O'Reilly Family Pharmacy Collaborative Practice Agreements in Assisted Living Facilities
Patient Visit Note Template

HYPERTENSION

Subjective

☐ Hypertension History
- CC:
- Allergies:
- BP prior to referral:
- Last RPH visit:
- Changes at last visit (if follow-up visit):

☐ Current Hypertension Regimen
- Adherence (overall):
- Tolerability/Adverse Effects Identified:
  - Signs/symptoms of hypertension:
    - ***Admits/denies*** *headache, SOB, blurred vision, chest pain*
  - Sign/symptoms of hypotension:
    - ***Admits/denies*** *dizziness, lightheadedness*

Medication	Directions	Adherent (Y/N)	Notes

☐ Hypertension Medication History

Medication	Reason for Discontinuation

☐ Compelling indications for antihypertensive treatment and/or pertinent PMH:

- ☐ Asthma
- ☐ COPD
- ☐ Diabetes
- ☐ HFr/pEF
- ☐ CVA
- ☐ CKD
- ☐ CAD
- ☐ PAD
- ☐ AFIB
- ☐ Gout
- ☐ Female of child bearing age
- ☐ Heart Attack

☐ Cardiovascular risk reduction

- 10-year ASCVD risk score:
- Aspirin:
- Statin:
- Smoking Status/History:

☐ Lifestyle

- **Physical Activity**
  - Description of current activity:
  - Barriers to achieving physical activity goal of 150 min/week:
- **Diet**
  - Breakfast:
  - Lunch:
  - Dinner:
  - Snacks:
  - Caffeine:
  - Sodium:
  - Alcohol Use:

Objective

☐ BP/Pulse Log (past 2 weeks):

Date	SBP	DBP	HR
Average:			

- ☐ Appropriate technique reviewed Y/N (**if patient is monitoring*;*** *sitting, 5 minute rest, arm at heart level, no activity/caffeine/nicotine within 30 min-1 hour before testing):*
- ☐ Pertinent Labs:
  - ☐ CHEM7 (date):
    - BUN:
    - CO2:
    - Serum Creatinine:
    - Glucose:
    - Serum chloride:
    - Serum potassium:
  - ☐ Ht:
  - ☐ Wt:
  - ☐ Calculated CrCl:

Assessment/Plan

- ☐ Assessment of current therapy *(include average BP readings over the last 2 weeks, patients goal of therapy, reasoning for any therapy change):*
  Goal:

- ☐ Plan *(include increase/decrease/start/stop medications, education provided, referrals placed (if needed))*
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- ☐ Future considerations
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- ☐ Follow-up:
  - Date:
  - Time:
  - Provider:

O'Reilly Family Pharmacy Collaborative Practice Agreements in Assisted Living Facilities
Patient Visit Note Template

DIABETES

Subjective

☐ Diabetes History
- CC:
- Allergies:
- A1C prior to referral:
- Last RPH visit:
- Changes at last visit (if follow-up visit):

☐ Current Diabetes Regimen
- Adherence (overall):
- Tolerability/Adverse Effects Identified:
  - Signs/symptoms of hyperglycemia:
    - ***Admits/denies*** *polydipsia, polyuria, fatigue*
  - Sign/symptoms of hypoglycemia:
    - ***Admits/denies*** *sweating, shakiness, lightheadedness, tachycardia*

Medication	Directions	Adherent (Y/N)	Notes

☐ Diabetes Medication History

Medication	Reason for Discontinuation

☐ Compelling indications for diabetes treatment and/or pertinent PMH:

- ☐ Asthma
- ☐ COPD
- ☐ Hypertension
- ☐ HFr/pEF
- ☐ CVA
- ☐ CKD/ESRD
- ☐ CAD
- ☐ PAD
- ☐ Heart Attack

☐ Cardiovascular risk reduction

- 10-year ASCVD risk score:
- Aspirin:
- Statin:
- Smoking Status/History:

☐ Lifestyle

- **Physical Activity**
  - Description of current activity:
  - Barriers to achieving physical activity goal of 150 min/week:
- **Diet**
  - Breakfast:
  - Lunch:
  - Dinner:
  - Snacks:
  - Alcohol Use:

Objective

☐ Blood Glucose Log (past 2 weeks):

Date	FBG	Breakfast	Lunch	Dinner	Bedtime
Average:					

