

Electronic Medical Record Before Implementation of 2As+R (11/1/2012)

HealthDoc Person Information

Person #: _____ Med Rec #: _____ County: Denver

DOB: _____ Gender: _____ Family Planning Status: Enrolled

Gender

Form Type

Reason

Symptoms

Past Medical HX

Past STD

Sexual Contact

Sexual HX

Site

Other Risks

ETOH

HIV

STIHepatitisH.

FP Eligibility

Current Contrac

FP Qualifiers

Physical Exam

Other Risks (Read-Only)

Unknown

Cocaine or Crack Use Occurred:

Never < 4 Months 4 - 12 Months > 12 Months

Heroin Use Occurred:

Never < 4 Months 4 - 12 Months > 12 Months

Methamphetamine Use Occurred:

Never < 4 Months 4 - 12 Months > 12 Months

Nitrite ("poppers", "rush", "hardware") Use Occurred:

Never < 4 Months 4 - 12 Months > 12 Months

Do you smoke?

Yes No NA

Help Validate Save Complete Check-in

<< Previous Next >>

Form Info Delete Form

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Trusted sites 100%

start 1:22 PM

Electronic Medical Record After Implementation of 2As+R (11/1/2012)

HealthDoc Person Information

Patient Name: Person #: Med Rec #: County:
Gender: Family Planning Status: Enrolled

Created By: User, System On 8/26/10 10:01 AM Updated By:

open all | close all | refresh

- Person Information
- Summary Chart
- Visits
 - Add a Visit
 - Eligibility Items
 - Visit Forms
 - Detail Medical Chart
 - Add a Department/Service
 - Add Telephone Counseling
 - Telephone Counseling
 - STD Clinic
 - Print a Label
 - Clinical Visit
 - Forms
 - Add a Form
 - New Visit Form-247
 - Lab Orders
 - DX

Other Risks (Read-Only)

Unknown

Do you use tobacco?

Never (Less than 5 packs/lifetime)

Former (Greater than or equal to 5 packs/lifetime but none in past 30 days)

Less than 5 cigarettes per day

5-10 cigarettes per day

Greater than 10 cigarettes per day

Chewing tobacco (in past 30 days)

Cigar/Pipe/Snuff (in past 30 days)

Unknown

Advised patient to quit:

Yes: counseled for 3 minutes or more No

Refer to cessation services (Colorado Quitline):

Yes No

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