



**Navy Medicine Guide
for
Entering Consult Results (CLR)
in
Armed Forces Longitudinal Technology
Application (AHLTA)
via TelCons**

1. Implementation of the next generation of TRICARE contracts (T-3) will change how consultations/referrals are processed. The tracking, managing and obtaining results commonly referred to as Clear and Legible Reports (CLRs) for referrals to network providers is now the

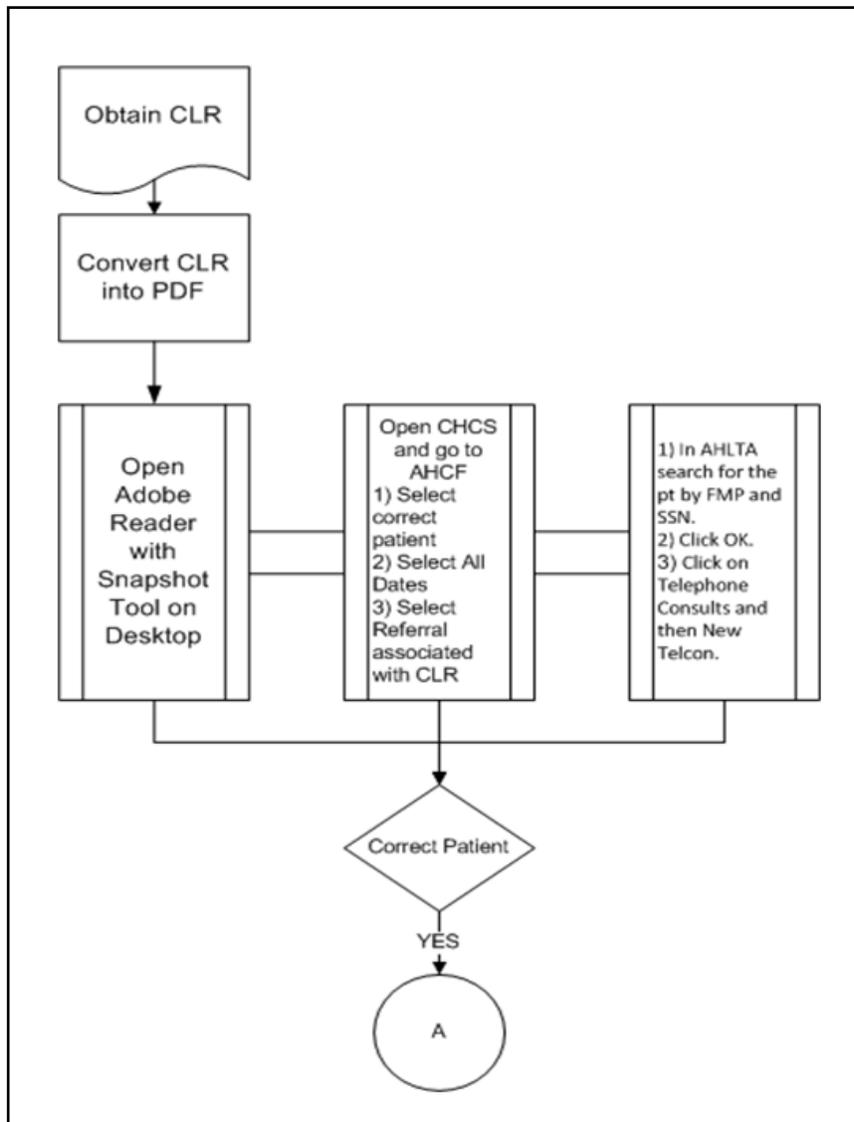


Figure 1. RMC Initial CLR Process

responsibility of the respective Medical Treatment Facility (MTF). This guide was developed to provide Navy MTFs with suggested processes and business solutions to merge CLRs into the patient's electronic medical record (AHLTA). The methodology and procedure leverages our existing and new technologies and systems to provide the Referral Management Centers (RMCs) with an integrated systems solution. This guide includes screenshots with directions for each step that must be completed by the Referral Management Center (RMC) personnel and referring provider to successfully (1) enter, (2) review and (3) close-out CLRs.

2. The ability to successful merge CLRs into AHLTA requires the use of Adobe Reader with the Snapshot tool as well as CHCS. CLRs received from network providers must be saved as a PDF to allow the results to be loaded into the proper patient's AHLTA record. Figure 1, RMC Initial CLR Process, to the left represents the initial process to store CLRs in the electronic health record. Extreme caution must be exercised to ensure the CLRs are loaded into the correct beneficiaries' record.

3. Figure 2 (below), RMC Primary CLR Process, depicts the primary process of an RMC staff member generating a new TelCon and adding the CLR results into the new TelCon. The process includes an automated process that alerts the referring provider that a TelCon is required to be reviewed.

