

# Visit Anticipation Tool

Date: \_\_\_\_\_

MA: \_\_\_\_\_

Provider: \_\_\_\_\_

MA should review at first week of site orientation/while shadowing and fill out with dyad provider upon second week of working together. It should be reviewed and updated after 3 months of working together. For each item, please discuss **where/how** to document and/or **how** to communicate each item so your team member knows you completed the task.

\*SO: Standing orders for MAs – circle if dyad agrees to use

Adult Patients			
✓	Task	ICD 10	Where/how to document
All Adult Patients			
	Introduce self and your role		
	Have translation line ready for provider (if applicable)		
	Forms and screening questions: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stay Healthy Assessment               <ul style="list-style-type: none"> <li><input type="checkbox"/> Handout: SHA hand out or _____</li> <li><input type="checkbox"/> Leave in room for provider to discuss with patient or other: _____</li> </ul> </li> <li><input type="checkbox"/> Depression screening: PHQ-2 <b>[SO]</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> If positive, enter PHQ-9 score and inform provider</li> <li><input type="checkbox"/> If "suicide question" is positive, notify provider verbally</li> <li><input type="checkbox"/> If past score of &gt;5, rescreen in one yr</li> <li><input type="checkbox"/> If past score of &gt;10, then rescreen every visit or _____</li> </ul> </li> <li><input type="checkbox"/> Alcohol abuse screening: AUDIT-c SBIRT <b>[SO]</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> If score of ____, then WHO to BHW or _____ for SBIRT and inform provider</li> </ul> </li> <li><input type="checkbox"/> Tobacco use</li> <li><input type="checkbox"/> Prepare Advance Directive if &gt;65 yrs for provider to discuss</li> </ul>	[   ]  [   ]  [   ]  [   ]	CG  CG: PHQ temp/HPI or ____  CG: AUDIT-c template  Shx
	Vaccines: <ul style="list-style-type: none"> <li><input type="checkbox"/> TDap <b>[SO]</b></li> <li><input type="checkbox"/> Flu (during season) <b>[SO]</b></li> <li><input type="checkbox"/> Zoster if age &gt;60 yrs <b>[SO]</b></li> <li><input type="checkbox"/> Pneumonia if age &gt;65 yrs <b>[SO]</b></li> <li><input type="checkbox"/> Check Hep A/B immunity (if applicable) <b>[SO]</b></li> </ul>	[   ]	CG: IZ temp
	Screening tests for ages 50-75: <ul style="list-style-type: none"> <li><input type="checkbox"/> Colorectal cancer screening: FOBT <b>[SO]</b> or colonoscopy               <ul style="list-style-type: none"> <li>● Ask: hx of colonoscopy or Fhx of colon cancer                   <ul style="list-style-type: none"> <li><input type="checkbox"/> If No to both: order FOBT <b>[SO]</b></li> <li><input type="checkbox"/> If Yes to Fhx: inform provider by _____</li> <li><input type="checkbox"/> If Yes to colonoscopy: request record</li> <li><input type="checkbox"/> If unsure of colonoscopy date/location: order FOBT</li> </ul> </li> <li>● If ordered, but not completed:                   <ul style="list-style-type: none"> <li><input type="checkbox"/> If FOBT order &gt;3 mos., remind patient</li> <li><input type="checkbox"/> If FOBT order &gt;6 mos., needs new order</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> How to instruct/educate patient: see standing order and protocol</li> </ul>	[   ]	CG:  Orders module  scan ROI
	Ask patient: <ul style="list-style-type: none"> <li><input type="checkbox"/> Update               <ul style="list-style-type: none"> <li><input type="checkbox"/> Pharmacy info</li> <li><input type="checkbox"/> Allergies</li> </ul> </li> <li><input type="checkbox"/> Take out all medicines/administer *medication inventory</li> <li><input type="checkbox"/> Chief complaint</li> </ul>		Demographics  Med Inventory Temp

	<input type="checkbox"/> Explore more than “follow-up” response <input type="checkbox"/> No more than # ____ of reasons <input type="checkbox"/> Encourage patient to prioritize <input type="checkbox"/> Other: _____		
	Patient handouts: _____		
	Other: _____		
<b>New Establish Care Patients (all of the above, plus)</b>			
	Forms <input type="checkbox"/> Male/female health history, including family history		
	Ask where and when last care was received for: <input type="checkbox"/> PCP <input type="checkbox"/> Request records release <input type="checkbox"/> Dental care <input type="checkbox"/> Eye exam		Scan ROI
<b>Female Patients</b>			
	Screening test for ages 21-65: <input type="checkbox"/> Cervical cancer screening: Ask where, when, and results of last Pap smear <input type="checkbox"/> Request records release <input type="checkbox"/> If last Pap <3 yrs and always normal, update HCM (in CG or CDSS) <input type="checkbox"/> If last Pap >3 yrs and always normal, ask if they want to complete today or make appt for well women’s exam <input type="checkbox"/> if ever abnormal but not due for Pap, document/inform provider <input type="checkbox"/> if ever abnormal and due for Pap, ask if they want to complete today or make appt for women's well exam <input type="checkbox"/> Ask when last menses occurred and whether regular/absent <input type="checkbox"/> Ask birth control type <input type="checkbox"/> document/inform provider if not on BCM and <45 yrs		HPI or _____ Scan ROI CG  HPI or _____  HPI or _____ HPI or _____
	Screening test for ages 50-74: <input type="checkbox"/> Breast cancer screening: Ask where, when, and results of last Mammogram <input type="checkbox"/> Request records release <input type="checkbox"/> Order if >2 yrs and no history of abnormal <b>[SO]</b> <input type="checkbox"/> Inform provider if last was abnormal, ask if they want to complete today	[ ]	CG Scan ROI Order module HPI or _____
	Screening test for ages 65 and older <input type="checkbox"/> Osteoporosis screening: Ask where, when, and results of last Dexa <input type="checkbox"/> Request records release <input type="checkbox"/> Order if never done <b>[SO]</b>	[ ]	CG Scan ROI Orders module
	Female Exams: <input type="checkbox"/> Request to undress before or after provider sees patient <input type="checkbox"/> Chaperone for male providers (*see LL policy) <input type="checkbox"/> Set up: *see procedure reference guide <input type="checkbox"/> Well woman exam <input type="checkbox"/> Pelvic exam <input type="checkbox"/> Special needs: _____		
	Patient handouts: _____		
<b>Male Patients</b>			
	Male Exams: Will request to undress before or after provider sees patient for (type of exams): <input type="checkbox"/> _____ <input type="checkbox"/> _____		
	Patient handouts: _____		

## Pediatric Patients

	Task	ICD-10	Where/how to document
<b>Newborn Visit</b>			
✓	Make sure hospital discharge notes are in chart		
	Offer parents flu shot		
	Add to Birth History to EHR template: <ul style="list-style-type: none"> <li><input type="checkbox"/> Time of birth (provider unable to chart without this info entered)</li> <li><input type="checkbox"/> Birth weight</li> <li><input type="checkbox"/> Length</li> <li><input type="checkbox"/> Head circumference</li> <li><input type="checkbox"/> Discharge weight</li> <li><input type="checkbox"/> APGARS scoring at 1 and 5 minute</li> <li><input type="checkbox"/> Gestational age</li> <li><input type="checkbox"/> Method of delivery</li> <li><input type="checkbox"/> Other pertinent info                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Vitamin K, eye drops and hearing test</li> <li><input type="checkbox"/> Bilirubin level and jaundice risk</li> </ul> </li> </ul> Add to IZ template <ul style="list-style-type: none"> <li><input type="checkbox"/> Enter Hepatitis B #1 if given at hospital</li> </ul>		Birth history template
	Vital signs <ul style="list-style-type: none"> <li><input type="checkbox"/> Temperature</li> <li><input type="checkbox"/> Weight/length w/out diaper                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Calculate % weight loss, WHO to: _____ if &gt; ___%</li> </ul> </li> <li><input type="checkbox"/> Head circumference</li> </ul>		
	Possible WHO to lactation consultant (if applicable): - reasons for WHO: _____		
	Inform parents about (if applicable):: <ul style="list-style-type: none"> <li><input type="checkbox"/> Perform Edinburgh Postnatal Depression scale for mother</li> <li><input type="checkbox"/> Centering parenting</li> <li><input type="checkbox"/> Schedule circumcision (\$200)</li> <li><input type="checkbox"/> WIC referral</li> </ul>		HPI or _____
	Patient handouts: <ul style="list-style-type: none"> <li>- First 5 Newborn kit</li> <li>- NexGen's patient education material for newborns</li> </ul>		
<b>Well Child Checks</b>			
	Confirm patient is due for well child check (4 days, 2 weeks-1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 30 months, then annual)		
	Print out CAIR and compare with EHR/IZ card Verify state newborn screen result – obtain if not in chart		
	Fill out CHDP (for WCC and IZ only visits) <ul style="list-style-type: none"> <li><input type="checkbox"/> BMI%</li> <li><input type="checkbox"/> Head circumference</li> <li><input type="checkbox"/> ICD-10 code</li> </ul>		
	Screening tools and Questionnaires: <ul style="list-style-type: none"> <li><input type="checkbox"/> Stay Healthy assessment                             <ul style="list-style-type: none"> <li><input type="checkbox"/> 0-6mo, 7-12 mo, 1-2yo, 3-4 yo, 5-8 yo, 9-11 yo, 12-17 yo</li> </ul> </li> <li><input type="checkbox"/> ASQ at 9 mo, 18 mo and 30 mo (ensure correct age)</li> <li><input type="checkbox"/> MCHAT at 24 mos.</li> <li><input type="checkbox"/> PHQ-2 for &gt;11 yrs old</li> <li><input type="checkbox"/> TB risk assessment for 12 mo and 24 mo [SO]</li> </ul>	[   ]  [   ] [   ]	CG  Screening tools Screening tools PHQ temp TB risk asses temp

	<input type="checkbox"/> Sports physical : Cardiovascular questionnaire		
	Vital signs <input type="checkbox"/> Temperature <input type="checkbox"/> Head Circumference for <2 yo <input type="checkbox"/> Weight/length <input type="checkbox"/> Pulse for > 6mo <input type="checkbox"/> BP for >3 years		
	Vision screening: Snellen for >3 yo <b>[SO]</b> <input type="checkbox"/> Ages 3-6: Use shapes from 10 ft <input type="checkbox"/> Ages 7+: Use letters or E chart from 20 ft <input type="checkbox"/> If unable: _____	[ ]	CG Office diagnostics
	Hearing screening: Audiometry for >3 yo <b>[SO]</b> <input type="checkbox"/> If unable: _____	[ ]	CG Office diagnostics
	Dental care <input type="checkbox"/> Fluoride varnish for >6 mo at every visit <b>[SO]</b> <input type="checkbox"/> Give dentist information	[ ]	Office diagnostics HPI or _____?
	Order Standing lab orders for: <input type="checkbox"/> Hemoglobin >9 mos. and annually for >12 mos <b>[SO]</b> Or at every visit after 12 months?? <input type="checkbox"/> Lead at 1 and 2 yo <b>[SO]</b> <input type="checkbox"/> HIV for >12 yo <b>[SO]</b> <input type="checkbox"/> STD screening for >15 yo <b>[SO]</b>	[ ] [ ] [ ] [ ] [ ]	Orders module CG, Office diagnostics CG CG CG CG
	Have paperwork ready and filled out for WIC/school		
	Patient handouts: <input type="checkbox"/> Routine vaccine schedule at 2 wk-1 mo WCC <input type="checkbox"/> Reach Out and Read program for 6 wk – 5 yo <input type="checkbox"/> NexGen’s patient education material for appropriate age <input type="checkbox"/> Other: _____		

## Pregnant Patients

	Task	ICD-10	Where/how to document
<b>Initial Prenatal Visit</b>			
✓	Check if CHW initial assessment is complete		
	Collect urine for CT/GC and utox		
	Ensure OB panel done		
	Ask if pap smear has been done in last three years <ul style="list-style-type: none"> <li><input type="checkbox"/> If no and patient is &gt;21 years, offer exam today</li> <li><input type="checkbox"/> If yes but not done at LifeLong, complete Release of Information</li> </ul>		
	Ask if flu shot was done this year <ul style="list-style-type: none"> <li><input type="checkbox"/> If no, offer</li> <li><input type="checkbox"/> If yes, document date</li> <li><input type="checkbox"/> Inform provider if flu shot declined</li> </ul>		
	Set up: <ul style="list-style-type: none"> <li><input type="checkbox"/> Doppler for _____</li> <li><input type="checkbox"/> Ultrasound for _____</li> </ul>		
	Undress if: <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>		
	Paperwork: <ul style="list-style-type: none"> <li><input type="checkbox"/> Second trimester screening form                             <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>1<sup>st</sup> AFP form 10-13+6 weeks</b></li> <li><input type="checkbox"/> Document F number: _____</li> </ul> </li> <li><input type="checkbox"/> Dental referral</li> <li><input type="checkbox"/> _____</li> </ul>		
	Schedule appointment for second trimester CHW visit		
	Patient handouts: _____		
<b>Routine Prenatal Visit</b>			
	Set up: <ul style="list-style-type: none"> <li><input type="checkbox"/> Doppler for _____</li> <li><input type="checkbox"/> Ultrasound for _____</li> </ul>		
	Undress if: <ul style="list-style-type: none"> <li><input type="checkbox"/> _____ at _____</li> <li><input type="checkbox"/> _____ at _____</li> <li><input type="checkbox"/> _____ at _____</li> </ul>		
	Ask: <ul style="list-style-type: none"> <li><input type="checkbox"/> Fetal movement?</li> <li><input type="checkbox"/> Uterine contractions?</li> </ul>		
	Urine: <ul style="list-style-type: none"> <li><input type="checkbox"/> Every visit after 29 weeks</li> <li><input type="checkbox"/> _____</li> </ul>		
	15-20 weeks: <ul style="list-style-type: none"> <li><input type="checkbox"/> Check for 1<sup>st</sup> AFP form and pull end AFP form</li> <li><input type="checkbox"/> 2<sup>nd</sup> AFP form at 15-20 weeks</li> </ul>		
	>20 weeks: <ul style="list-style-type: none"> <li><input type="checkbox"/> Check 20-week ultrasound results</li> <li><input type="checkbox"/> CBC/2hr GTT</li> <li><input type="checkbox"/> Second trimester labs AFP #2</li> <li><input type="checkbox"/> Fax chart to hospital</li> </ul>		
	24-28 weeks: <ul style="list-style-type: none"> <li><input type="checkbox"/> GDM labs (CBC, A1C)</li> </ul>		

	<input type="checkbox"/> RH negative labs <input type="checkbox"/> Genetic counselor or amniocentesis for positive screening		
	26-28 weeks: <input type="checkbox"/> 3 <sup>rd</sup> trimester appointment with CHW <input type="checkbox"/> Hospital registration		
	35-36 weeks: <input type="checkbox"/> TDap at 3 <sup>rd</sup> trimester <input type="checkbox"/> Undress for GBS <input type="checkbox"/> Order CBC, HIV, RPR		
	36 weeks: <input type="checkbox"/> Start SDI paperwork		
	Gestational diabetes: <input type="checkbox"/> Blood sugar logs <input type="checkbox"/> Check random blood sugar <input type="checkbox"/> WHO to CCA <input type="checkbox"/> Patient handouts: _____		
	Post-partum (2 and 6 weeks): <input type="checkbox"/> Obtain hospital records <input type="checkbox"/> Edinburgh postpartum depression screening <input type="checkbox"/> Give BCM consent <input type="checkbox"/> Patient handouts: _____		

## Chronic Disease Patients

	Task	ICD-10	Where/how to document
<b>Diabetes</b>			
<input type="checkbox"/>			
	Random blood sugar <b>[SO]</b> <input type="checkbox"/> At every visit	[ ]	CG, Office diagnostics
	Hemoglobin A1C <b>[SO]</b> <input type="checkbox"/> Every 3 months if A1C above ___% <input type="checkbox"/> Every 6 months if A1C below ___%	[ ]	CG, Office diagnostics
	Order Standing order for annual labs: <input type="checkbox"/> Microalbumin/creatinine ration (urine) <b>[SO]</b> <input type="checkbox"/> GFR or Cr (blood) <b>[SO]</b> <input type="checkbox"/> Lipids (unless on statin) <b>[SO]</b>	[ ] [ ] [ ]	Orders module CG CG CG
	Immunizations <b>[SO]</b> <input type="checkbox"/> Flu <input type="checkbox"/> PPSV 13 if PPSV 23 given at <65 yo >1yr ago <input type="checkbox"/> PPSV 23 for all DM patients (19-64 yo) <input type="checkbox"/> Hep B (3 shot series if not immune)	[ ]	CG IZ template
	Eye care <b>[SO]</b> <input type="checkbox"/> Ask or look for last retinopathy screening <input type="checkbox"/> Refer to Ophthalmology for retinopathy screening if >1 year	[ ]	CG Referral template
	Foot care <b>[SO]</b> <input type="checkbox"/> Perform monofilament if >1 year <input type="checkbox"/> If positive: make podiatry appointment or make podiatry referral	[ ]	CG DM foot screen temp Referral template
	Dental care <b>[SO]</b> <input type="checkbox"/> Ask: last dental appointment <input type="checkbox"/> If not in last 6 months, provide dental contact info		CG HPI or _____
	Behavioral health: <input type="checkbox"/> If >9% then _____		
	CCA WHO: <input type="checkbox"/> For A1C >___% <input type="checkbox"/> For _____		
	Patient handouts: _____		
<b>Hypertension</b>			
	If BP >140/90, recheck after 5 minutes: <input type="checkbox"/> Check BP from last visit <input type="checkbox"/> Emptying bladder, relaxed patient, feet flat on floor		
	Order/Perform Standing order labs and diagnostics: <input type="checkbox"/> EKG <b>[SO]</b> <input type="checkbox"/> Creatinine and Potassium (blood) <b>[SO]</b> <input type="checkbox"/> Microalbumin/creatinine ration (urine) <b>[SO]</b> <input type="checkbox"/> Lipids (unless on statin) <b>[SO]</b> <input type="checkbox"/> DM screening annually <b>[SO]</b>	[ ] [ ] [ ] [ ] [ ]	CG Orders Module
	Make appointment in 2 weeks with PCP, nurse, or BP clinic		
	Patient handouts: _____		
<b>ER or Hospital Follow-up</b>			
	Obtain Medical Records		
	Assist/Anticipate: - Perform Medication Inventory and add new medications in comments and leave displayed for provider for medication list update - coordinate referrals for specialist		Med Inventory temp

	- Office diagnostics for chronic diseases - Other: _____		
<b>Pre-Operation</b>			
	Ask patient or provider for any forms that their surgeon needs PCP to sign for surgical clearance		
	If over 50 years old, do EKG (if not done in last 3 months) [SO]	[ ]	EKG
<b>Pain Management</b>			
	Make sure Pain Management Agreement is on file <input type="checkbox"/> If not new agreement and opioid/benzo risk consent ready for signing		
	Collection urine for utox <input type="checkbox"/> Send every ___ visit or if: _____	[ ]	Orders module
	CURES at every visit: Check with provider at huddle		
<b>Depression</b>			
	Rescreen for PHQ every visit		PHQ temp



### Primary Care Procedures

✓	Task	Where/how to document
	Consent form	
	Undress patient as needed	
	Set up supplies: **Review reference guide <ul style="list-style-type: none"> <li><input type="checkbox"/> Cryotherapy</li> <li><input type="checkbox"/> Punch/shave biopsy</li> <li><input type="checkbox"/> Joint knee/shoulder injections</li> <li><input type="checkbox"/> I&amp;D</li> <li><input type="checkbox"/> Suture</li> <li><input type="checkbox"/> Suture removal</li> <li><input type="checkbox"/> Splinting</li> <li><input type="checkbox"/> Toe nail removal</li> <li><input type="checkbox"/> Special needs: _____</li> </ul>	

### Ob/Gyn Procedures

✓	Task	Where/how to document
	Consent form	
	UPT	
	Undress patient as needed	
	Set up supplies: **Review reference guide <ul style="list-style-type: none"> <li><input type="checkbox"/> IUD (insertion and removal)</li> <li><input type="checkbox"/> Nexplanon (insertion and removal)</li> <li><input type="checkbox"/> Endometrial biopsy</li> <li><input type="checkbox"/> Cervical polyp removal</li> <li><input type="checkbox"/> Special needs: _____</li> </ul>	

## Common Chief Complaints

✓	Task	ICD-10	Where/how to document
Check off anticipated diagnostics that the dyad has agreed to complete at designated chief complaints.			
	<b>Fatigue:</b> <input type="checkbox"/> Complete PHQ <input type="checkbox"/> HGB <b>[SO]</b> <input type="checkbox"/> Female: UPT <b>[SO]</b> <input type="checkbox"/> _____	[ ]	PHQ template Office diagnostics Office diagnostics
	<b>Dizziness:</b> <input type="checkbox"/> Orthostatics <b>[SO]</b> <input type="checkbox"/> HGB <b>[SO]</b> <input type="checkbox"/> Female: UPT <b>[SO]</b> <input type="checkbox"/> _____	[ ] [ ]	Office diagnostics Office diagnostics
	<b>Headache:</b> <input type="checkbox"/> Snellen <b>[SO]</b>		Office diagnostics
	<b>Ear/hearing issues:</b> <input type="checkbox"/> Hearing exam <b>[SO]</b> <input type="checkbox"/> _____	[ ]	Office diagnostics
	<b>Eye/vision issues:</b> <input type="checkbox"/> Snellen <b>[SO]</b> <input type="checkbox"/> _____	[ ]	Office diagnostics
	<b>Sore throat:</b> <input type="checkbox"/> Temperature <input type="checkbox"/> Rapid strep <b>[SO]</b>	[ ]	Office diagnostics
	<b>Chest pain:</b> <input type="checkbox"/> EKG for >35 yo <b>[SO]</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____	[ ]	EKG
	<b>Cough</b> <input type="checkbox"/> O2 saturation <input type="checkbox"/> Peak flow <input type="checkbox"/> _____ <input type="checkbox"/> _____	[ ]	VS template Office diagnostics
	<b>Abdominal pain:</b> <input type="checkbox"/> Urinalysis <b>[SO]</b> <input type="checkbox"/> Female: UPT <b>[SO]</b> <input type="checkbox"/> _____	[ ]	Office diagnostics Office diagnostics
	<b>Burning with urination/incontinence:</b> <input type="checkbox"/> Urinalysis (leave for possible c/s) <b>[SO]</b> <input type="checkbox"/> _____	[ ]	Office diagnostics
	<b>Rash:</b> <input type="checkbox"/> Undress to expose area <input type="checkbox"/> _____		
	<b>Boil/abscess:</b> <input type="checkbox"/> Undress to exposure area <input type="checkbox"/> Anticipate I&D if _____		
	<b>Anal bleeding:</b> <input type="checkbox"/> Undress from waist down <input type="checkbox"/> Hematocrit card <input type="checkbox"/> Anoscope and lube <input type="checkbox"/> _____		

**Women's Health**

	<p>Breast pain:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Undress from waist up</li> <li><input type="checkbox"/> _____</li> </ul>		
	<p>Irregular period/no period:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> UPT <b>[SO]</b></li> <li><input type="checkbox"/> If positive: _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul>	[ ]	Office diagnostics
	<p>Vaginal issues:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Undress from waist down</li> <li><input type="checkbox"/> Urinalysis <b>[SO]</b></li> <li><input type="checkbox"/> Set up wet mount tray</li> <li><b>**See procedure reference**</b></li> </ul>	[ ]	Office diagnostics
	<p>Positive UPT:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have Pregnancy Verification Form and prenatal package <b>or</b></li> <li><input type="checkbox"/> TAB (therapeutic abortion) info ready</li> </ul>		
	<p>Birth control visit/contraception counseling:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Last menses</li> <li><input type="checkbox"/> Last unprotected sex</li> <li><input type="checkbox"/> Patient handouts: _____</li> </ul>		HPI or _____
	<p>Depo:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start:             <ul style="list-style-type: none"> <li><input type="checkbox"/> UPT if initiation or first follow-up injection <b>[SO]</b></li> <li><input type="checkbox"/> Date of last Depo</li> <li><input type="checkbox"/> Make next appt in 12 weeks</li> </ul> </li> <li><input type="checkbox"/> Maintenance: _____</li> </ul>	[ ]	Office diagnostics HPI or _____