PATIENT OVERVIEW PROCESS
Clinic Name
Dr. Name

Clinic MRN: ☐☐☐☐☐☐☐

Date of Visit: ☐☐/☐☐/☐☐

Patient Overview Document (POD)

Patient Name: _____ Patient Age: _____ Nurse/MA Name: _____

Date of Last Appointment With This Doctor: _____ Date of Phone Call: _____ Role of Person Spoken to : _____

Reasons for Visit	Patient Questions

Attention	Information Available?	Ongoing/Chronic Problems	Notes
☐	☐		

Attention	Information Available?	*Follow-up Items*	
		Doctor's Recommendations	Actions Taken by Patient
☐	☐		

Attention	Information Available?	*Lab/Test Results*	
		Labs/Tests/Date	Results
☐	☐		

Attention	Information Available?	*Visits with Other Clinicians*	
		Clinicians/Date	Descriptions of Visits
☐	☐		

Attention	Information Available?	Home Readings
☐	☐	Blood Pressure
☐	☐	Blood Sugar

Attention	Information Available?	Health Overview Changes/Problems
☐	☐	Diet
☐	☐	Exercise
☐	☐	Sleeping Habits
☐	☐	Mood/Stressors
☐	☐	Pain
☐	☐	Alcohol Use
☐	☐	Tobacco Use
☐	☐	Living Arrangements
☐	☐	Falls

Notes

Attention	Information Available?	Health Maintenance		
		Procedure	**Date**	**Results**
☐	☐	Eye Exam		
☐	☐	Lipid Panel		
☐	☐	Colonoscopy		
☐	☐	Mammogram		
☐	☐	Bone Density		
☐	☐	Vaccinations		

Attention	Information Available?	*Medication Changes/Problems*	
		Name:	**Refill?**
☐	☐	**Dosage/Frequency:** **Changes/Problems/Concerns:**	☐
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Print Form