

Please bill at the detailed (14) level. Briefly dictate in your note.

Patient Name: _____ Care Assistant: _____ Date: _____

Approximately _____ minutes were spent with this patient.

Depression screening: (see back of page for screening/treatment algorithm)

- PHQ performed – score = _____
(0 – 4) (5 – 9) (10 – 14) (15+)
- Score indicates: not clinically depressed mild depression moderate depression severe depression
- Follow-up phone call for depression scheduled: ____/____/____ (Recommend 1 mo f/u with PCP.)

Smoking status:

- Current smoker: Yes No
- Precontemplation Contemplation Preparation Action Maintenance
- Checked “modifier 25” and proper “G” code
- Follow-up for smoking cessation scheduled: ____/____/____

We performed the following:

- Provided education that included discussions of: (*Circled those that apply*)
- | | | | |
|-----------------------|----------------------|-------------------|----------------------|
| Brief Pathophysiology | Glycemic Goals | Complications | Foot Care |
| Tx Hypoglycemia | Cardiac Goals | “Reasonable” Diet | Monitoring Technique |
| Insulin Injection | Timing of Monitoring | | |
- Downloaded/reviewed glucose readings (AVG: _____ Hypo: Yes No)
- Provided new glucometer
- Addressed medication non-adherence

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- Discussed diet modification (*Dietary status: Fair Poor*)
- May see dietitian today Referred dietitian Referral refused
- Other:
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Recommendations:

- Not on Aspirin, consider prescribing
- Not on Statin, consider prescribing
- Not on ACEi or ARB, consider prescribing
- Yearly eye exam: Referred UNC ophthalmology Recommended outside ophthalmology
- Vaccinations
- Ordered Influenza
 - Ordered Pneumovax

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Depression Screening/Treatment Algorithm

**Total Daily Dose Range (mg)			
	Starting-Low	Middle	High
Fluoxetine/Prozac	10 qAM x 1 wk, then 20 qAM	40 qAM	60 qAM
Citalopram/Celexa	10 qAM x 1 wk, then 20 qAM	40 qAM	60 qAM
Bupropion SR; XL/Wellbutrin SR; XL (avoid w/ sz hx)	SR- 150 qAM x 1 wk, then 100 BID; XL- 150 mg qAM	150 BID; 300 mg qAM	200 BID; 450 mg qAM
Nortriptyline/Aventyl	25 - 50 mg qhs	50-100 mg qhs	150 mg qhs

