

Diplomate: _____

**CLINICAL PRACTICE EVALUATION I:
MEDICAL RECORD REVIEW (Adult Patient Population)**

A. RECORD IDENTIFIER INFORMATION

1. Date medical record reviewed (*mm/dd/year*) / /
2. Patient identifier: _____
3. Date of patient's most recent visit (*mm/dd/year*) / /
4. Patient's gender: Female Male
5. Patient's age: _____

B. RISK FACTORS

Does the patient's medical record document risk factors for the following?

1. Cancer
 - Breast **Yes** **No** **N/A**
 - Cervical **Yes** **No** **N/A**
 - Colorectal **Yes** **No** **N/A**
2. Cardiovascular disease
 - Abdominal aortic aneurysm **Yes** **No** **N/A**
 - Hypertension **Yes** **No** **N/A**
 - Lipid disorders **Yes** **No** **N/A**
3. Obesity **Yes** **No** **N/A**
4. Osteoporosis **Yes** **No** **N/A**
5. Psychiatric
 - Alcohol misuse **Yes** **No** **N/A**
 - Depression **Yes** **No** **N/A**
6. Sexually transmitted infections
 - Chlamydia **Yes** **No** **N/A**
 - Gonorrhea **Yes** **No** **N/A**
 - HIV **Yes** **No** **N/A**

- Syphilis **Yes** **No** **N/A**
- Tobacco-related disease **Yes** **No** **N/A**
- Type 2 diabetes mellitus **Yes** **No** **N/A**

C. DIAGNOSES

Has the patient been diagnosed with?

1. Cancer

- Breast **Yes** **No** **Unsure**
- Cervical (*check "No" for males*) **Yes** **No** **Unsure**
- Colorectal **Yes** **No** **Unsure**
- Other (*please specify*): _____

2. Cardiovascular disease

- Abdominal aortic aneurysm **Yes** **No** **Unsure**
- Hypertension **Yes** **No** **Unsure**
- Lipid disorders **Yes** **No** **Unsure**
- Other (*please specify*): _____

3. Obesity or overweight

- Yes** **No** **Unsure**

4. Osteoporosis

- Yes** **No** **Unsure**

5. Psychiatric

- Alcohol misuse **Yes** **No** **Unsure**
- Depression **Yes** **No** **Unsure**
- Other (*please specify*): _____

6. Sexually transmitted infections

- Chlamydia **Yes** **No** **Unsure**
- Gonorrhea **Yes** **No** **Unsure**
- HIV **Yes** **No** **Unsure**
- Syphilis **Yes** **No** **Unsure**
- Other (*please specify*): _____

Tobacco-related disease **Yes** **No** **Unsure**

Type 2 diabetes mellitus **Yes** **No** **Unsure**

D. OBJECTIVE FINDINGS

1. Physical findings at the most recent examination:

Weight _____ lb
Height _____ in
BMI _____
Systolic BP _____ mmHg
Diastolic BP _____ mmHg

2. What was the date and result of the most recent lipid profile?

Month/Year _____ / _____ **Not done**
Total cholesterol _____ mg/dL
HDL cholesterol _____ mg/dL

E. SCREENING

Has the patient received screening tests within the recommended intervals for the following?

1. Cancer

- Breast **Yes** **No** **Unsure** **N/A**

(USPSTF Recommendation: Mammography every 1-2 years for women 40 and older)

Specify screening test: _____

- Cervical **Yes** **No** **Unsure** **N/A**

(USPSTF Recommendation: Pap test every 3 years for women who have been sexually active and have a cervix, starting at age 21 or within 3 years of onset of sexual activity (whichever occurs earlier) and discontinuing at age 65, if there is an adequate history of prior screening)

Specify screening test: _____

- Colorectal **Yes** **No** **Unsure** **N/A**

(USPSTF Recommendation: Men and women 50 and older)

Specify screening test: _____

2. Cardiovascular disease

- Abdominal aortic aneurysm **Yes** **No** **Unsure** **N/A**

(USPSTF Recommendation: One-time screening by ultrasonography in men aged 65 to 75 who have ever smoked)

Specify screening test: _____

- Hypertension **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: Adults aged 18 and older)

Specify screening test: _____

- Lipid disorders **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: Men 35 and older and women 45 and older; younger adults with other risk factors for coronary disease; include total cholesterol and HDL)

Specify screening test: _____

- 3. Obesity **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: All adults)

Specify screening test: _____

- 4. Osteoporosis **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: Women 65 and older and women 60 and older at increased risk for osteoporotic fractures)

Specify screening test: _____

5. Psychiatric

- Alcohol misuse **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: All adults, including pregnant women)

