

Patient Pre-Visit Checklist Clinical Follow Up

Instructions: For any flagged responses on the Patient Pre-Visit Checklist, rooming staff should obtain additional information from the patient and complete the appropriate section and actions below. Report any findings to the provider.

Question	Follow-up
Did you see any specialist since your last PCP visit?	<ul style="list-style-type: none"> • Who did the patient see? • When? <p>➤ Confirm records were received and are in the patient's chart</p>
Do you need any help coordinating the care you are receiving from other doctors?	<ul style="list-style-type: none"> • Doctors' name(s)? • What does the patient need help with specifically?
Do you have any questions about labs, x-rays, or test results?	<ul style="list-style-type: none"> • Which labs, x-rays, or test results does the patient have questions about? <p>➤ Confirm records were received and are in the patient's chart</p>
Were you recently in the hospital or seen in the emergency room?	<ul style="list-style-type: none"> • When? • Why?
Do you have questions about where to go when you need urgent care?	<p>➤ Provide education on local urgent care locations</p> <p>➤ Educational handout on when to use urgent care</p>
Do you have any questions or issues about any of the medications you are taking?	<ul style="list-style-type: none"> • Which medications? • What are your concerns?
Are you having any issues getting your medications prescribed or filled?	<ul style="list-style-type: none"> • Which medications? • Which pharmacy? • Description of the issue:

Question	Follow-up
Do you get your annual flu shot?	<ul style="list-style-type: none"> • Would the patient like one? ➤ Provide educational handout on flu vaccines
Have you had any falls or problems with balance or walking?	<ul style="list-style-type: none"> • Description: ➤ Provide educational handout on fall prevention ➤ Report to the provider
Do you have concerns about bladder control or are you experiencing issues with leaking of urine?	<ul style="list-style-type: none"> ➤ Provide educational handout on bladder control ➤ Report to the provider
Do you often feel sad, worried or have difficulty sleeping, or remembering things?	<ul style="list-style-type: none"> ➤ Administer the PHQ-9 ➤ Report to the provider
Do your emotions or mental health get in the way of your work or daily activities?	<ul style="list-style-type: none"> ➤ Administer the PHQ-9 ➤ Report to the provider
Do you need any help eating, bathing, dressing, walking, or using the bathroom?	<ul style="list-style-type: none"> • Description: <input type="checkbox"/> Report to the provider
Do you have any difficulties that limit your ability to complete daily activities?	<ul style="list-style-type: none"> • Description:
Are you interested in starting, changing, or maintaining an exercise routine?	<ul style="list-style-type: none"> ➤ Provide educational handout on physical activity