

- Introduce yourself and identify where you are calling from.
- Explain that you are calling to collect some information for the doctor before the patient comes in for his/her appointment and that you'll be asking some questions that should take about 5 to 10 minutes. **Do not mention the research study.**
- Confirm that the patient is still coming in for their scheduled appointment.
- If the patient asks why you are collecting this information: "Your doctor would like me to collect information about your needs for the visit ahead of time which will help us take better care of you during your 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: (e.g. wife)

<p><b>*Reasons for Visit*</b></p> <p>"What are the things you want to talk to the doctor about?"</p> <p>"Is there something else you want to talk to the doctor about?"</p> <div style="border: 1px solid red; padding: 2px; margin-top: 10px;"> <p>Mark this box if the physician should address or be aware of this information during the visit.</p> </div>	<p><b>Patient Questions</b></p> <p>"What questions do you have for the doctor?"</p>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Attention</td> <td style="width: 50%; padding: 2px;">Information Available?</td> </tr> </table>	Attention	Information Available?	<p><b>Ongoing/Chronic Problems</b></p> <p style="color: green; font-size: small;">Record from last clinic note and chart review.</p>	<p><b>Notes</b></p>
Attention	Information Available?			

<input type="checkbox"/>	<input type="checkbox"/>
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Ask, "Have there been any changes in your health problems since the last visit?"

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.

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Attention	Information Available?		

<p><b>Doctor's Recommendations</b></p> <p style="color: green; font-size: small;">Record from last clinic note.</p> <p style="color: purple;">Ask: "Is there something else the physician asked you to do?"</p>	<p><b>Actions Taken by Patient</b></p> <p style="color: green; font-size: small;">Ask the patient about progress on recommendations or how they are working.</p>
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<input type="checkbox"/>	<input type="checkbox"/>
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Attention	Information Available?		

<p><b>Labs/Tests/Date</b></p> <p style="color: green; font-size: small;">Record since last clinic note or lab review. Ask: "Have you had any labs or tests done outside the clinic?" Obtain results.</p>	<p><b>Results</b></p> <p style="color: green; font-size: small;">Check if available or note status.</p>
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<input type="checkbox"/>	<input type="checkbox"/>
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Attention	Information Available?		

<p><b>Clinicians/Date</b></p> <p style="color: green; font-size: small;">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?"</p>	<p><b>Descriptions of Visits</b></p>
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<input type="checkbox"/>	<input type="checkbox"/>
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Attention	Information Available?		

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Blood Pressure .....

Blood Sugar .....

"What have your typical home readings been?"

"Any high or low values?"

Information Available?		Health Overview Changes/Problems	Notes
Attention			
<input type="checkbox"/>	<input type="checkbox"/>	Diet	"Have you had any changes in/ with your...?"
<input type="checkbox"/>	<input type="checkbox"/>	Exercise	
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Habits	
<input type="checkbox"/>	<input type="checkbox"/>	Mood/Stressors	
<input type="checkbox"/>	<input type="checkbox"/>	Pain	
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	
<input type="checkbox"/>	<input type="checkbox"/>	Living Arrangements	
<input type="checkbox"/>	<input type="checkbox"/>	Falls	

Information Available?		Health Maintenance		
Attention		Procedure	Date	Results
<input type="checkbox"/>	<input type="checkbox"/>	Eye Exam		
<input type="checkbox"/>	<input type="checkbox"/>	Lipid Panel		
<input type="checkbox"/>	<input type="checkbox"/>	Colonoscopy		
<input type="checkbox"/>	<input type="checkbox"/>	Mammogram		
<input type="checkbox"/>	<input type="checkbox"/>	Bone Density		
<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations		

Record from chart. Update from patient as needed.

Information Available?		*Medication Changes/Problems*	
Attention			Refill?
<input type="checkbox"/>	<input type="checkbox"/>	Name: Dosage/Frequency: Changes/Problems/Concerns:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Name: Dosage/Frequency: Changes/Problems/Concerns:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Name: Dosage/Frequency: Changes/Problems/Concerns:	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Name: Dosage/Frequency: Changes/Problems/Concerns:	<input type="checkbox"/>

"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.

When utilizing this document please cite:

1. Wetterneck, T. B., Lapin, J. A., Krueger, D. J., Holman, G. T., Beasley, J. W., & Karsh, B. T. (2011). Development of a primary care physician task list to evaluate clinic visit workflow. *BMJ Quality & Safety*. 21(1): 47-53. PMID: PMC3568931