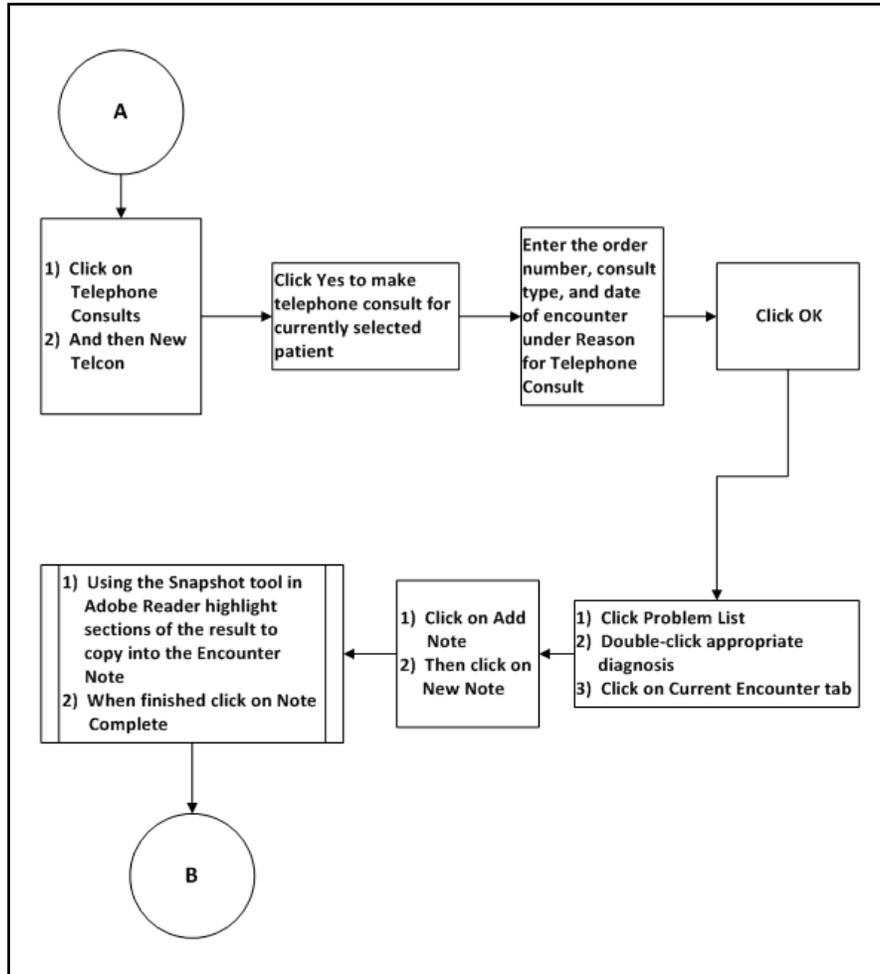


Figure 2. RMC Primary CLR Process

4. Figure 3, RMC Final Stage, represents the final actions required by the RMC to open Adobe Reader to highlight the appropriate CLR and copy into the “Encounter Note.” The steps that follow include the following:

- Click note complete and click on sign
- Check the cosigner required box
- Click on search, search for the appropriate provider and “double-click” on the provider

