit. If you are here for a physical and need medication refills or have a health problem that requires treatment, we suggest that these issues be addressed in two separate visits.

Additional items

Y N Did you bring a blood pressure, blood glucose, headache or pain diary?

Y N Did you bring medical records? If yes, please give them to the nurse to copy.

Y N Do you need a work/school absence note?

Y N Do you need medication refills? If yes, for which medications?

Nursing Staff

- If the patient completed a physical or other form, please stamp it, review it and perform the tests required.
- If the patient is new, verify that paperwork was given and all pages were completed.
- If the patient has diabetes, has an A1C test been done within the last three months? If not, please complete one.
- Check to make sure there is an Rx sheet in the chart.
- If the patient has diabetes, has a microalbumin test been done within the last six months? If not, please complete one.
- Check all four vital signs.



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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