

# EMR Template developed by Southwest Texas Medical Associates (SETMA)

## Pre-Visit/Preventive Screening

**General Measures (Patients >18)**

Has the patient had a tetanus vaccine within the last 10 years?   
 Date of Last

Has the patient had a flu vaccine within the last year?   
 Date of Last

Has the patient ever had a pneumonia shot? (Age>50)   
 Date of Last

Does the patient have an elevated (>100 mg/dL) LDL?   
 Last

Has the patient been screened at least once for HIV? (Age 13-64)   
 Date of Last

Testing not required if patient refused, tested elsewhere or diagnosis confirmed.  
 Check If Patient Refuses Testing  
 Check If Patient Tested Elsewhere

**Elderly Patients (Patients >65)**

Has the patient had an occult blood test within the last year? (Patients >50)   
 Date of Last

Has the patient had a fall risk assessment completed within the last year?   
 Date of Last

Has the patient had a functional assessment within the last year?   
 Date of Last

Has the patient had a pain screening within the last year?   
 Date of Last

Has the patient had a glaucoma screen (dilated exam) within the last year?   
 Date of Last  *Add Referral At Right*

Does the patient have advanced directives on file or have they been discussed with the patient?   
 Discussed?  Completed?

Is the patient on one or more medications which are considered high risk in the elderly?

**Male Patients**

Has the patient had a PSA within the last year? (Age >40)   
 Date of Last

Has the patient had a bone density within the last two years? (Age >65)   
 Date of Last  *Add Referral Below*

**Diabetes Screening**

Is Diabetes screening appropriate for this patient?

**Pre-Diabetes Patients**

If pre-diabetic, has the patient had a HgbA1c test within the last year?   
 Date of Last

**Diabetes Patients**

Has the patient had a HgbA1c within the last year?   
 Date of Last

Has the patient had a dilated eye exam within the last year?   
 Date of Last  *Referral Sent Today* *Add Referral Below*

Has the patient had a 10-gram monofilament exam within the last year?   
 Date of Last

Has the patient had screening for nephropathy within the last year?   
 Date of Last  *Ordered Today*

Has the patient had a urinalysis within the last year?   
 Date of Last  *Ordered Today*

Has the patient had a cholesterol screen within the last year?   
 Date of Last

Has the patient had a flu vaccine within the last year?   
 Date of Last

Is the patient on aspirin?   
 Is the patient allergic to aspirin?  Yes  No

Has the patient ever been referred to DSME?  *Add Referrals Below*  
 Has the patient been referred to DSME within the last year?  *Referral Sent Today*

**Female Patients**

Has the patient had a pap smear within the last two years? (Ages 21 to 64)   
 Date of Last  *Add Referral Below*

Has the patient had a mammogram within the last two years? (Ages 40 to 69)   
 Date of Last  *Add Referral Below*

Has the patient had a bone density within the last two years? (Age >50)   
 Date of Last  *Add Referral Below*

**Referrals (Double-Click To Add/Edit)**

Referral	Status	Referring