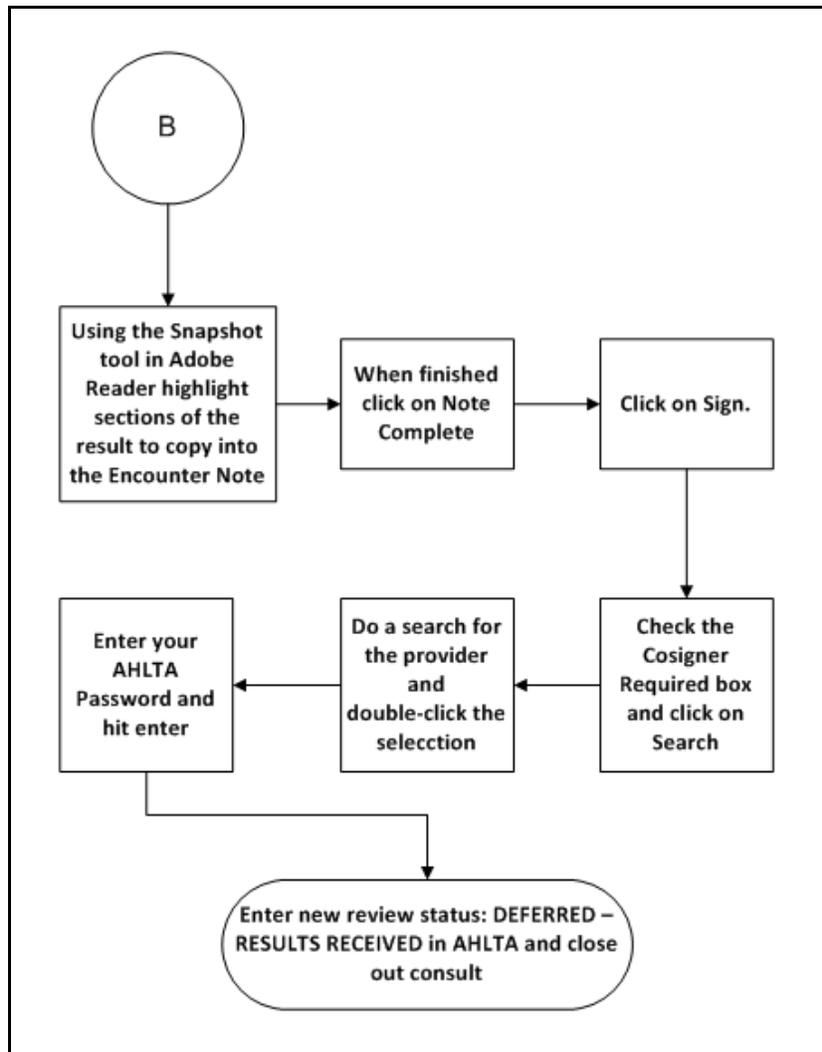


Figure 3. RMC Final Stage

After these steps are completed the RMC staff member generating the new TelCon and entering the CLR results will need to enter their respective AHLTA password and hit enter. The final step for the RMC staff member is to enter a new review status, “Deferred-Results Received in AHLTA” and close-out the consult. The TelCon will be forwarded to the appropriate provider for review.

5. Figure 4, Provider TelCon/CLR Review, represents the actions required by the referring provider to complete the referral process. At this point he/she will review and “close-out” the TelCon which resulted from the (1) initial deferral of the beneficiary to the network and (2) the subsequent return of results, (3) storage of results in AHLTA, and (4) review by the referring provider.

