

PBHCI Clinical Registry Form – Nurse Care Manager and Primary Care ARNP

Patient Name (last, first, middle) _____

Client ID _____

Provider Name (last, first) _____

Visit Date _____

Site DESC HMHS

Vitals

Height _____ cm Date _____
 Weight _____ kg Date _____
 SBP/DBP _____ mmHg Date _____
 Waist Circumference normal abnormal Date _____

Date Entered into Program _____

Date of Last NOMs _____

Screened for Metabolic Syndrome Yes No

Taking Atypical Antipsychotics Yes No

Labs

Fasting plasma glucose _____ mg/dl Date of Blood Draw _____
 A1C _____ % _____
 HDL _____ mg/dl _____
 LDL _____ mg/dl _____
 Total Cholesterol _____ mg/dl _____
 Triglycerides _____ mg/dl _____

Successful 8 hour Fast?

Yes No Unknown
 Yes No Unknown
 Yes No Unknown
 Yes No Unknown
 Yes No Unknown

RESPONSES IN THIS SECTION SHOULD BE SPECIFIC TO THIS VISIT

	Yes		Yes		Yes
Provider Seen		Physical Health		Wellness	
Nurse Care Manager		Screened/Assessed		Referral	
Primary Care ARNP		Referral		Smoking cessation	
		Treatment planning		Nutrition education	
		Medication management		Healthy cooking	
		Hospitalized since last visit		Diabetes education	
Mental Health				Hypertension education	
Screened/Assessed		Substance Use		Physical activity education	
Referral		Screened/Assessed		Exercise	
Treatment planning		Referral		Yoga	
Medication management		Treatment planning		Stress management	
Hospitalized since last visit		Medication management		Illness self-management	
CBT		Hospitalized since last visit		Recovery activities	
Interpersonal Psychotherapy		Counseling		Peer support	
DBT		SBIRT		Spirituality	
CCM ¹		MI/MET ³		Medication management	
IDDT ²		Peer support		Vocational/Pre-Vocational	
		IDDT ²		Other, specify:	

	Yes	No
Medical Diagnoses		
Diabetes		
Hypertension		
Lipid Disorder		
Cardiovascular disease		
Metabolic Syndrome		
Other		

On Average, How Many Days of Exercise Per Week?

0	1	2	3	4	5	6	7
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Self-Management

Self-Management Goal Set? Yes No

Self-Management Goal Met? Yes No

Psychiatric Diagnoses

Schizophrenia	
Schizoaffective Disorder	
Psychosis NOS	
Depression	
Anxiety	
Other	

¹ Comprehensive Case Management ² Integrated Dual Diagnosis Treatment ³ Motivational Interviewing/ Motivational Enhancement Techniques