5 Steps to Intake

Pocket Guide

SRS Clinical Staff

5 Steps to Intake

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

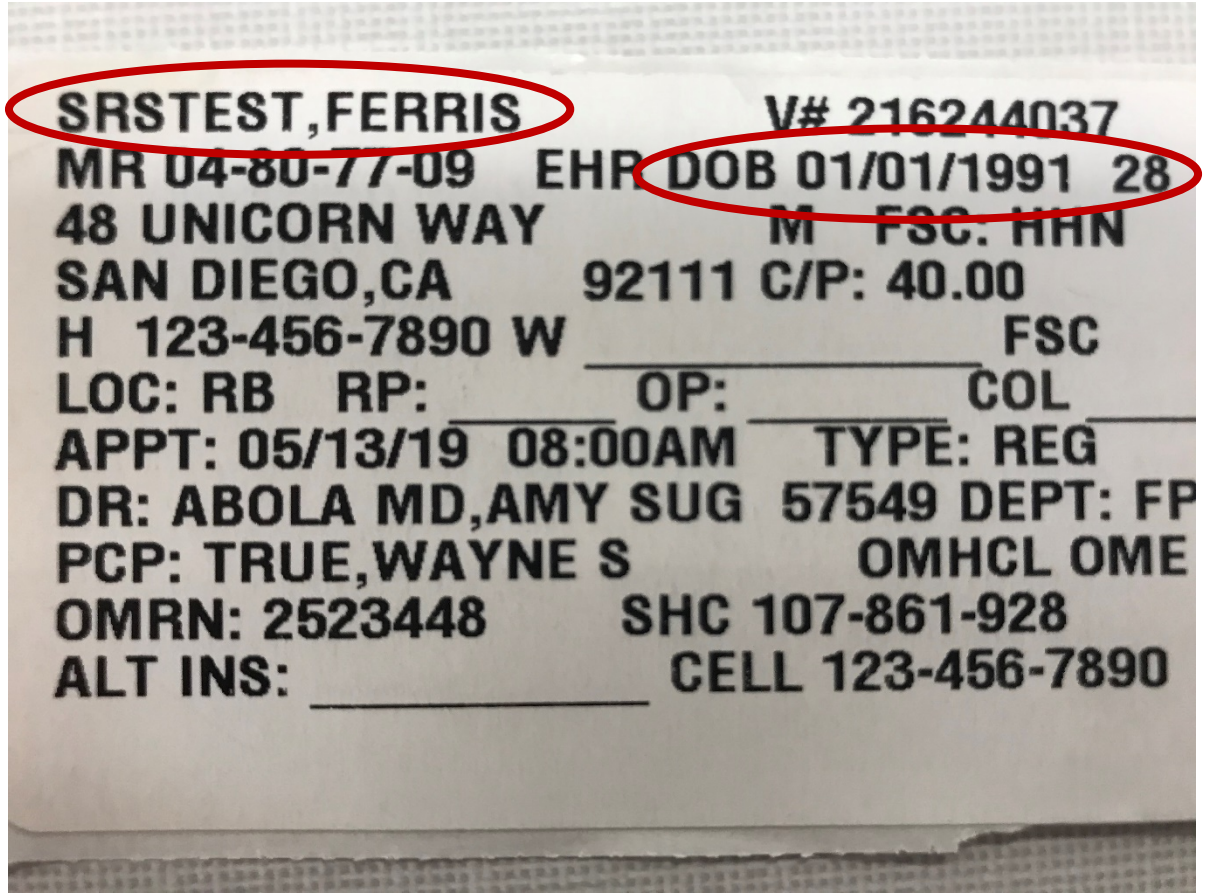
Step 3: Review blue Intake Form and yellow Chart Prep Tool with Pt

