



YUKON-KUSKOKWIM HEALTH CORPORATION

PCC Ambulatory Encounter Record

APL	DIS	Initials/Code
Primary Provider		

Date: _____
 Arrival Time: _____
 Clinic: _____
 Appt. Walk-in

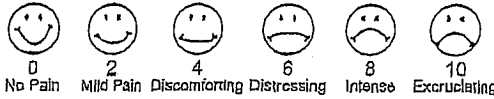
Problem List Update (Enter problem numbers from Health Summary)

Remove	Move to Inactive	Move to Active

Temp.	Pulse	Resp.
O ₂ Saturation	%	BP /
Wt. kg	Ht. cm	Head Circ. cm
Vision Uncorrected / Corrected		
R	L	

Chief Complaint:

Pain Assessment



Subjective / Objective

Patient in-room time:

Provider in-room time:

Allergies:

Reaction:

Medications:

Injury? Yes No

Cause:

Community:

Date:

ETOH Related

Employment Related

DY: Now Never Past

Referral Y N

Tobacco: None 2nd-hand

Chew Smoke Both

Thinking about quitting? Y N

Already Quit Never Used

Referral Y N

ETOH: None Rarely

Monthly Weekly Daily

Last Drink

Referral Y N

Other tests / procedures ordered:

Problem List Purpose of Visit (Print only in this section, Do not abbreviate)

A-AI-C	#

Treatment Plan
Store plan to prob. #

Remove Plan #

Medications

Treatments / Procedures

Immunizations

Order	Initials
<input checked="" type="checkbox"/> Hep B #	
Hep A #	
IPV #	
Prevnar #	
DT aP #	
Td	
MMR #	
Varicella	
Influenza	
Hib TITER	
Pedvax Hib #	
Pneumo-Vax	
PPD mm	

Patient Education:

Readiness to Learn: 1 2 3 4 5 6

Evaluation of Learning: A B C D

PATIENT INFORMATION

IR#: _____ DOB: ___/___/___
 Name: _____
Last First MI
 Address: _____
 City: _____
 State of Service: _____

Revisit/Referral to:

Date _____ Time _____

Purpose _____

Provider Signature:

Routing: White-Chert | Pink-HIS Coding | Yellow(a)-Village | Yellow(b)-Scheduler

Patient Discharge
Time

Frm#: YK00104_v1.doc
Rev. Date: 06-02-03

ANMC Tobacco Screening

ANMC Tobacco Screening Tool (Found in the little box on the PCC+ Form)

DV Now Never Past	Tobacco None 2 nd hand Chew Smoke Both	ETOH None rare month weekly daily
Referral Y N	Thinking about quitting? Y N Already Quit Never Used	Last Drink

"...the single most important step in addressing tobacco use and dependence is screening for tobacco use."
[Treating Tobacco Use And Dependence, U.S. DHHS]

The 5 A's:

Framework for Tobacco Use Intervention

The 5 A's are designed to be used with a smoker who is ready to quit

WHO	WHAT	HOW
1. CMA/LPN	ASK about tobacco use	Document it on PCC+
2. CMA/LPN	ADVISE all users to quit	Give education materials
3. CMA/LPN	ASSESS	Stage willingness to make a quit attempt. If patient is currently thinking about quitting, then circle the Y on the screening tool
4. Provider	ASSIST in quit attempt	If patient is seriously thinking about quitting, give tobacco education bookmark and refer to smoking cessation program in HED
5. HED	ARRANGE for follow-up	Know program follows-up

Doing the 5 A's at every visit reliably doubles tobacco quit rates Treating