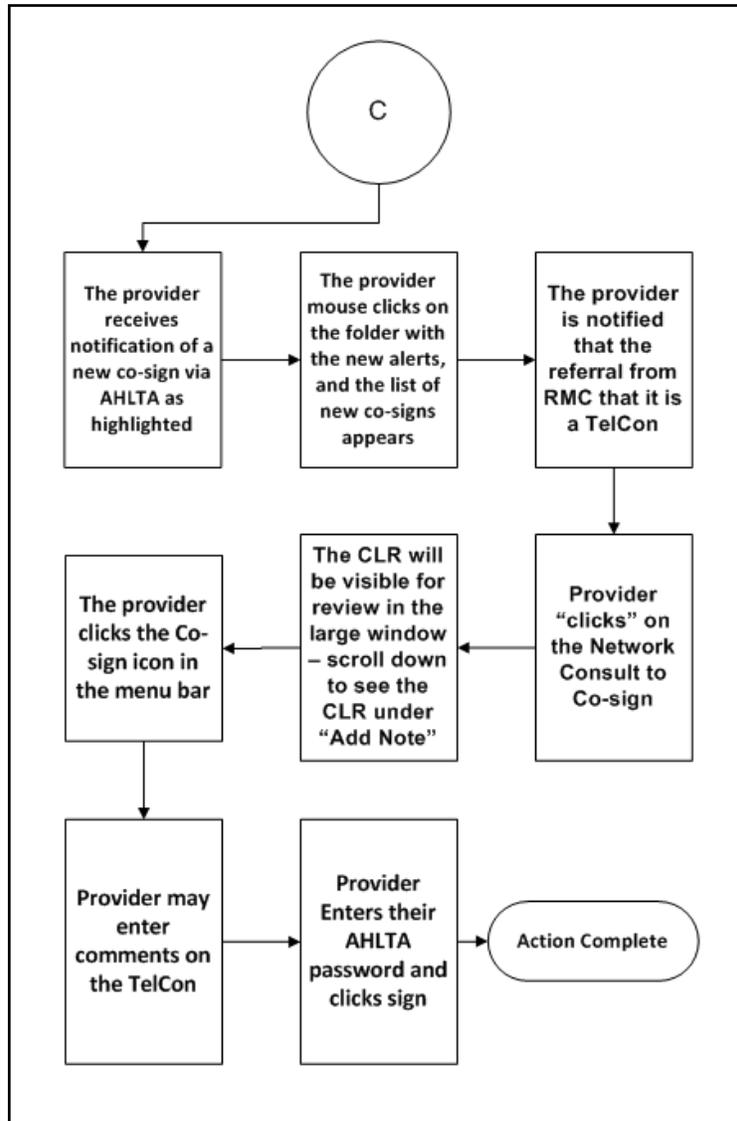
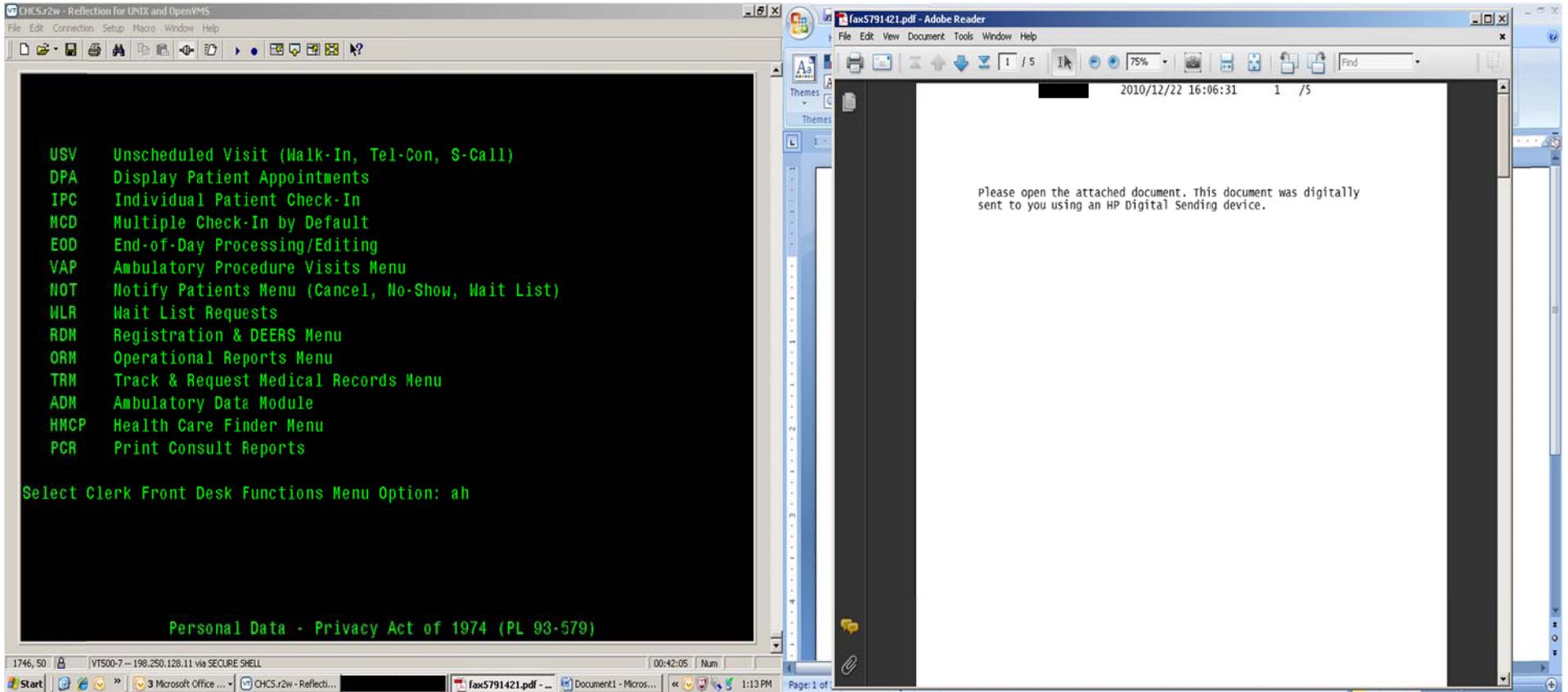