- ☐ Pertinent Labs:
  - ☐ A1C (date):
  - ☐ CHEM7 (date):
    - BUN:
    - CO2:
    - Serum Creatinine:
    - Glucose:
    - Serum chloride:
    - Serum potassium:
  - ☐ Ht:
  - ☐ Wt:
  - ☐ Calculated CrCl:

Assessment/Plan

- ☐ Assessment of current therapy *(include pertinent average BG readings over the last 2 weeks, patients goal of therapy, reasoning for any therapy change):*
  Goal:

- ☐ Plan *(include increase/decrease/start/stop medications, education provided, referrals placed (if needed))*
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- ☐ Future considerations
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- ☐ Follow-up:
  - Date:
  - Time:
  - Provider:

O'Reilly Family Pharmacy Collaborative Practice Agreements in Assisted Living Facilities
Patient Visit Note Template

HYPERLIPIDEMIA

Subjective

☐ Hyperlipidemia History
- CC:
- Allergies:
- LDL prior to referral:
- HDL prior to referral:
- TG prior to referral:
- Last RPH visit:
- Changes at last visit (if follow-up visit):

☐ Current Hyperlipidemia Regimen
- Adherence (overall):
- Tolerability/Adverse Effects Identified:

Medication	Directions	Adherent (Y/N)	Notes

☐ Hyperlipidemia Medication History

Medication	Reason for Discontinuation

☐ Compelling indications for hyperlipidemia treatment and/or pertinent PMH:

☐ Heart Attack
☐ Stroke
☐ Diabetes
☐ HFr/pEF
☐ CVA
☐ CKD/ESRD
☐ CAD
☐ PAD
☐ LDL>190 mg/dL
☐ Familial hypercholesterolemia
☐ Female of child-bearing age

☐ Cardiovascular risk reduction
- 10-year ASCVD risk score:
- Aspirin:
- Statin:
- Smoking Status/History:

☐ Lifestyle
- **Physical Activity**
  - Description of current activity:
  - Barriers to achieving physical activity goal of 150 min/week:
- **Diet**
  - Breakfast:
  - Lunch:
  - Dinner:
  - Snacks:
  - Alcohol Use:

Objective

☐ BP/Pulse Log (past 2 weeks):

Date	SBP	DBP	HR
Average:			

- ☐ Appropriate technique reviewed Y/N (**if patient is monitoring*;*** *sitting, 5 minute rest, arm at heart level, no activity/caffeine/nicotine within 30 min-1 hour before testing):*
- ☐ Pertinent Labs:
  - ☐ Lipid Panel (date):
    - Total cholesterol:
    - LDL:
    - HDL:
    - TG:
  - ☐ Ht:
  - ☐ Wt:
  - ☐ Calculated CrCl:

Assessment/Plan

- ☐ Assessment of current therapy *(include pertinent labs, patients goal of therapy, reasoning for any therapy change):*
  Goal:

- ☐ Plan *(include increase/decrease/start/stop medications, education provided, referrals placed (if needed))*
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- ☐ Future considerations
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- ☐ Follow-up:
  - Date:
  - Time:
  - Provider:

O'Reilly Family Pharmacy Collaborative Practice Agreements in Assisted Living Facilities
Patient Visit Note Template

ANTICOAGULATION (WARFARIN MANAGEMENT)

Subjective

- ☐ Warfarin History
  - CC:
  - Allergies:
  - Indication for warfarin:
  - INR Goal:
  - Expected Duration of Therapy:
  - Last RPH visit:
  - Changes at last visit (if follow-up visit):
- ☐ Bleeding Risk
  - HAS-BLED (if relevant to indication)
  - Previous bleeding history
- ☐ Clotting Risk
  - CHADS-VASc (if relevant to indication):
  - Previous history of clotting (i.e. stroke hx, PE/DVT hx):
- ☐ Current Warfarin Regimen:
  - ☐ Adherence (overall):
    - ☐ Extra doses:
    - ☐ Missed doses:
  - ☐ Tolerability/Adverse Effects Identified:
  - ☐ ***Admits/denies*** any s/sx of bleeding (excessive bruising, bleeding gums, etc)
  - ☐ ***Admits/denies*** any s/sx of clotting (unilateral swelling/warmth/redness, stroke symptoms, etc)

