

INITIAL VISIT STAMP

Primary Care at Home - Initial Visit

Time of Visit:

Family Members/Caregivers Present:

CC:

Hx:

CPP items see above

Functional inquiry:

Recent Falls: «Y»«N»

Nutrition Issues: «Y»«N»

Lighting appropriate: «Y»«N»

Social/Psychological Issues: «Y: • »«N »

Living Accommodations: «alone»«partnered»«shared»

Hygiene: «clean»«dirty»«organized»«disorganized»

Kitchen/Fridge/Cupboard Contents: «stocked w variety of food groups»«minimal contents»«unhealthy contents»

Safety Considerations: fire/CO2 detectors «not» working, «emergency call button» «

Lifestyle: Smoking: «yes : • cigs /d» «no» «2nd hand smoke» ETOH: «none» « • drinks/wk » Recc drugs: «no» «yes: namely • »

Other Supports In Place (external, eg. CCAC): «Y»«N»

Next of Kin/Other Contacts: «Y»«Not applicable»

OE:

BP: • HR: • RR: • SpO2: • Wt: •

General Appearance:

Affect:

HEENT:

RESP:

CVS:

ABDO:

GU:

NEURO:

MSK:

I:

P:

Bloodwork/Investigations Due:

Goals of Care/Advanced Directives Discussed «Y»«N»

DNR Discussed: «Y»«N» «DNR form completed»«Desires full resuscitation» (if DNR form completed, enter in CPP with form number)

FHT PC@Home discussed: «Y»«N», contact numbers given: «Y»«N», enrollment form signed: «Y»«N: reason •»

PCP to be Transferred: «Y»«N»

HCP's to be Involved:

Suitable for Solo Clinician Visit: «Y»«N»

FOLLOW-UP VISIT STAMP

Primary Care at Home - Follow-up Visit

Family Members/Caregivers Present: •

Hospitalization since last visit?: «Y»«N» •

Bloodwork/ Diagnostics review with pnt and caregivers needed?: «Y»«N» •

Medication / compliance review: «Y»«N» •

Falls?: «Y»«N» •

Nutrition Issues?: «Y»«N» •

Social/Psychological Issues: «Y»«N» •

Next of Kin/Other Contacts up to date: «Y»«N» •

Adequate Supports In Place: «Y»«N» •

Goals of Care up to date in CPP (e.g. Advanced Directives, DNR Status, POA) «Y»«N»

S:

O: General Appearance: • Affect: •
BP: • , HR: • , RR: • , O2 sat: • , temp if relevant: •
CVS: • , chest: • ,
legs: • , skin: •

A: •

P: •

Date of next visit : •