Specify screening test: _____

- Depression **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: Adults in clinical practices with systems to assure accurate diagnoses, effective treatment, and follow-up)

Specify screening test: _____

6. Sexually transmitted infections

- Chlamydia **Yes** **No** **Unsure** **N/A**
- (USPSTF Recommendation: Sexually active women 25 and younger and other asymptomatic women at increased risk for infection; asymptomatic pregnant women 25 and younger and others at increased risk)

Specify screening test: _____

- Gonorrhea **Yes** **No** **Unsure** **N/A**

(USPSTF Recommendation: All sexually active women, including those who are pregnant, at increased risk for infection; if young or other individual or population risk factors)

Specify screening test: _____

- HIV Yes No Unsure N/A

(USPSTF Recommendation: All adults at increased risk for HIV infection; all pregnant women)

Specify screening test: _____

- Syphilis Yes No Unsure N/A

(USPSTF Recommendation: Persons at increased risk and all pregnant women)

Specify screening test: _____

- 7. Tobacco-related disease Yes No Unsure N/A

(USPSTF Recommendation: Ask all adults and all pregnant women about tobacco use)

Specify screening test: _____

- 8. Type 2 diabetes mellitus Yes No Unsure N/A

(USPSTF Recommendation: Adults with hypertension or hyperlipidemia)

Specify screening test: _____

F. INTERVENTION

Which of the following have been recommended to the patient?

1. Counseling

- Breast feeding promotion
(USPSTF Recommendation: Structured education and behavioral counseling programs)
- Depression
(USPSTF Recommendation: In clinical practices with systems to assure accurate diagnoses, effective treatment, and follow-up)
- Genetic counseling/evaluation for BRCA1 and BRCA2 gene mutation testing
(USPSTF Recommendation: Women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes)
- Healthy diet
(USPSTF Recommendation: Adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease)
- HIV counseling and/or safer sex practices
- Increased physical activity
- Reduction in saturated fat and cholesterol
(See "Healthy diet" above)
- Tobacco cessation
(USPSTF Recommendation: Tobacco cessation intervention for those who use tobacco; augmented pregnancy-tailored counseling to pregnant women who smoke)

- Treatment for alcohol and/or substance misuse
- Weight reduction
(USPSTF Recommendation: Intensive counseling and behavioral interventions to promote sustained weight loss for obese adults)
- Others (please specify): _____
- None of the above

2. Chemoprevention

- Aspirin
(USPSTF Recommendation: Men aged 45-79 when benefit due to reduction in MI outweighs potential harm of increase in GI bleed; Women aged 55-79 when benefit due to reduction in ischemic CVA outweighs potential harm of increase in GI bleed)
- Breast cancer prophylaxis
(USPSTF Recommendation: Women at high risk of BRCA and low risk for adverse effects of chemoprevention)
- Folic Acid
(USPSTF Recommendation: Women planning or capable of pregnancy)
- Hepatitis A vaccination
(ACIP Recommendation: All adults with one or more risk factors)
- Hepatitis B vaccination
(ACIP Recommendation: All adults with one or more risk factors)
- Human Papillomavirus (HPV) vaccination
(ACIP Recommendation: Women up to age 26 who have not been previously vaccinated or have not completed the full series)
- Influenza vaccination
(ACIP Recommendation: Annually for adults aged 19-49 with one or more risk factors; annually for all adults aged 50 years or older)
- Measles, mumps, rubella (MMR) vaccination
(ACIP Recommendation: All adults who meet the age requirements and who lack evidence of immunity)
- Meningococcal vaccination
(ACIP Recommendation: All adults with one or more risk factors)
- Pneumococcal vaccination
(ACIP Recommendation: Adults aged 19-64 with one or more risk factors; all adults aged 65 or older who lack evidence of immunity)
- Statins or other lipid-lowering medications
(USPSTF Recommendation: Middle aged and older adults with abnormal lipids who are at increased risk of coronary heart disease)
- Tetanus-diphtheria (Td) vaccination
(ACIP Recommendation: One-time dose of Tdap for adults aged 19-64, then Td booster every ten years; Td booster every ten years for adults 65 and older)

- Varicella vaccination
(ACIP Recommendation: All adults without evidence of immunity)
- Zoster vaccination
(ACIP Recommendation: All adults aged 60 and older)
- Others *(please specify)* _____
- None of the above

3. Do any of the following limit the patient's ability to engage in self-care?

- | | | | |
|---|------------------------------|-----------------------------|--|
| Psychiatric illness or cognitive impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Problems with adherence | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| Other medical conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Unsure |
| Social factors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

END OF MEDICAL RECORD REVIEW FOR THIS PATIENT

SAMPLE ONLY