Physicians DataTrust Senior Assessment Form

Please Check IPA

☐ GTC ☐ St Vincent
☐ Noble ☐ Quality Care

Patient: DOE, JANE DOB: 01/01/1901 MEMBER ID: 01-234567891 PCP: DOE, JOHN

Historical HCC Data

HCC	Name	2007	2008	2009	2010	2011	Weight	Last	Description
HCC2	Septicemia/Shock					*038.40*	0.759	06/15/2011	Septicemia due to gram-negative organism, unspecified
HCC15	Diabetes w/ Renal or Periph. Circulatory Manifest				250.42	250.42	0.508	09/07/2011	Diabetes with renal manifestations, type II or unspecified type, uncontrolled
HCC16	Diabetes w/ Neurologic/Other Specified Manifest					*250.60	0.408	01/31/2011	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled
HCC19	Diabetes without Complication				*250.00	*250.00	0.162	07/29/2011	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled
HCC38	Rheumatoid Arthritis & Inflam Connect Disease Tiss					720.1	0.346	01/31/2011	Spinal enthesopathy
HCC71	Polyneuropathy					357.2	0.327	01/31/2011	Polyneuropathy in diabetes
HCC74	Seizure Disorders and Convulsions					780.39	0.267	02/27/2011	Other convulsions
HCC80	Congestive Heart Failure				425.4	425.9	0.410	01/31/2011	Secondary cardiomyopathy, unspecified
HCC82	Unstable Angina/Other Acute Ischemic Heart Disease					411.1	0.284	01/22/2011	Intermediate coronary syndrome
HCC83	Angina Pectoris/Old Myocardial Infarction				412	*412	0.244	01/31/2011	Old myocardial infarction
HCC92	Specified Heart Arrhythmias					427.31	0.293	07/22/2011	Atrial fibrillation
HCC104	Vascular Disease with Complications					444.22	0.610	07/29/2011	Arterial embolism and thrombosis of lower extremity
HCC105	Vascular Disease					*451.83	0.316	07/22/2011	Phlebitis and thrombophlebitis of deep veins of upper extremities
HCC131	Renal Failure				585.3	585.3	0.368	06/29/2011	Chronic kidney disease, Stage III (moderate)
HCC132	Nephritis				*583.81	*583.81	0.125	01/31/2011	Nephritis and nephropathy, not specified as acute or chronic, in diseases classified elsewhere
INT1	Disease Interaction: DM - CHF				*INT1	*INT1	0.154		
INT5	Disease Interaction: RF - CHF				*INT5	*INT5	0.231		
INT6	Disease Interaction: RF - CHF - DM				INT6	INT6	0.477		
	Female 80-84 Years				X		0.544		
	Female 85-89 Years					X	0.637		
	HCC Score by Year				**2.007**	**4.649**			

SAMPLE

Patient Name:	D0E, JANE	Member ID:	01-234567891	DOB:	01/01/1901
Provider Signature/ Credentials:			DOS:		___ ___ / ___ ___ / ___ ___

Height:	Weight:	BMI:	HR:	BP Result ___/___/___mm hg
Date of last Flu Vaccine	___/___/___		Date of Last BOT (Bone Density Test)	___/___/___
Chief Complaint:				
HPI:				

Review of Medical Conditions

☐Yes ☐ No	Cataracts	☐RT ☐LT or ☐Both Eyes ☐**Due to Diabetes** Surgery? ☐Yes ☐No (☐ RT ☐ LT or ☐ Both eyes)	☐Active/Stable ☐Progressive
☐ Yes ☐ No	Glaucoma	☐ **Due to Diabetes**? ☐ Yes ☐ No Details:	☐Active/Stable ☐Progressive
☐Yes ☐No	Retinopathy	☐ **Due to Diabetes**? ☐ Yes ☐ No ☐Due to HTN? ☐ Yes ☐ No Date of last Diabetic Eye Exam ___/___/___	☐Active/Stable ☐Uncontrolled
Cardiovascular		☐ Chest Pain ☐ Dyspnea ☐ Palpitation ☐ Syncope ☐ Previous MI ☐ Diaphoresis ☐Reynaud's ☐ Claudication ☐Cool Extremities ☐ Cyanosis ☐ Edema ☐ Erythema ☐ Pain in Extremities	
☐ Yes ☐ No	Heart Failure	☐ CHF right or left ventricle failure ☐ Left HF ☐ Systolic HF ☐ Diastolic HF ☐Unspecified HF ☐Combined Sysolic/Diastolic HF Last BNP Result: _______ Last Echo: ________ Ejection Fraction %:_____	☐Active/Stable ☐Progressive ☐Resolved
☐Yes ☐No	CAD/ASHD Old MI	☐Effecting Native Vessel ☐Affecting BP-Graft (type of graft) Details: ______________________ Date of Event: _________	☐Active/Stable ☐Resolved
☐Yes ☐No	Arrhythmia	Type: Date and Result of Last EKG: Pacemaker Y/N Reason:	☐Active/Stable ☐Uncontrolled ☐Resolved
☐Yes ☐No	Sick Sinus Heart Block Angina	☐Tachycardia-Bradycardia Type: Type: Details:	☐Active/Stable ☐Acute ☐Uncontrolled ☐Resolved
☐Yes ☐No	HTN	☐ Benign ☐Malignant ☐ Hypertensive Heart Disease ☐with CHF/HF ☐Hypertensive CKD ☐ Hypertensive Heart & CKD	☐Active/Stable ☐Uncontrolled
☐Yes ☐No	PAD/PVD	☐**Due To Diabetes** or ☐Due to Atherosclerosis or ☐Both Diabetes & Atherosclerosis ☐With Claudication ____ ☐Pain at Rest ___ ☐Ulcers & Location ☐ Gangrene-Location ____ Other:___________________ **Date and result of last ABI**:____________________________________ Other Details:	☐Active/Stable ☐Progressive
☐Yes ☐No	Amputation	Type and Location: ______________________________ Details:	☐Healed ☐Not Healed
☐Yes ☐No	DVT or PE	☐ Acute ☐Chronic ☐History of DVT/PE_________ ☐Greenfield Filter Details:	☐Active/Stable ☐Progressive
☐Yes ☐No	Aneurysm	Location:____________ Size:________________ Last U/S:____________ Details:	☐Active ☐Resolved
Respiratory		☐Cough ☐Dyspnea ☐TB Exposure ☐Hemoptysis ☐ +PPD (Date:_________) ☐Pleuritic Pain ☐Snoring ☐Frequent URIs ☐Wheezing ☐ Sputum Production (Color:_____________ Frequency:________________)	