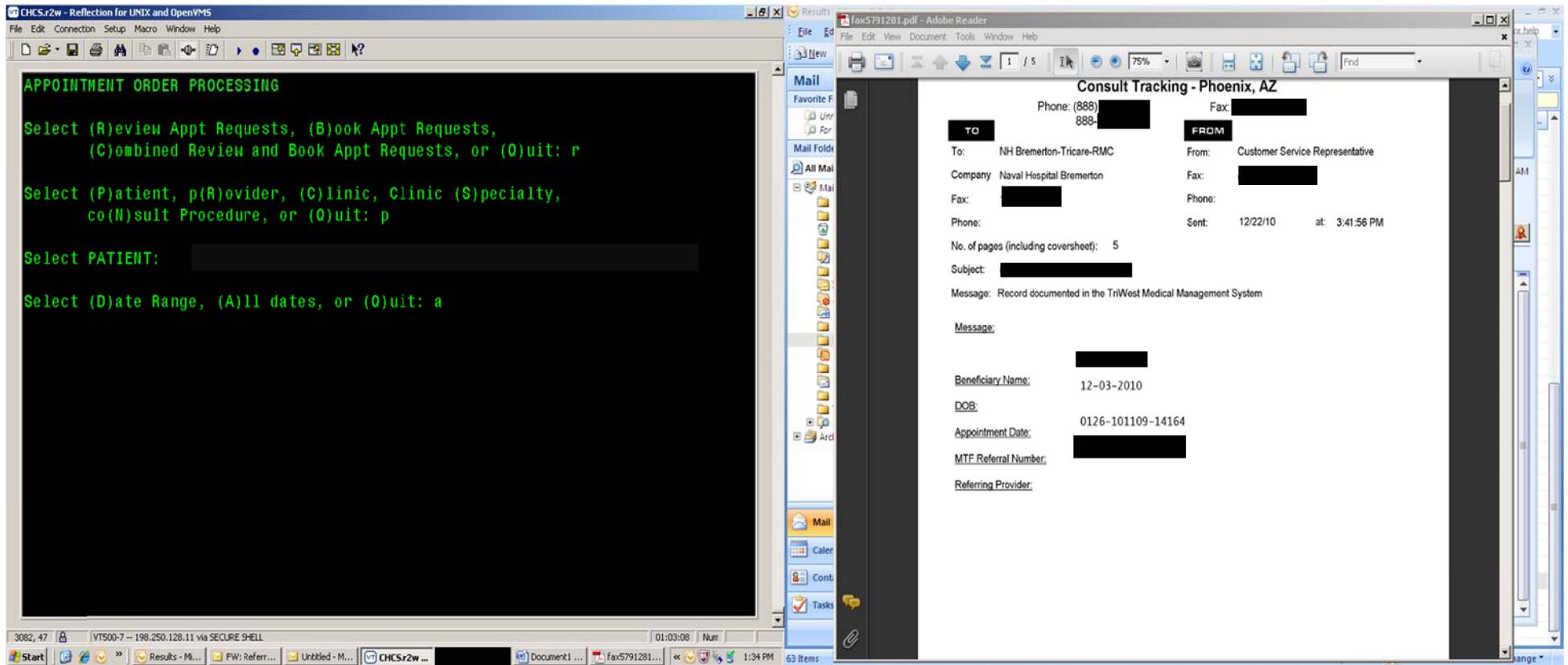
Figure 4. Provider TelCon/CLR Review

6. The snapshots that follow include step-by-step views of the process that should serve to train those (1) staff members in the RMC as well as (2) the providers rendering care within the MTF.

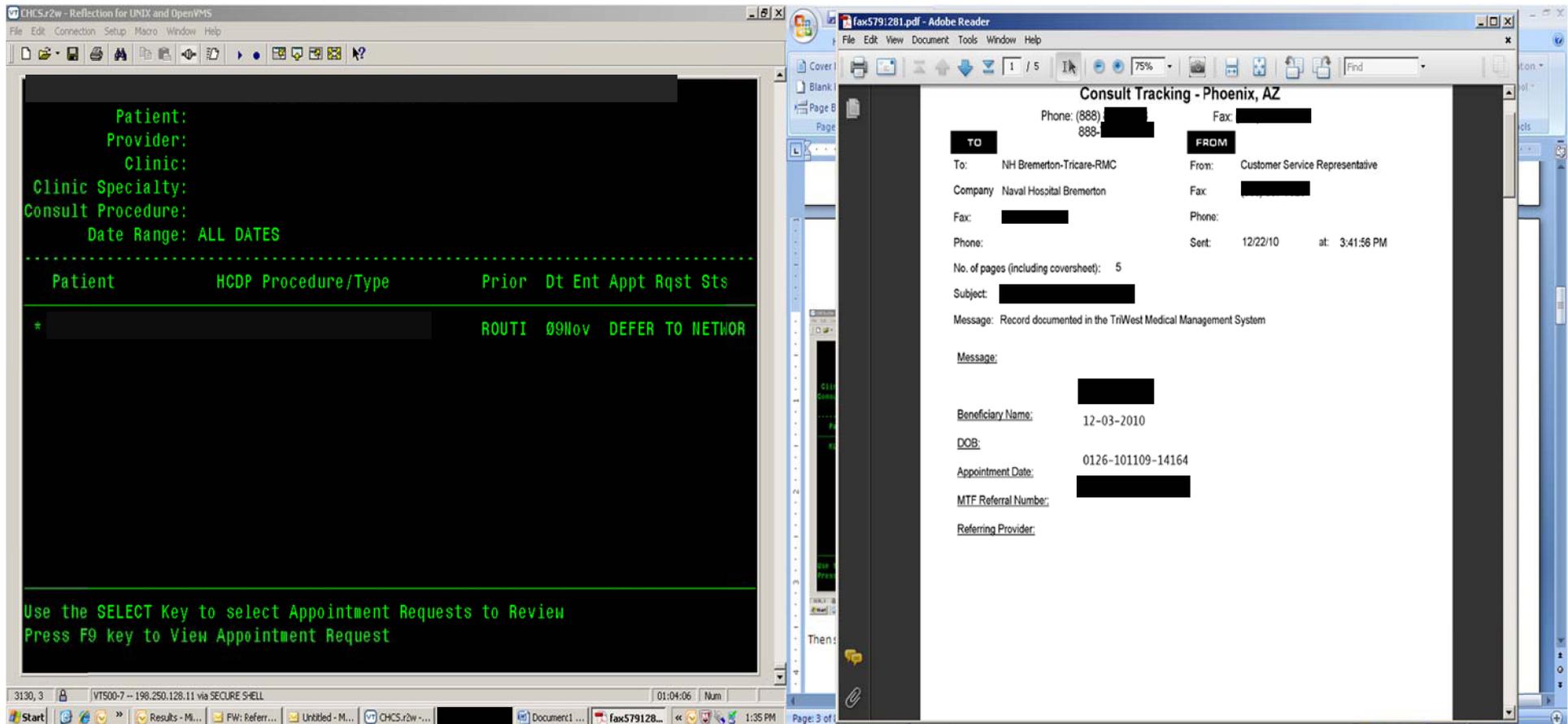
Functions performed by the Referral Management Office:



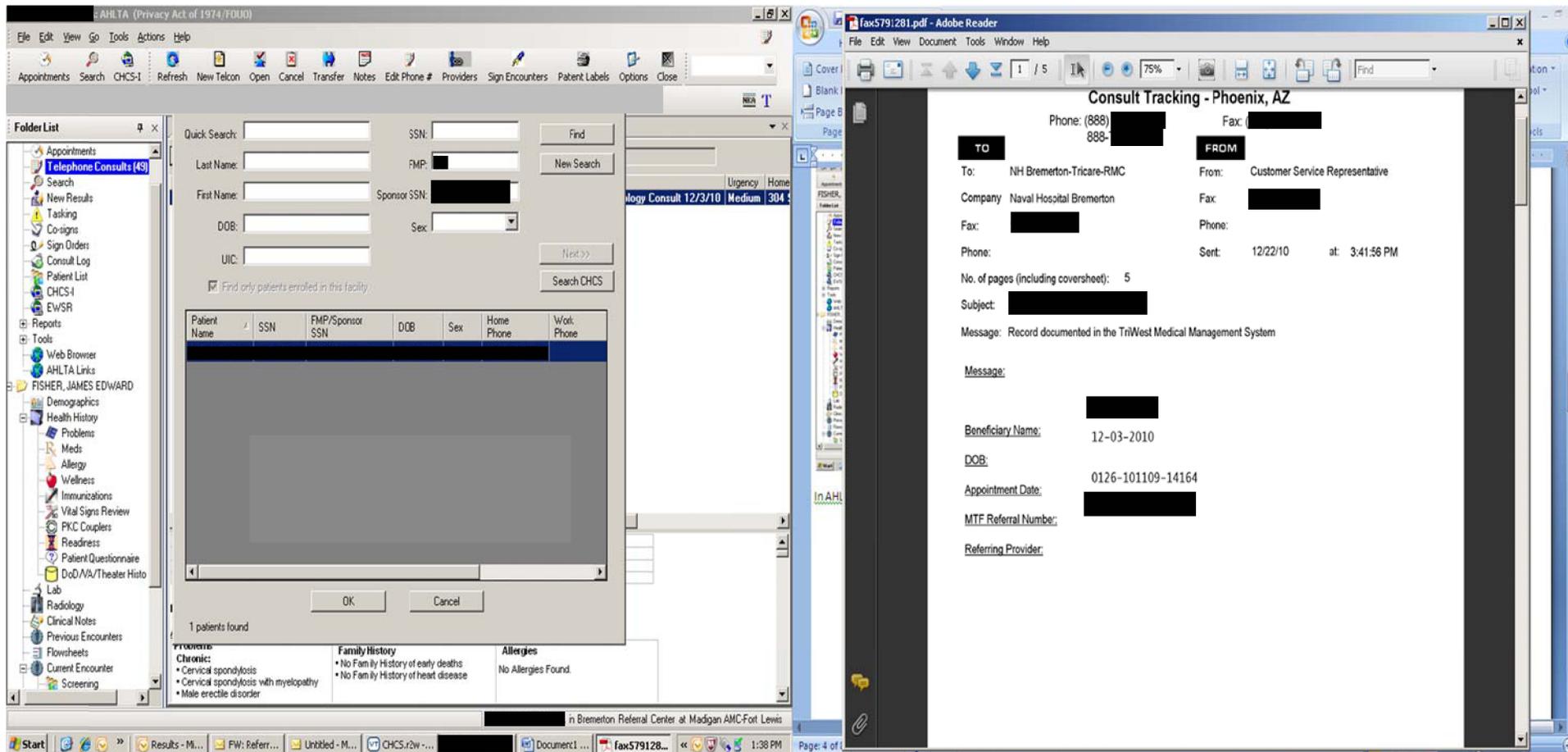
Open the PDF result and go to AHCF in CHCS.



