

Allergy Clinical Documentation Visit Form



Attending: _____
Referring: _____

Name: _____
DOB: _____

Date:		BP: _____	Right / Left		
Time:	Temp: _____ °C / °F Oral	Lying	/	/	
		Sitting	/	/	
		Standing	/	/	
Age:	Pulse: _____	Resp Rate: _____	Cuff Size: Small, Reg, Large, Thigh	Weight: _____ kg _____ lb	Peak Flow 1: _____ L/min
					Peak Flow 2: _____ L/min
					Peak Flow 3: _____ L/min
O2 Sat _____ % Room air / _____ L O2 Resting / ambulating			Rx: Refill needed: Y / N		
Pain Assessment: 0 1 2 3 4 5 6 7 8 9 10 (Lowest) (Highest)					
Reason for visit per patient: _____					
Clinical Staff Signature: _____		Clinical Staff Printed Name: _____		Title: _____	

<p>Documentation: <i>Everything marked must be documented in writing and signed, if more than see clinical staff working w/patient, initial next to your documentation as well.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Medications and Allergies: <i>See Med List</i></p> <p>RN/MA ONLY: Procedures</p> <p><input type="checkbox"/> Skin Test (prick)</p> <p><input type="checkbox"/> Allergy Shot x _____</p> <p><input type="checkbox"/> Nebulizer</p> <p><input type="checkbox"/> Spirometry</p> <p><input type="checkbox"/> Spirometry Post</p> <p><input type="checkbox"/> Challenge 120 min</p> <p><input type="checkbox"/> Challenge 60x _____</p> <p><input type="checkbox"/> Desensitize/Rush</p> <p><input type="checkbox"/> Skin Test ID</p> <p><input type="checkbox"/> Skin Test IDV</p> <p><input type="checkbox"/> Xolair x _____</p>
--	--

Clinical Care Time (Min):					
Indirect Time (Non face to face) but while patient is present in dept. Must require skills of the clinician (RN, PCT, CMA)	Total Minutes	Initials	Direct Time (Face to face)	Total Minutes	Initials
Retrieval of lab/ test results pertinent to visit			Vital signs/ height/ weight	5	
Retrieval of prior consults, notes, etc			Ambulatory health profile summary		
Arranging for admission or transport			Assessment (RN, NP)		
Review of prior medical record			Specimen retrieval		
Documentation of patient care			Family support		
			Patient education/ counseling		
Review of Patient Medication Reconciliation list			Patient monitoring (direct & not requiring equipment)		
			Patient transport that requires skill of clinician		
			Wound cleansing and dressing changes		
			Administration of meds, topical meds		
			Routine Venipuncture		
			Coordination of care and discharge planning by clinician		
			Chaperone		

Total Clinical Care Time (recorded in minutes) _____

Date	Time	Initials	Printed Name:	Signature:

