

# 5 Steps to Intake

Pocket Guide

**Step 1: Retrieve patient from waiting room and verify 2 Pt ID's**

**Step 2: Measure Pt's weight (every visit) and height (annually) and bring to exam room**

**Step 3: Review blue Intake Form and yellow Chart Prep Tool with Pt**

**Step 4: Open and enter info into Provider's Note**

**Step 5: Summarize reason for visit, sign the Provider Note and prep Pt for Provider**

# **SRS Clinical Staff**

## ***5 Steps to Intake***

# Step 1: Retrieve patient from waiting room and verify 2 patient ID's

- Ask Patient to state their full name and date of birth
- Compare with patient label

SRSTEST, FERRIS V# 216244037  
MR 04-80-77-09 EHR DOB 01/01/1991 28  
48 UNICORN WAY M FSC: HHN  
SAN DIEGO, CA 92111 C/P: 40.00  
H 123-456-7890 W FSC  
LOC: RB RP: OP: COL  
APPT: 05/13/19 08:00AM TYPE: REG  
DR: ABOLA MD, AMY SUG 57549 DEPT: FP  
PCP: TRUE, WAYNE S OMHCL OME  
OMRN: 2523448 SHC 107-861-928  
ALT INS: CELL 123-456-7890

Step 2: Measure patient's weight (every visit) and height (annually), and bring to exam room



# Step 3: Review blue Intake Form and yellow Chart Prep Tool with patient

**SHARP** Rees-Stealy  
Medical Centers  
**PATIENT INTAKE FORM**

INTERNAL USE ONLY \*BMI: \_\_\_\_\_  
BP: \_\_\_\_\_ T: \_\_\_\_\_ HE: \_\_\_\_\_  
P: \_\_\_\_\_ R: \_\_\_\_\_ WE: \_\_\_\_\_

AFFIX PATIENT LABEL HERE

At Sharp Rees-Stealy, it is important that your concerns are heard.  
Please complete the information below to assist us with your visit today.

My major concern today is:

If time permits, other issues I would like to discuss are:

	YES	NO	
Do we need to update your address or phone #?			New #/Address:
Do you need a note for work/school or any other form?			
Do you need medications refilled?			Name of medication(s):
*Do you use any tobacco products?			Type of tobacco:
*Have you recently received care such as inpatient hospitalization, ER visits, Urgent Care visits, nursing home stays, or visits with other physicians?			Which facility:
You can now get a summary of today's visit through our patient portal. If you aren't already signed up, would you like more information?			

If you are 64 years of age or younger, STOP here.  
If you are 65 years of age or older, please complete the two questions below.

\*Question #1: Fall Screening

	YES	NO
1. Have you fallen in the last calendar year?		
a. If yes, how many times?		
b. Were you injured?		

\*Question #2: Depression Screening  
Over the last two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the day	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

**SHARP** Rees-Stealy  
Medical Centers

Affix Patient Label Here  
Updated 12/31/19

Office Use Only—Follow up visit type:  
Regular / PD / Nurse Visit / Telemedicine Visit / Televideo Visit / Physical

Follow up \_\_\_\_\_  
Reason \_\_\_\_\_

- ☐ Please go to the Lab. ☐ Today OR ☐ Before next appointment OR ☐ \_\_\_\_\_  
Fasting OR Non-Fasting: (Fasting: no food or drink except for water 10-12 hours prior to the test.)
- ☐ Please go to X-ray.
- ☐ Please call (619) 446-1543 to schedule a Lab appointment (or schedule via Follow My Health).
- ☐ Please call (858) 586-6730 to schedule a Radiology, Mammography, CT, or MRI appointment.
- ☐ Please call (858) 939-6561 to schedule a cardiology procedure.
- ☐ Please go to Health Information Management (HIM) to request outside medical records (see reverse side).
- ☐ Referral Specialist will contact you within 14 business days ☐ Physical Therapy within 10 business days.
- ☐ Please sign up for "FMH" by using the email link sent today or log in to [followmyhealth.com](http://followmyhealth.com). For assistance, call (858) 627-5201.
- ☐ Please call PCSD at (877) 257-7273 for behavioral health OR use the phone number on your insurance card.