SAMPLE

☐Yes ☐No	Lung Disease	☐COPD ☐Emphysema ☐Chronic Bronchitis ☐Asthma ☐Pulmonary HTN ☐Fibrosis of Lung ☐Smoker Cough Date of Last Spirometry : _______________ Details:	☐Active/Stable ☐Acute Exacerb ☐End Stage
☐Yes ☐No	Chronic Resp. Failure/Hypoxia Oxygen Use	☐Oxygen Dependence ☐Current Tracheotomy Status ☐Reduce Size ☐Hypoxic_____% Oxygen Oxygen Use: ☐Yes ☐No	☐Active/Stable ☐Progressive ☐End Stage
Gastrointestinal		☐Abdominal Mass ☐Abdominal Pain ☐Anorexia ☐Hematemesis ☐Hematochezia ☐Constipation ☐Diarrhea ☐Dysphagia ☐Jaundice ☐Nausea☐Enteral Feeding Tube **Colonoscopy** ☐ Yes ☐ No Date:_____________ Details:_________________________________	
☐Yes ☐No	Cirrhosis	Etiology (if known): Details:	☐Active ☐Resolved
☐Yes ☐No	End Stage Liver Disease	Etiology (if known): Details	☐Active ☐Resolved
☐Yes ☐No	Hepatitis	Type: ☐A ☐B ☐C ☐Alcoholic ☐Drug Induced ☐Autoimmune ☐Acute ☐Chronic	☐Active/Stable ☐Progressive
☐Yes ☐No	Pancreatic Disease	☐HX of Pancreas Transplant ☐Chronic Pancreatitis Details:	☐Active ☐Resolved
☐Yes ☐No	IBS	Type: ☐Ulcerative Colitis ☐Crohn's Details:	☐Active/Stable ☐Resolved
☐Yes ☐No	CKD	Type: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ End Stage ☐ Unknown **Due to Diabetes**? ☐Yes ☐No On Chronic Dialysis? ☐Yes ☐No Kidney Transplant? ☐Yes ☐No (If yes, which Kidney: ☐ RT ☐ LT) **Date and result of last eGFR**:	☐Active/Stable ☐Progressive ☐Resolved
Musculoskeletal		☐Ambulation/Gait Changes ☐Back Pain ☐Myalgias ☐Join/bone Symptom ☐Rheumatologic Manifestations	
☐Yes ☐No	Arthritis	Has patient been prescribed drugs to prevent Osteoporosis? Y__N__ ☐Osteoarthritis ☐Rheumatoid Arthritis Other:__________ Has patient been prescribed Anti Rheumatic Drug? Y__N__	☐Active/Stable ☐Uncontrolled ☐Resolved
Skin/Breast		Skin: ☐Rash ☐Skin Lesion ☐Nail Changes ☐Hair Loss Breast: ☐Nipple Discharge ☐Breast Lumps ☐Breast Pain	
☐Yes ☐No	Skin Ulcer	Type and Location:___________________________________ If Pressure Ulcer: Stage:_________________ ☐Gangrene Y☐ N☐ Details:	☐Active/Stable ☐Progressive ☐Resolved
Neurology		☐Aphasia ☐Dysarthia ☐Focal Weakness ☐Gait Disturbance ☐Headache ☐Incoordination ☐Progressed Cognitive Impairment ☐Incontinence ☐Involuntary Movement ☐Lightheadedness/Dizziness ☐Loss of Consciousness ☐Paresthesias ☐Seizures ☐Tingling to Extremities ☐Tremors ☐Vertigo ☐Numbness, weakness	
☐Yes ☐No	Seizures Multiple Sclerosis	Details: Details:	☐Active/Stable ☐Progressive ☐Resolved
☐Yes ☐No	Parkinsons's Disease	Details:	☐Active/Stable ☐Acute Exacerb
☐Yes ☐No	Neuropathy	Location & Etiology: **Due to Diabetes**? ☐Yes ☐No ☐Date of last monofilament result if known:	☐Active/Stable ☐Resolved

