

Name or NHI:  
Occupation:

Date:

**Patient reason for encounter**

**Examination findings**

**Investigations ordered  
Diagnosis**

**Managements plans**

**Recall**

**Patient understanding**

**Review appropriateness of long term medications**

**Screening and preventative care initiatives recommended**

<b>Medical records show:</b>	
Med Warnings	
Problem List	
Past med history	
Current Smoking Status (>15yrs )	
Disabilities	
Current Medications	

<b>Risk factors are identified and appropriately acted upon</b>	
Alerts	
Family history	
Smoking/ offer support	
Alcohol/drug use	
Blood pressure	
Weight/height/BMI	
Immunisations	
<b>Screening</b>	
Cervical Smears	
Mammogram	

**WASH HANDS NOW**