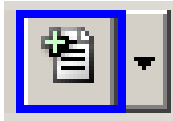
Preventative Health Maintenance	Date	Vaccinations	Date
Pap 21-29 years old, every 3 years OR Pap/HPV female 30-65 years old every 5 years		Other Vaccinations: Influenza (October-March)	
Chlamydia screening female (16-24 years old, yearly)		*Pneumonia Prevention Vaccine: Pneumovax over 65 yo or diabetic	
Mammogram 50-74 years old (40-49 years old discuss with physician)		Shingrix vaccine (Over 50 years old)	1 <sup>st</sup> 2 <sup>nd</sup>
Colon Cancer screening 50-75 years old (Annual fit test or colonoscopy every 10 years)		Td/DT (Every 10 years)	
*Bone Density (DEXA) (Female over 65 years old)		Tdap – Tetanus/diphtheria and pertussis booster	
*Fall risk/depression screening (Over 65 years old, yearly)			
Body mass index (12 years and older, annually)			
Advanced directive/POLST (over 80 years old)			
Diabetic:	Yes / No		
Active on Follow My Health?	Yes / No		

Vital Signs	
Blood Pressure:	
Height/Weight:	
Other:	

# Step 4: Open and enter info into Provider Note

## 1) *Open a Provider Note*

- Click Note Icon



## 2) *Select* Specialty & Visit Type and enter Provider's name for Owner

Note Selector

RGTEST, Ebonnie 01-Jan-1970 (50 years) F Appointment: 15-Jul-2020

Create New

Style: ☒ Note ☐ Unstructured

Specialty: Family Medicine Visit Type: Office Visit

Owner: MESSOLINE, MATTHEW FRANCIS Appt Type: WUC (WUC)

## 3) *Complete the intake info:* →

Pharmacy, Chief Complaint, Current Meds, Allergies, Med/Allergy Reconciliation, Vital Signs, Height & Weight, Falls & Depression Screening (if age 65 or older) and Smoking Status (every 24 months)

RGTEST, Ebonnie 01-Jan-1970 (50 years) F Appointment: 15-Jul-2020

Note

#1 Click here to enter Pharmacy

Office Visit

MESSOLINE, MATTHEW FRANCIS

Status: Needs Input

Commit Pat Loc Status

Save & Close Save Close

Med Flowsheet

Immunizations Flowsheets VS/GrthChart Patient Worklist

Chart Viewer Problem Encounter Meds Orders Allergies

All by Section by Sub-Section None

0 of 1 Chart Items (0 Inpatient and 0 Audit Items)

0 items to show in this view

#3 Enter Smoking Status

Chief Complaint

Chief Complaint

There are no items to show in this view.

Lock

#2 Complete the intake info

Chief Complaint

Chief Complaint

Clinical Staff Note

History of Present Illness

Chronic Controlled Substance Monitoring

Active Problems

Current Meds

Output Template

CC

Progress Note

Hospital Notification

Progress Note: FMH

View Recompile Sign Spell Check Charge Summary Copy Forward Show Uncopied Form Data Security Codes Save & Close Save Close

# Step 5: Summarize reason for visit, Sign the Provider Note and prep patient for Provider

**“To confirm, you would like to discuss your head ache with the doctor today. Is there anything else you would like to discuss with the doctor?”**



RGTEST, Ebonnie 01-Jan-1970 (50 years) F Appointment: 15-Jul-2020

Note

Office Visit | MESSOLINE, MATTHEW | Status: Needs Input

Save & Close Save Close

**Chief Complaint**

There are no items to show in this view.

New Resolve Show Show All Hide All

**Chief Complaint**

**Clinical Staff Note**

**History of Present Illness**

**Chronic Controlled Substance Monitoring**

**Output Template**

CC

☐ Progress Note

☐ Hospital Notification

☒ Progress Note, FMH

View

Recommend Sign Spell Check Charge Summary Copy Forward Show Uncopied Form Data Security Codes Save & Close Save Close

**Sign as Co-participant**