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Provider Signature/ Credentials:			DOS:		___ ___/ ___ ___/ ___ ___

Yes No	Stroke/TIA	Late Effects: History Hemiplegia or Hemiparesis Dominant or Non-Dominant	Active/Stable Progressive Resolved
Yes No	Dementia	Type: Alzheimer's Vascular Senile Last MMSE results if known: Agitation _Delirium Depressed Mood	Early Stage Middle Stage End Stage
Psychology		Anger Anxiety Delusions Depression Euphoria Fearfulness Irritability Obsession Paranoia Psychotic Behavior Sleep Disturbance Suicidal Ideations Memory Loss Social Withdraw History of Antipsychotic Drug Use Mood Change Impulsive Behavior Impaired Abstract Personality Change	
Yes No	Major Depression	Type: Mild Moderate Severe Partial Full Remission Single or Recurrent **Date & Results of PHQ9 Screening**:	Active/Stable Resolved
Yes No	Bipolar Disorder	Type: Mild Moderate Severe Partial Full Remission Single or Recurrent	Active/Stable Resolved
Yes No	Schizophrenia	Details:	Active/Stable Resolved
Yes No	Drug/Alcohol	Addiction: _________ Type:______ Frequency__________ Date Quit: History	Active Resolved
Endocrinology **Protein Calorie Mal-Nutrition**		ABNL Habitus Goiter ABNL GTT Gynecomastia Underweight Generalized Weakness Hypoglycemia Polydypsia Polyphagia Polyuria Tremors Morbid Obesity Weight Loss Wasting Malnourished Details:____________________________	
Yes No	Diabetes	Type: 1 2 Currently taking insulin **Complications:** Gangrene in DM Retinopathy in DM ED in DM Chronic Skin Ulcer in DM Fingerstick blood sugar range (low to high) for past month: Date and Result of last HgbA1c: Date and result of last Microalbuminura:	Active/Stable Controlled Uncontrolled
Hem/Onc		Details:	
Yes No	Anemia	Type: ________________ In Neoplastic Disease: Yes No Date of Last CBC: _______ Hgb_________ HCT________ PLTS__________	Active/Stable Progressive Resolved
Yes No	Neoplasm's	Site:__________________ Details: Type:_____________________	Active/Stable Progressive Resolved
Yes No	Metastatic	Yes No Site:_______________________ Details:	Active/Stable Progressive Resolved

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Provider Signature/ Credentials:			DOS:		___ ___/ ___ ___/ ___ ___

The following information is required for each diagnosis on the Annual Visit Form

	Diagnosis Description	Status of Diagnosis	Plan Of Care
Diagnosis #1		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #1			Current RX:
Diagnosis #2		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #2			Current RX:
Diagnosis #3		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #3			Current RX:
Diagnosis #4		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #4			Current RX:
Diagnosis #5		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #5			Current RX:
Diagnosis #6		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #6			Current RX:
Diagnosis #7		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #7			Current RX:
Diagnosis #8		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #8			Current RX:
Diagnosis #9		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #9			Current RX:
Diagnosis #10		☐Active/Stable ☐Acute ☐Declining ☐ END Stage ☐Resolved	Plan of Care:
ICD-9 #10			Current RX:
Health Maintenance:			
Referrals:			
New RX in the last 180 days			

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Patient Name:	D0E, JANE	Member ID:	01-234567891	DOB:	01/01/1901
Provider Signature/ Credentials:			DOS:		___ ___ / ___ ___ / ___ ___

Patient Suspect Information

HCC	Name	Common DX Codes		Alg	Description
HCC55	Major Depressive,Bipolar,and Paranoid Disorders	296.20	Major depressive affective disorder, single episode, unspecified	PSY6	2011 HCC55 Psych (Dementia, alzheimer Dx)
		296.30	Major depressive affective disorder, recurrent episode, unspecified		

Condition Confirmed:	☐ Yes (List Condition)						☐ No	
Status of Condition	☐ Stable	☐ Improving	☐ Worsening	☐ Resolved	☐ Medication	☐ No Medication	☐ Continue With	Dosage:
Referrals/ Specialist Care	☐ No Referral/ Specialist Care		☐ Referred to Specialty					
Lab/ Test	☐ No Labs/Test	☐ Ordered	☐ Reviewed- Described Results		Requires Monitoring Only?	☐ Yes	☐ No	
Plan:								

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Provider Signature/ Credentials:			DOS:		___ ___ / ___ ___ / ___ ___