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

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



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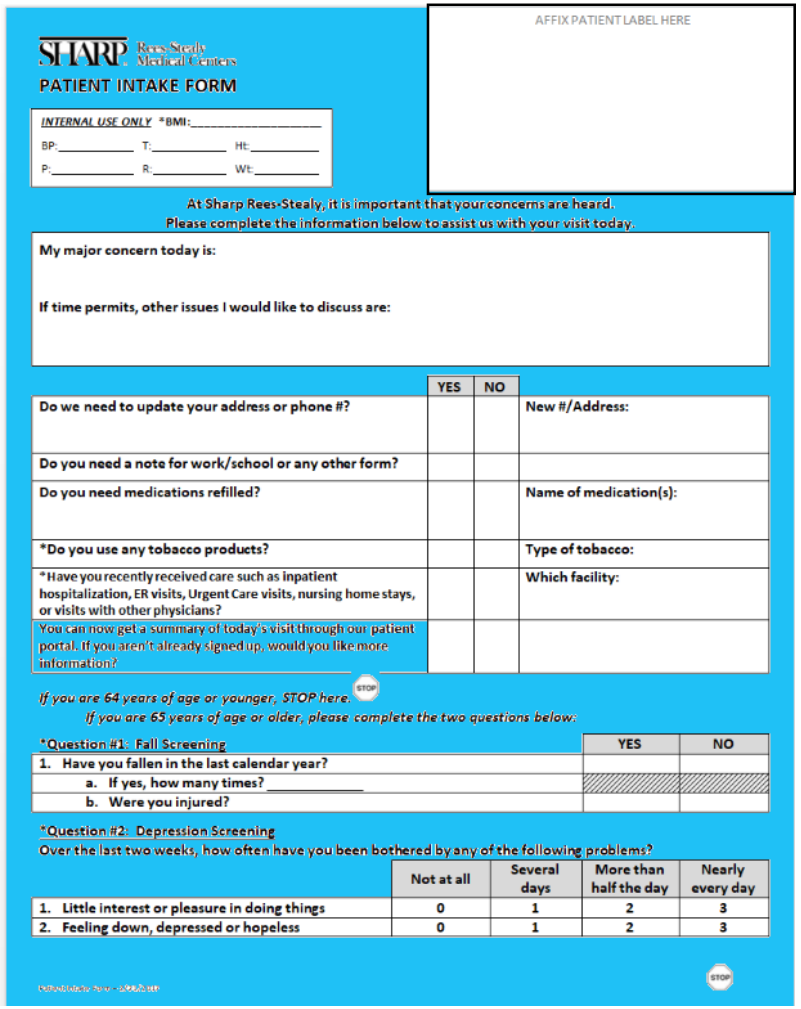
Step 3: Review blue Intake Form and yellow Chart Prep Tool with patient



SHARP Rees-Stealy Medical Centers

PATIENT INTAKE FORM

AFFIX PATIENT LABEL HERE

INTERNAL USE ONLY *BMI:_____

BP:_____ T:_____ Ht:_____

P:_____ R:_____ Wt:_____

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:

