

FOCUSED PROGRAM
FERNALD MEDICAL MONITORING PROGRAM

Mercy Check List

U.C. Code # _____

Mercy Code # _____

Date of Birth # _____

Initial

_____ Time Registered

_____ Consent Signed

_____ Blood Drawn

_____ Urine Specimen (for all adults 45 years of age and older)

_____ Height, Weight, Blood Pressure, Pulse

Dr. _____ History and Physical Examination

_____ Pap Smear (if applicable)

_____ Mammogram (if applicable) (for all women 40 years of age and older)

_____ Mammogram per Dr. _____ request

_____ Date Scheduled: _____

_____ Hemocult cards given (if adults are 45 years of age and older)

_____ Information Update (Questionnaire) completed and returned

_____ Family History form completed

_____ Reproductive History completed and returned (all women under 45)

_____ Release to send results to private MD completed

_____ Release to get test results filled out (if applicable)

_____ Did blood pressure have to be rechecked?

_____ Check out Nurse's Signature _____

_____ Check out time _____ a.m. Date: _____

FERNALD MEDICAL MONITORING PROGRAM
ONGOING MONITORING RE-EXAMINATION

Decision Table on what forms to be sent participants:

Returned Ongoing Year 1 Information Update	Returned Ongoing Year 2 Information Update	Send Ongoing Re-Examination Information Update Version	Send Female Reproductive History* Version	Send Male Reproductive History	Send Confirmation Residential History
Yes	Yes	A (salmon)	A (salmon)	No	No
No	No	B (yellow)	B (yellow)	Yes through chart 6 _____	Yes
No	Yes	B (yellow)	B (yellow)	Yes through chart 6 _____	Yes
Yes	No	C (green)	C (green)	No	No

*If female 45 years of age or younger.

If female has had a pregnancy, send Pregnancy Update.

All participants will be mailed informed consent, letter confirming their appointment date, map, instruction sheet

ONGOING MONITORING PROGRAM
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File Check List

UC ID CODE: _____

MERCY ID CODE: _____

DOB: _____

AGE: _____

FEMALE	DATE
Y N Entered into SAS	
Y N Validation (repeat forms sent)	
Y N Chart and letter reviewed by professional staff	
Y N Informed Consent signed	
Y N Information Update completed	
Y N Reproductive History Questionnaire completed (45 or under)	
Y N History & Physical Exam form	
Y N Focused Profile (CBC, Renal, Lipids)	
Y N Urine Analysis (if 45 years and older)	
Y N Pap smear	
Y N Mammogram (if 40 or older)	
Y N Hemocult given (if 45 years and older)	
Y N Hemocult returned	
Y N Letter completed and signed by physician	
Y N Results copied and mailed to participant	
Y N Results copied and mailed to physician	
Y N Satisfaction Questionnaire returned	
Y N Phone verification that letter and results received	
Y N MAM Dx	
Y N	
Y N	
Y N	

FERNALD MEDICAL MONITORING PROGRAM

Checklist for Physicians Performing Ongoing Examinations

The Ongoing Examination forms are somewhat different from the Original Examination forms. Listed below are some brief instructions on how to use these forms.

1. SUMMARY OF MEDICAL HISTORY (gold report)

The **SUMMARY OF MEDICAL HISTORY** contains a synopsis of the data in the computer database.

DIAGNOSES:

- Please confirm with the participant the **DIAGNOSES** listed in the first section with the participant. If correct, place a check in the column along the right margin. If incorrect or inaccurate, please make changes.

Information in the **DIAGNOSIS** section comes from three sources. Some was documented by the physician at the time of the Original Examination (ORIG). Other medical problems were self-reported by the participant on the Ongoing 1 (ONG1) and Ongoing 2 (ONG2) questionnaires (Year 2 and Year 3). If self-reported information duplicates the original, it will have a single red line through it and not have an ICD-9 code. When the chart goes to data entry after this examination, these duplicates will be corrected. If self-reported symptoms are listed in this section, please note a diagnosis if appropriate.

Past (Resolved) Medical Problems listed at the time of the Original Physical Examination are not included in this report. Please refer to the Original History and Examination form if you wish to review these items.