Select appropriate patient. Select All dates.



Then select the referral associated with the result.



In AHLTA search for the pt by FMP and SSN. Click OK.

The screenshot shows a medical software interface with two main windows open.

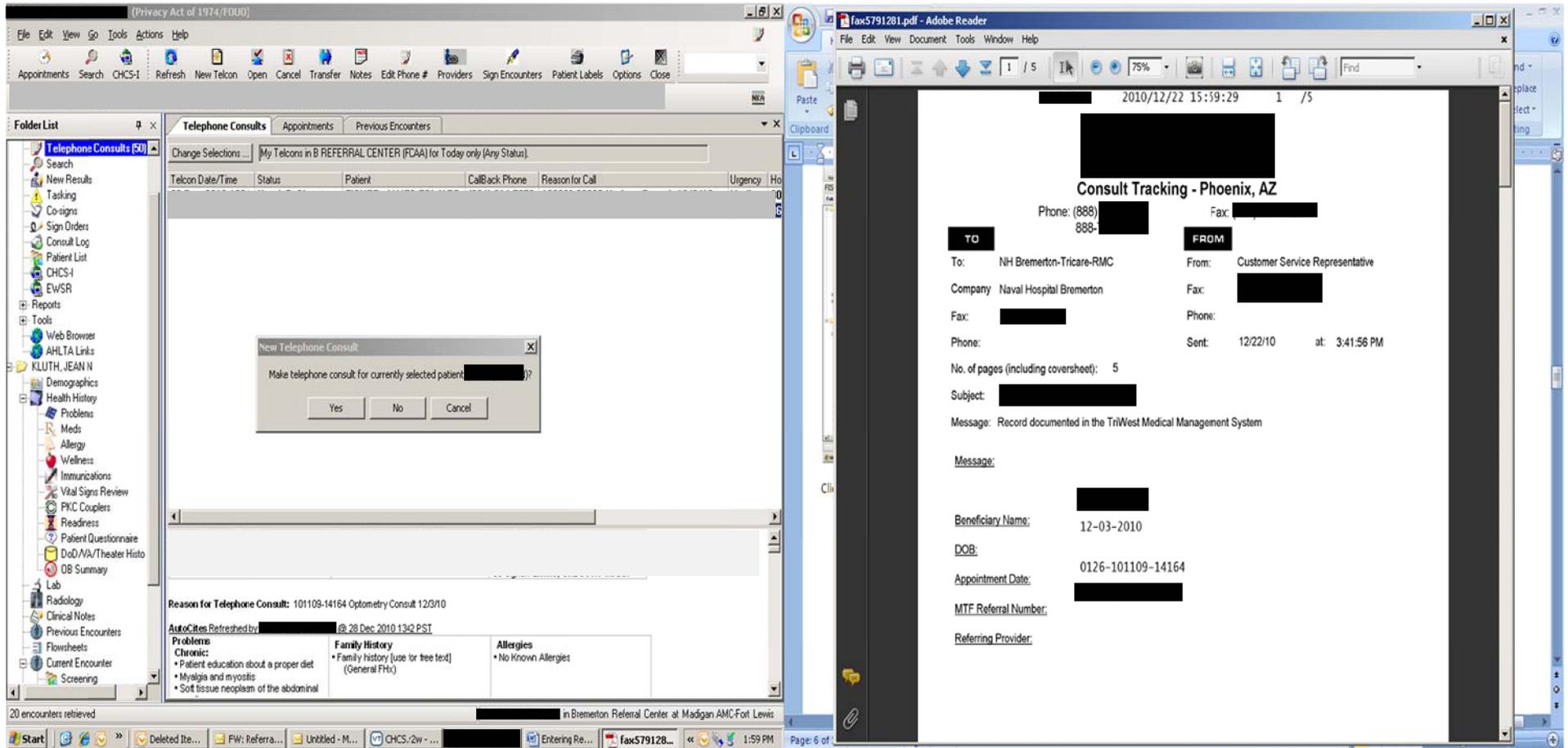
Telephone Consults Window:

