

Visit Manager

____/____/____

 Name: DOB: Age: Gender: Male MedVentive ID:

 PCP: Health Plan: Commercial-Anthem Blue Cross/Blue Shield Health Plan ID:

Next Visit

Date: ____/____/____

Session: _____

Allergies: _____

Add Allergies: _____

Active Prescriptions: _____

Add Prescriptions: _____

 Current Registries: Diabetes

Add Registries: _____

Care Guideline	Target Time Frame	Target Value	Last Test Date	Last Outcome	Time Status	Outcome Status	Due Date	Scheduled Date	Date Performed	New Value	CareGuideline Overridden	Override Target Time	Override Target Outcome	P4P	Work Queue On/Off
BP Systolic	6m	<= 130	12/17/2009	118	●	●	6/17/2010				No				On
BP Diastolic	6m	<= 80	12/17/2009	70	●	●	6/17/2010				No				On
Weight	E.V.	> 0	12/17/2009	242	●	●	6/17/2010				No				On
Eye Exam	12m	N/A	5/8/2008	N/A	■	N/A	5/8/2009				No				On
Foot Exam	12m	N/A	12/17/2008	N/A	■	N/A	12/17/2009				No				On
Smoking Addressed	12m	N/A	12/17/2009	N/A	●	N/A	12/17/2010				No				On
Cholesterol	12m	> 0	12/12/2009	240	●	●	12/12/2010				No				On
HDL	12m	> 0	12/12/2009	32	●	●	12/12/2010				No				On
LDL	12m	<= 100	12/12/2009	174	●	■	12/12/2010				No				On
Triglycerides	12m	LT 150	12/12/2009	171	●	■	12/12/2010				No				On
Creatinine	12m	> 0	12/12/2009	1.36	●	●	12/12/2010				No				On
HbA1c	12m	<= 7	12/12/2009	7.7	●	■	12/12/2010				No				On
Microalbumin	12m	>= 0	12/12/2009	0.3	●	●	12/12/2010				No				On

● Compliant
 ▲ Soon to be Not Compliant,
 ▼ Soon to be Not Compliant but a follow up has been scheduled,
 ■ Not Compliant,
 ◆ Not Compliant but a follow up has been scheduled

Last Note:

Note:

Trend Graph:

Note: The Graph will be plotted only for numeric care measures.

