

# ENCOUNTER FORM



## Demographic Information:

Last Name <b>Weeks</b>	First Name <b>Walter</b>	MI <b>L</b>	DOB <b>10/12/1962</b>	Chart <b>L-11150</b>	Encounter <b>3/19/2008</b>
Social Security Number <b>XXX-XX-XXXX</b>	Marital Status Married ▼	Children <b>0</b>	Age <b>45</b>	Gender Male ▼	
Home Street Address <b>2445 Alexander Lake Drive</b>	Home Apt#	Home City <b>Marietta</b>	ST <b>GA</b>	Home Zip <b>30064</b>	
Home Phone <b>123-456-7890</b>	Cellular Phone <b>098-765-4321</b>				

Occupation <b>Software Consulting</b>	Employer <b>XLEMR</b>				
Work Street Address	Work Suite	Work City	ST	Work Zip	
Work Phone	Who Referred You <b>Dr. Frenesa K. Hall</b>				

Method of Payment  
 Cash    Check    Credit Card

Driver's License Number <b>GA-XXXXXXXX</b>	DL State <b>GA</b>
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Primary Insurance Company <b>Medicare A</b>	Primary Insurance Phone Number <b>XXXXXXXX</b>	Primary Account #		
Primary Insurance Street Address <b>234 Peachtree Ave</b>	PI Suite <b>232</b>	PI City <b>Atlanta</b>	ST <b>GA</b>	PI Zip <b>30339</b>

2323

Primary Insured Party <b>Walter L. Weeks III</b>	D.O.B. <b>10/12/1962</b>	Relationship to Insured (Primary) <b>Self</b>	
Primary Policy Number <b>XXX-XX-XXXX</b>	Primary Group Number <b>23</b>	Effective Date <b>2/2/2003</b>	Co-Pay <b>\$10.00</b>

Include primary policy number in footer

Secondary Insurance Company	Secondary Insurance Phone#	Secondary Account #		
Secondary Insurance Street Address	SI Suite	SI City	ST	SI Zip
Secondary Insured Party	D.O.B.	Relationship to Insured (Secondary)		
Secondary Policy Number	Secondary Group Number	Effective Date	Co-Pay	

## Contact Information

E-mail Address <a href="mailto:tripp.weeks@xlemr.com">tripp.weeks@xlemr.com</a>
Fax Number 678-623-3217

**ALERTS**   None ▼   None ▼   None ▼

None ▼

## Chief Complaint:

This patient has trouble breathing is asthmatic and has suffered from a fever since the age of three

## Present Illness:

Date of Last Visit:

3/4/2008

Problem List:

Description	Treatment	MED 1	MED 2	MED 3
None	Under Control	HYDROCHLOROTHIAZIDE (	ACTIQ (200mcg) QD	None
None	Under Control	ADVIL (200mg) Q6H PRN	None	None
None	Under Control	ALEVE (220mg) BID	ESTRATEST QD	None
None	Resolved By Surgery	ALPRAZOLAM (1mg) TID	ACYCLOVIR (200mg) QD	None
None	Request Consultation	ADVAIR (250mcg/50mcg) B	None	None
None	New/Pending	AMBIEN (10mg) HS	None	None
None	New/Pending	ALLEGRA D QD	NORVASC (5mg) QD	None
None	Psychiatric Consult	ADVIL (600mg) Q4H	None	None
None	Consultation Pending	ALEVE (220mg) PRN	None	None
None	Under Control	ALEVE (220mg) PRN	None	None
None	Under Control	None	None	None
None	None	AGGRENOX (1 cap) BID	ALDACTAZIDE PRN	None
None	None	ASACOL (400mg) TID	None	None
None	None	None	None	None
None	None	None	None	None

Other Problems:

[Empty box for other problems]

METHOTREXATE

Methotrexate

- Methotrexate 1
- Methotrexate 2
- Methotrexate 3

INFUSION

Infusion

- Remicade
- Enbrel
- Humira
- Solumedrol
- Synvisc Right
- Synvisc Left
- Schedule Remicade
- Schedule IV Solumedrol
- Schedule Synvisc Rt
- Schedule Synvisc Lt

Biological Testing

	Year 1		Year 2		Year 3	
<b>PPD</b>	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
<b>Chest Xray</b>	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
<b>Hepatitis Screening</b>	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="text"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Positive

IDD

IDD

- Lumbar
- Cervical

LAWS

Laws

- Orenica
- Liability Surcharges in Physician Offices
- USA Patriot Act

IMMUNIZATIONS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ABNORMAL LABS

	Date	Value		Date	Value		Date	Value
HB-Hemoglobin	<input type="text"/>	<input type="text"/>	White Blood Cell Count	<input type="text"/>	<input type="text"/>	CPK	<input type="text"/>	<input type="text"/>
Hematocrit	<input type="text"/>	<input type="text"/>	Serum Creatinine	<input type="text"/>	<input type="text"/>	Anti-DS-DNA	<input type="text"/>	<input type="text"/>
Platelet Count	<input type="text"/>	<input type="text"/>	C-Reactive Protein	<input type="text"/>	<input type="text"/>	SSA	<input type="text"/>	<input type="text"/>
Sedimentation Rate	<input type="text"/>	<input type="text"/>	A1C	<input type="text"/>	<input type="text"/>	SSB	<input type="text"/>	<input type="text"/>

AST	Date	Value	HLA-B27	Date	Value	Uric Acid	Date	Value
ALT	Date	Value	Total Cholesterol	Date	Value	RA Factor	Date	Value
			HDL	Date	Value	Triglycerides	Date	Value
			LDL	Date	Value			

**Bone Density Measurements**

T-Score 1	Date	Spine	Hip	T-Score 4	Date	Spine	Hip
T-Score 2	Date	Spine	Hip	T-Score 5	Date	Spine	Hip
T-Score 3	Date	Spine	Hip	T-Score 6	Date	Spine	Hip

**Past Medical/Surgical History:**

**Non Medicinal Allergies:**

1	Reviewed and nothing significant was found.	▼
2	None	▼
3	None	▼
4	None	▼
5	None	▼
6	None	▼
7	None	▼
8	None	▼
9	None	▼
10	None	▼
11	None	▼
12	None	▼

None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼
None	▼

**Other Significant Illness or Medical Conditions:**

**Other Allergies**

**Medicinal Allergies:**

1	PREDNISON	▼	NONE	▼	NONE	▼
2	ACTONEL	▼	NONE	▼	NONE	▼
3	NONE	▼	NONE	▼	NONE	▼
4	NONE	▼	NONE	▼	NONE	▼
5	NONE	▼	NONE	▼	NONE	▼

**Other Medicinal Allergies:**

**Review of Systems: (Checks indicate Positive Conditions)**

**Systemic**

Chills  
  Fever  
  Sweats  
  Fatigue  
  Insomnia  
  Overweight  
 Snoring  
  Weight Change

Note:

**Dermatologic**

Skin Rashes  
  Psoriasis  
  Photosensitivity  
  Raynauds  
  Alopecia  
  Tick Bites