



PBHCI - Clinical Registry Tracking Form

Client Number, Client First Name, Client Last Name, Interview Date, Provider:

Primary Program:

Is the client enrolled in the In-Shape program: Yes No

Interview Type: Intake Follow Up Discharge

Was the interview conducted at this visit? Yes No

DOB: Age: Gender: Male Female

Race Check all that apply: American Indian/Alaska Native, Asian, Black / African American, Hawaiian / Pacific Islander, White, Hispanic or Latino

Primary Care Access

In the past year have you seen a primary care physician? Yes No Refused

Do you have a regular primary care physician? Yes No Refused

If you are sick (for example with a cold, diarrhea, headache, stomach ache, etc) and need treatment, do you usually get care at...(select one)? ER hospital Urgent Care Center Primary Care / Doctor Office Refused

How comfortable do you feel seeing a primary care physician with your care coordinator? Very Uncomfortable Somewhat Uncomfortable Mixed Feelings Somewhat Comfortable Very Comfortable Refused

How comfortable do you feel seeing a primary physician on your own? Very Uncomfortable Somewhat Uncomfortable Mixed Feelings Somewhat Comfortable Very Comfortable Refused

How comfortable do you feel making an appointment with a primary care physician for a regular checkup? Very Uncomfortable Somewhat Uncomfortable Mixed Feelings Somewhat Comfortable Very Comfortable Refused

How comfortable do you feel making an appointment with a primary care physician if you feel sick? Very Uncomfortable Somewhat Uncomfortable Mixed Feelings Somewhat Comfortable Very Comfortable Refused

When was the last time you made an appointment to see your primary care doctor when you were ill? Months Never Refused

When is the last time you had a regular checkup with your primary care doctor? Months Never Refused

Hospitalizations

Have you been hospitalized for a physical health problem since the last time you were at TPC? Yes No Refused

Have you been hospitalized for a mental health problem since the last time you were are TPC? Yes No Refused

Have you been hospitalized for substance use since the last time you were are TPC? Yes No Refused

Medical Screening (When you choose yes, the Medical Screening tool will open)

Does this visit include a medical screening? Yes No Refused

Medical Assessment

Health Measurements:

Systolic blood pressure mmHg Refused

Diastolic blood pressure mmHg Refused

Weight kg Refused

Height cm Refused

Waist circumference cm Refused

Did patient successfully fast for 8 hours prior to providing the blood sample?

Yes No Don't know Refused Not required at this time

Date Blood Draw: Don't Know Refused Not required at this time NA

Fasting Plasma Glucose: mg/dL Pending lab results Refused Not required at this time NA

HgBA1c: % Pending lab results Refused Not required at this time NA

Total Cholesterol: mg/dL Pending lab results Refused Not required at this time NA

HDL Cholesterol: mg/dL Pending lab results Refused Not required at this time NA

LDL Cholesterol: mg/dL Pending lab results Refused Not required at this time NA

Triglycerides: mg/dL Pending lab results Refused Not required at this time NA

Primary Care Treatment Planning (When you choose initial, a blank treatment plan will open, when you choose Update, the initial treatment plan will open)

Does this visit include physical health treatment planning? Initial Update Refused

Mental Health Screening (When you choose yes, the MH Screening tool will open)

Does this visit include a mental health screening (PHQ-9)? Yes No Refused

Baseline score to PHQ-9:

Action for PHQ-9 score:

Substance Abuse Screening (When you choose yes, the SA Screening tool will open)

Does this visit include a substance abuse screening audit? Yes No Refused

Substance Abuse Assessment

AUDIT Score: Audit score is pre-populated from the SA Assessment (40f)

Risky drinking (Women: More than 7 drinks per week OR more than 3 drinks per occasions. Men: Yes, describe: No Refused

More than 14 drinks per week OR more than 4 drinks per occasions.) **in the last 30 days?**

If yes, Advise to reduce to moderate levels? Yes No NA Refused

Assess patient's goals Yes, describe: No NA Refused

Assist with: Behavioral Intervention Yes No NA Refused

Assist with: Medication Yes No NA Refused

Add dc chng

Assist with: Referral Yes No NA Refused

Other:

Arrange follow-up Yes No NA Refused

Who: When

Illicit drug use in last 30 days? Yes, describe: No Refused

Advise to quit? Yes No NA Refused

Willing to quit? Yes, when: No NA Refused

Willing to quit timeframe Within 1 month from now Within 1-3 months from now Within 3-6 months from now > 6 months from now Refused

Assist with: Behavioral Intervention Yes No NA Refused

Assist with: Medication Yes No NA Refused

Add dc chng

Assist with: Referral Yes No NA Refused

Other:

Arrange follow-up Yes No NA Refused

Who: When

Use tobacco in last 30 days? Yes, describe: No Refused

Advise to quit? Yes No NA Refused

Willing to quit? Yes, when: No NA Refused

Willing to quit timeframe Within 1 month from now Within 1-3 months from now Within 3-6 months from now > 6 months from now Refused

Assist with: Behavioral Intervention Yes No NA Refused

Assist with: Medication Yes No NA Refused

Add dc chng

Assist with: Referral Yes No NA Refused

Other:

Arrange follow-up	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA	<input type="radio"/> Refused
	Who:	<input type="text"/>	When	<input type="text"/>
PBHCI Clinical Registry Form 40b Revised 2/9/2011	Approved by:	<input type="checkbox"/>	Signature and credentials <input type="text"/>	Date <input type="text"/>