Medication	Daily Dose	Directions	Adherent (Y/N)	Notes	TWD

  - ☐ Recent medication changes (if applicable):
    - ☐
    - ☐
    - ☐
  - ☐ Changes to lifestyle (i.e. illness, exercise, tobacco/alcohol intake, weight gain or loss):
  - ☐ Changes to diet/Vitamin K intake:
  - ☐ Any upcoming procedures:

Objective

- ☐ Pertinent Labs:
  - ☐ CBC (date):
    - RBC:
    - WBC:
    - Hct:
    - Hgb:
    - Platelets:
  - ☐ Hepatic panel (date):
    - Total protein:
    - Albumin:
    - Total bilirubin:
    - Direct bilirubin:
    - Alkaline phosphatase:
    - AST:
    - ALT:
  - ☐ BMP (date):
    - Calcium:
    - CO2:
    - Chloride:
    - Creatinine:
    - Glucose:
    - Potassium:
    - Sodium:
    - BUN:
  - ☐ POCT INR (date):
  - ☐ Ht:
  - ☐ Wt:
  - ☐ Calculated CrCl:
- ☐ Warfarin History (as applicable; update at each visit to assess trends):

Date of Previous Visit	INR Reading	Respective TWD

Assessment/Plan

- ☐ Assessment of current therapy *(include whether POCT INR is in goal range, document if any changes to medications, diet, lifestyle, etc may be contributing to INR, document any concerns regarding bleeding/clotting risk):*
  Goal:

- [ ] Plan *(Include warfarin dose instructions, utilize teach-back with patient and nursing staff to ensure understanding, note any held/extra doses given)*
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- [ ] Future considerations
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- [ ] Follow-up:
    - Date:
    - Time:
    - Provider:

O'Reilly Family Pharmacy Collaborative Practice Agreements in Assisted Living Facilities
Patient Visit Note Template

ANTICOAGULATION (DOAC MANAGEMENT)

Subjective

- ☐ DOAC History
  - CC:
  - Allergies:
  - Indication for DOAC:
  - Expected Duration of Therapy:
  - Last RPH visit:
  - Changes at last visit (if follow-up visit):
- ☐ Bleeding Risk
  - HAS-BLED (if relevant to indication)
  - Previous bleeding history
- ☐ Clotting Risk
  - CHADS-VASc (if relevant to indication):
  - Previous history of clotting (i.e. stroke hx, PE/DVT hx):
- ☐ Current DOAC Regimen:
  - ☐ Adherence (overall):
    - ☐ Extra doses:
    - ☐ Missed doses:
  - ☐ Tolerability/Adverse Effects Identified:
  - ☐ ***Admits/denies*** any s/sx of bleeding (excessive bruising, bleeding gums, etc)
  - ☐ ***Admits/denies*** any s/sx of clotting (unilateral swelling/warmth/redness, stroke symptoms, etc)

Medication	Directions	Adherent (Y/N)	Notes

- ☐ Any noted problem(s) with DOAC regimen:
  - ☐ Changes in CrCl, age, weight leading to dose adjustments
    - *Notes:*
  - ☐ DOAC use in obesity
  - ☐ Relevant drug interactions of concern
  - ☐ Hg drop
  - ☐ Changes in hepatic function
  - ☐ Any s/sx of bleeding/clotting

Objective

- ☐ Pertinent Labs:
  - ☐ CBC (date):
    - RBC:
    - WBC:
    - Hct:
    - Hgb:
    - Platelets:
  - ☐ Hepatic panel (date):
    - Total protein:
    - Albumin:
    - Total bilirubin:
    - Direct bilirubin:
    - Alkaline phosphatase:
    - AST:
    - ALT:
  - ☐ BMP (date):
    - Calcium:
    - CO2:
    - Chloride:
    - Creatinine:
    - Glucose:
    - Potassium:
    - Sodium:
    - BUN:
  - ☐ Ht:
  - ☐ Wt:
  - ☐ Calculated CrCl:
- ☐ Previous DOAC Regimen:

Medication	Directions	Reason for Discontinuation

Assessment/Plan

- ☐ Assessment of current therapy *(include whether DOAC use is appropriate for indication, if patient is on the correct dose of DOAC, and assess any relevant problem(s)/concern(s)):*
  Goal:

☐ Plan *(Recommend same/new dose, continuation/discontinuation of DOAC)*

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☐ Future considerations

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☐ Follow-up:

- Date:
- Time:
- Provider: