### Patient Overview Document (POD)

<table>
<thead>
<tr>
<th>Patient Name: ___________________________</th>
<th>Patient Age: _____</th>
<th>Nurse/MA Name: ___________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Last Appointment With This Doctor: ______</th>
<th>Date of Phone Call: ______</th>
<th>Role of Person Spoken to: (e.g. wife)</th>
</tr>
</thead>
</table>

#### *Reasons for Visit*

- What are the things you want to talk to the doctor about?
- Is there something else you want to talk to the doctor about?

Mark this box if the physician should address or be aware of this information during the visit.

#### *Follow-up Items*

**Doctor’s Recommendations**

- Record from last clinic note.
- Ask: "Is there something else the physician asked you to do?"

**Actions Taken by Patient**

- Record from last clinic note.
- Ask the patient about progress on recommendations or how they are working.

#### *Lab/Test Results*

**Labs/Tests/Date**

- Record since last clinic note or lab review.
- Ask: "Have you had any labs or tests done outside the clinic?"

**Results**

- Check if available or note status.
- Obtain results.

#### *Visits with Other Clinicians*

**Clinicians/Date**

- Record from last note or chart review.
- Ask: "Is there anyone else you’ve seen since your last visit?"

- Have you been in the hospital or to urgent care?"

#### Home Readings

- Blood Pressure
- Blood Sugar

The Notes section can be used to write down a reminder to check on something or ask a question to the physician.

The physician may use the notes section to make a note for him or herself to ask the patient a question during the visit or to prioritize problems for the visit.

"What have your typical home readings been?"

"Any high or low values?"
## Health Overview Changes/Problems

<table>
<thead>
<tr>
<th>Attention</th>
<th>Information Available?</th>
<th>Diet</th>
<th>Exercise</th>
<th>Sleeping Habits</th>
<th>Mood/Stressors</th>
<th>Pain</th>
<th>Alcohol Use</th>
<th>Tobacco Use</th>
<th>Living Arrangements</th>
<th>Falls</th>
</tr>
</thead>
</table>

## Health Maintenance

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam</td>
<td></td>
<td></td>
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<tr>
<td>Lipid Panel</td>
<td></td>
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<tr>
<td>Colonoscopy</td>
<td></td>
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<tr>
<td>Mammogram</td>
<td></td>
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<tr>
<td>Bone Density</td>
<td></td>
<td></td>
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<tr>
<td>Vaccinations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## *Medication Changes/Problems*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dosage/Frequency:</th>
<th>Changes/Problems/Concerns:</th>
<th>Refill?</th>
</tr>
</thead>
</table>

*Record from chart. Update from patient as needed.*

"Have you had any changes in/ with your...?"

"Have you had any changes to or problems with your medications since your last visit?"

"Do you need any refills?"

Remind patient to bring in medication bottles to the visit.
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