



APPLECARE
MEDICAL MANAGEMENT
What's Best for You

Report Date: MM/DD/YYYY

Annual Patient Assessment

Patient: Apple, Victoria

PCP: Aceves, Jose

Address: 6131 Orangethorpe Ave, Buena Park, CA 90620

Phone: (714) 443-4400

MRN: 1234

Gender: F

Plan: Secure Horizons SF Reg

DOB: 3/26/1936

Medicare Flags:

PRIOR CHRONIC CONDITIONS NOT YET REPORTED THIS YEAR

All confirmed diagnoses must be documented in the progress note.

ICD-9	Description	Date last reported	Last reported by	Can you confirm this diagnosis?		Date diagnosed?
250.42	Diabetes mellitus w/ renal manifestations	3/8/2010	Aceves, Jose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EXT	Diabetes mellitus w/ neurologic or other manifestations	6/13/2009	EXT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
250.50	Diabetes mellitus w/ ophthalmic manifestations	4/11/2010	Aceves, Jose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
780.31	General symptoms - Febrile convulsions (simple), unspecified	5/29/2009	Aceves, Jose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
362.02	Proliferative diabetic retinopathy	4/11/2010	Aceves, Jose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
585.2	Chronic kidney disease (CKD), stage II	3/8/2010	Aceves, Jose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SUSPECT CONDITIONS YOUR PATIENT MAY HAVE

Please review and determine if your patient has the following suspected chronic conditions.

ICD-9	Description	Can you confirm this diagnosis?		Date diagnosed?
304.00	Drug dependence - Opioid type dependence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
304.10	Drug dependence - Sedative, hypnotic or anxiolytic dependence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
332.0	Parkinson's disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
428.0	Heart failure - Congestive heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
412	Old myocardial infarction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
413.9	Angina pectoris - Other and unspecified angina pectoris	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ADDITIONAL DIAGNOSES

Please list any additional diagnoses your patient may have.

ICD-9	Description	Date diagnosed?

CMS 5 STAR QUALITY MEASURES

Our records indicate this patient is due for the following measures.

Measure	Guideline
Controlling Blood Pressure - CBP	Control hypertension <140/80
Flu Shots - FSO	All patients >65
LDL-C Control (<100 mg/dL)	LDL-C test and control <100 mg/dL
Osteoporosis Testing - OTO	Perform bone density test and educate all female patients >65
Pneumonia Vaccine - PNU	All patients >65

This form provides you with diagnoses that help determine your patient's health status. It is not intended to guide or replace your clinical assessment.

Fax to: (714) 276-0125 or Mail to: AppleCare - HCC Dept. 6131 Orangethorpe Ave, Suite 280 Buena Park, CA 90620

Progress Note Must Be Submitted With Each Completed Assessment