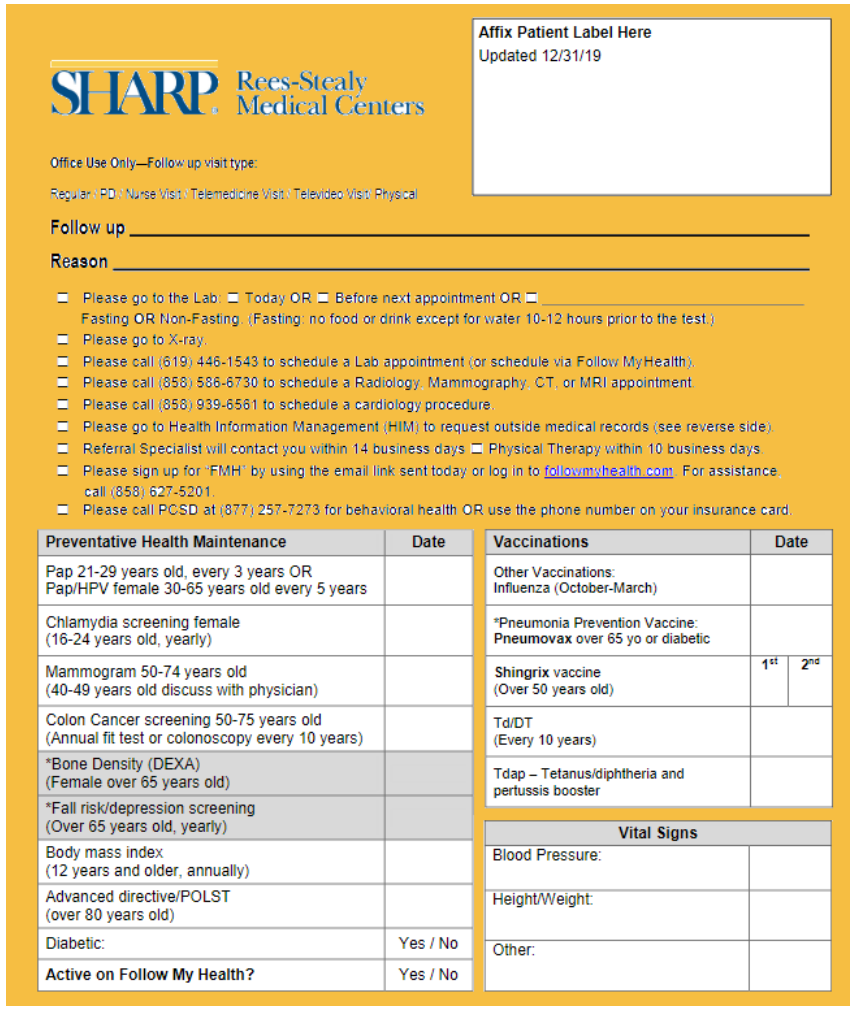
*Question #1: Fall Screening	YES	NO
1. Have you fallen in the last calendar year?		
a. If yes, how many times? _____		
b. Were you injured?		

*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

STOP



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 MyHealth).
- ☐ 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. 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
Pap 21-29 years old, every 3 years OR Pap/HPV female 30-65 years old every 5 years	
Chlamydia screening female (16-24 years old, yearly)	
Mammogram 50-74 years old (40-49 years old discuss with physician)	
Colon Cancer screening 50-75 years old (Annual fit test or colonoscopy every 10 years)	
*Bone Density (DEXA) (Female over 65 years old)	
*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

Vaccinations	Date	
Other Vaccinations: Influenza (October-March)		
*Pneumonia Prevention Vaccine: **Pneumovax** over 65 yo or diabetic		
Shingrix vaccine (Over 50 years old)	1st	2nd
Td/DT (Every 10 years)		
Tdap – Tetanus/diphtheria and pertussis booster		

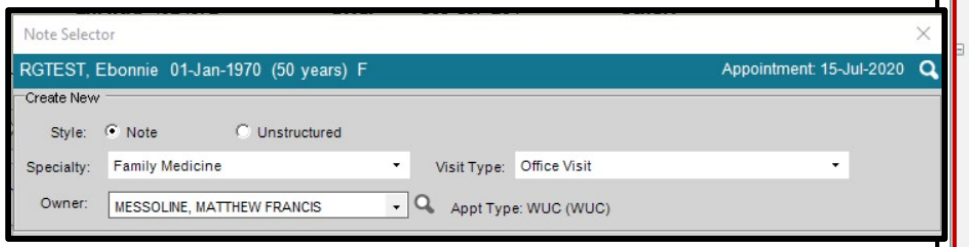
Vital Signs	
Blood Pressure:	
Height/Weight:	
Other:	