PROCEDURES:

The second section of the report lists **PROCEDURES** from the participant history. These are for your information; you do not need to confirm with the participant. Duplicate and incorrect information in the database will have been edited.

MAMMOGRAMS AND PAPS:

The third section of the report lists **MAMMOGRAMS AND PAPS** that have been done as part of the FMMP or from which we have obtained a report. Again, these are for your information only.

COMMENT:

In the "COMMENT" section of this report, the staff at the Reading Road office has written in questions, problems, comments or issues to be resolved. Please review these and write any clarifications or comments on the back of this sheet.

2. INFORMATION UPDATE (salmon, green, or yellow form)

The **INFORMATION UPDATE** is a questionnaire sent to participants at the time they schedule their Ongoing Examination. This form collects self-reported data on **NEW MEDICAL PROBLEMS, RECENT HOSPITALIZATIONS, AND RECENT SURGERIES**. Please review the information written by the participant and assist us in identifying specific diagnoses and procedures so that we may accurately code the data.

Three versions of the **INFORMATION UPDATE** have been prepared. The salmon version is for participants who have returned a questionnaire each year. The yellow version is for participants who have not returned questionnaires the past two years, and contains some additional questions to fill in missing data. The green version is for participants who returned a Year 2 (Ongoing 1) questionnaire but did not return Year 3 (Ongoing 2). The reference dates are different on each questionnaire version.

1. Review the **NEW MEDICAL PROBLEMS** (Page 2) with the participant. In the box for "Physician Use Only" specify the month and year of onset and a clear medical diagnosis that can be coded with an ICD-9 code. For date of onset, use the date of first contact with a physician regarding the symptoms.

Participants may list minor or undiagnosed symptoms in this section. Record the date of onset, but leave the "diagnosis" line blank.

2. Review the **RECENT HOSPITALIZATION AND RECENT SURGERIES** with the participant. Clarify the type of surgery so that it can be coded with a CPT code. In the "Physician Use Only" box, specify an associated diagnosis. For example, if the surgical procedure is a "prostatectomy", the appropriate diagnosis may be "BPH" or "prostate cancer". The coders will verify that this diagnosis has been included in the master list.

If more than one hospitalization or surgery has occurred during the past year, the participant should have completed a supplemental form.

3. Current medications and health habits (alcohol and tobacco) are self-reported on pgs 4 and 5. Review for your information, but do not change any of the self-reported information. If the participant gives you new or different information, write it next to the self-reported along with your initials.

ONGOING HISTORY AND PHYSICAL EXAMINATION FORM

(salmon form)

The REVIEW OF SYSTEMS and MEDICATION ALLERGIES/IMMUNIZATIONS are similar to the Original Examination form.

The PHYSICAL EXAMINATION section has been designed to be more standardized. Each section has a number of "physical findings statements" that may be checked as appropriate as well as an "other" section. You may check all statements that apply, both "normal" and "additional" findings. The numbers by the statements are code numbers for physical findings. "Other" findings will be coded by the coders.

The SUMMARY WORKSHEET has been re-designed.

1. Check as many STANDARD RECOMMENDATIONS (A2) as applicable; they will be included in your letter to the participant.
2. The sections for summarizing findings based on ROS (A3), PHYSICAL EXAM (A4), and LABORATORY AND TEST RESULTS (A5) are similar. Either check that all findings were normal, or list abnormalities. If appropriate, check "follow up by PMD (primary MD)" and/or list recommendations. Under "Diagnosis/Outcome" you may list a presumptive diagnosis (either after the exam or later, after you review test results.) "Outcome" also may be noted by FMMP program personnel after follow-up.
3. The FMMP program nurse (Sandy Sahnd) routinely does follow-up on abnormal findings and test results. She contacts participants, encourages them to follow through with the physician recommendations, and ascertains a final diagnosis.

In the NURSE EMPHASIS (A6) section list:

- 1) Abnormal findings for which you wish to be notified of the results of follow-up. Circle "Y" (yes) for "Do you want feedback on the Outcome."
- 2) Symptoms or abnormal findings that you feel will be neglected by the participant without a special emphasis on follow-up by the nurse.

You're finished!

mdprot.ong3