Step 4: Open and enter info into Provider Note

1) ***Open a Provider Note***

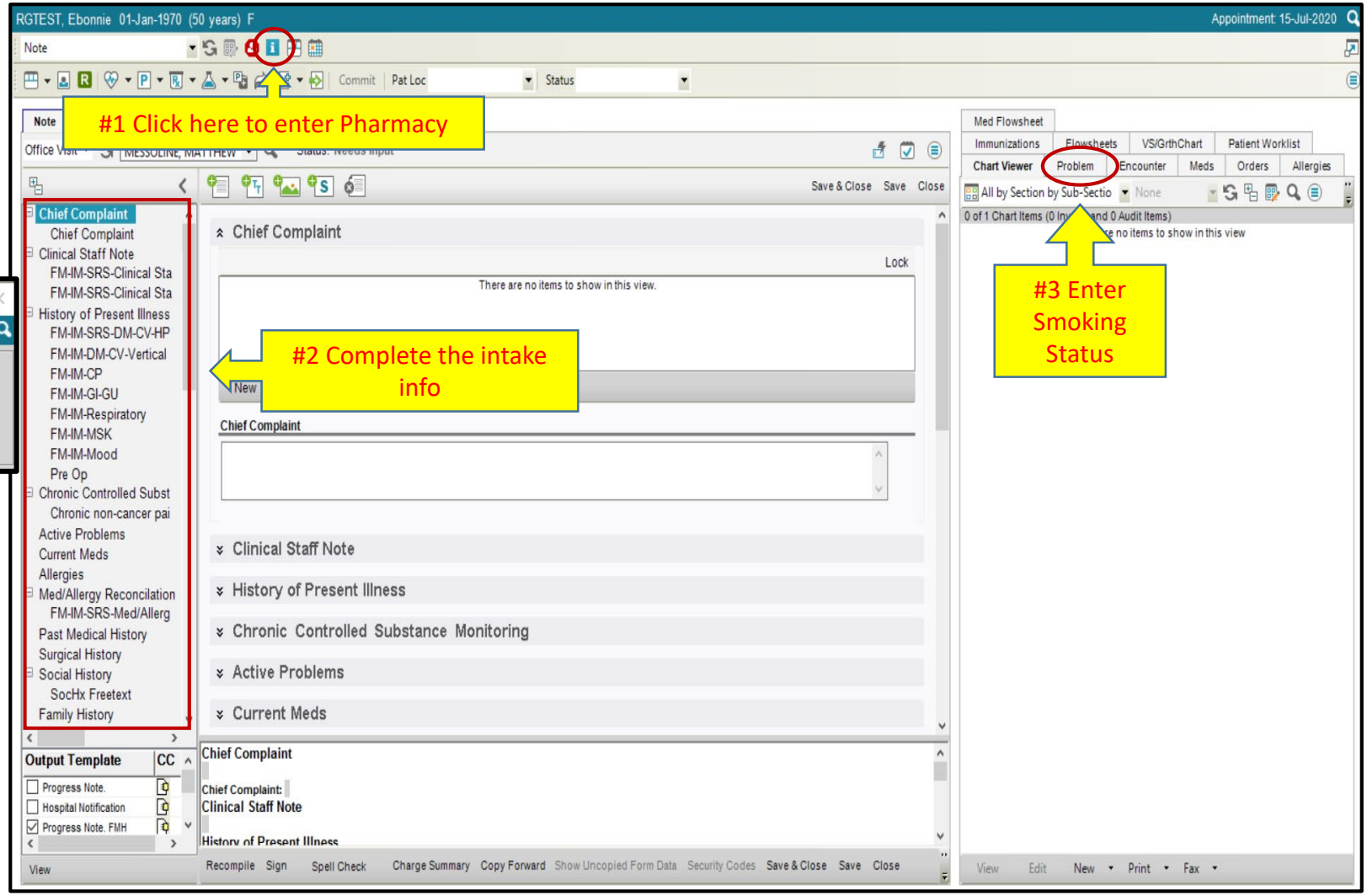
- Click Note Icon

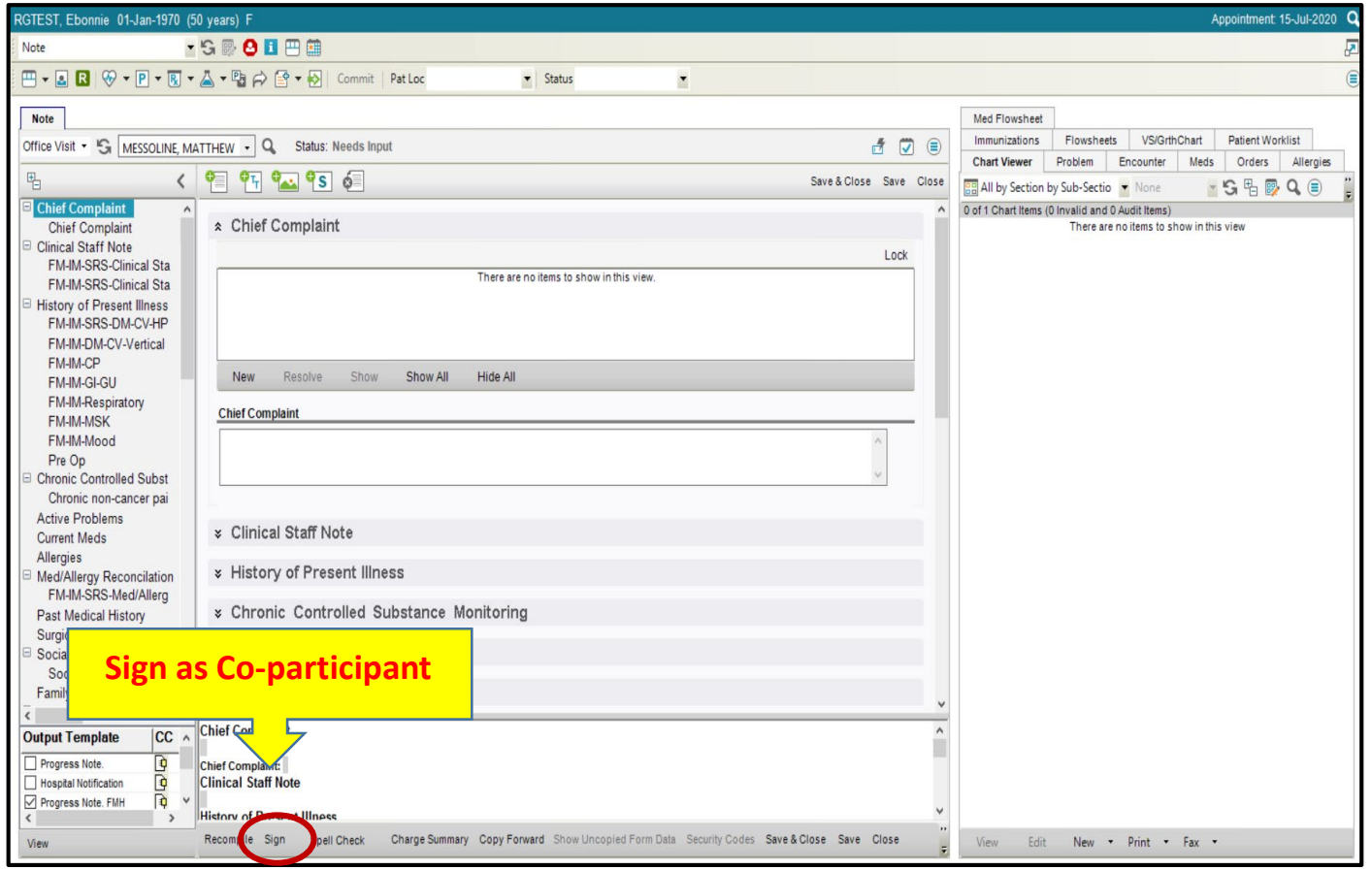
2) ***Select*** Specialty & Visit Type and enter Provider's name for Owner



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)



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?”