- Folder List:** A tree view on the left includes categories like 'Telephone Consults (30)', 'New Results', 'Tasking', 'Co-signs', 'Sign Orders', 'Consult Log', 'Patient List', 'CHCS-I', 'EWSR', 'Reports', 'Tools', 'Web Browser', 'AHLTA Links', 'KLUTH, JEAN N', 'Demographics', 'Health History', 'Problems', 'Meds', 'Allergy', 'Wellness', 'Immunizations', 'Vital Signs Review', 'PKC Couplers', 'Readiness', 'Patient Questionnaire', 'DoD/VA/Theater Histo', 'OB Summary', 'Lab', 'Radiology', 'Clinical Notes', 'Previous Encounters', 'Flowsheets', 'Current Encounter', and 'Screening'.
- Table:** A table with columns: 'Telcon Date/Time', 'Status', 'Patient', 'CallBack Phone', 'Reason for Call', and 'Urgency'. The filter text above the table is 'My Telcons in 8 REFERRAL CENTER (FCAA) for Today only (Any Status)'.
- Reason for Telephone Consult:** 101109-14164 Optometry Consult 12/3/10
- AutoCites Refreshed by:** [Redacted] @ 28 Dec 2010 1342 PST
- Problems:**
 - Chronic:
 - Patient education about a proper diet
 - Myalgia and myositis
 - Soft tissue neoplasm of the abdominal
- Family History:**
 - Family history [use for free text] (General Fhx)
- Allergies:**
 - No Known Allergies

Adobe Reader Window:

- Title:** Fax5791281.pdf - Adobe Reader
- Date/Time:** 2010/12/22 15:59:29 1 / 5
- Subject:** Consult Tracking - Phoenix, AZ
- Phone:** (888) [Redacted] Fax: [Redacted]
- TO:** NH Bremerton-Tricare-RMC
- FROM:** Customer Service Representative
- Company:** Naval Hospital Bremerton
- Fax:** [Redacted]
- Phone:** [Redacted]
- Sent:** 12/22/10 at 3:41:56 PM
- No. of pages (including coversheet):** 5
- Subject:** [Redacted]
- Message:** Record documented in the TriWest Medical Management System
- Message:** [Redacted]
- Beneficiary Name:** 12-03-2010
- DOB:** 0126-101109-14164
- Appointment Date:** [Redacted]
- MTF Referral Number:** [Redacted]
- Referring Provider:** [Redacted]

Click on Telephone Consults and then New Telcon.



Click Yes to make telephone consult for currently selected patient.

The screenshot displays a medical software interface with a 'New Telcon' dialog box open. The dialog box contains the following fields:

- H:** (360)830-9518
- W:** [Redacted]
- Clinic:** B REFERRAL CENTER(FCAA)
- Assigned Owner:** [Redacted]
- Call Back Number:** [Redacted]
- Reason for Telephone Consult:** 01109-14164 Optometry Consult 12/3/10
- Urgency:** Radio buttons for High, Medium, and Low.

Below the dialog box, the main window shows patient information and a 'Reason for Telephone Consult' field containing '100922-02822 Urology Consult 12/3/10'. The patient's name is redacted. The interface also shows a folder list on the left and a taskbar at the bottom.

Overlaid on the right side of the screenshot is a PDF document from Adobe Reader. The document is a fax received on 2010 12 22 12:13:25. The header includes 'TIME RECEIVED', 'REMOTE CSTID', 'DURATION', 'PAGES', and 'STATUS'. The body of the document contains handwritten medical notes:

DATE

12/3/10 Oct 2002, 1:32 pm
 20, 23 NOT 1:19
 Pt here today for pt. who 4th AMH UT and elevated INR -
 assessed full BE on 11-8-10.
 No A in med/sys. health. recent BSL: - MA, pt doesn't check
 last time 1 mo ago.
 Seeing RP today.
 W: 24-2 OD: GIIT borderline of step
 PSD 1-21. good reliability.
 OS: GIIT borderline of step
 PSD 1-33. Good reliability.
 OJT: OJT. Fill RNFs in all quadrants. aug 9-32
 OS: Inf. border line RNFs. Fill in all other quad. aug 9-32

Enter the order number, consult type, and date of encounter under Reason for Telephone Consult. Click OK.

(Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-1 Save AP Forward Task Sign Templates Mgt Cancel Close

Folder List

- Telephone Consults (50)
 - Search
 - New Results
 - Tasking
 - Co-signs
 - Sign Orders
 - Consult Log
 - Patient List
 - CHCS-1
 - EWSR
- Reports
- Tools
 - Web Browser
 - AHLTA Links
 - KLUTH, JEAN V
 - Demographics
 - Health History
 - Problems
 - Medis
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Review
 - PKC Couplers
 - Readiness
 - Patient Questionnaire
 - Doc/VA/Theater Histo
 - OB Summary
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encounters
 - Flowheets
 - Current Encounter
 - Screening

Telephone Consults Appointments Current Encounter **Telcon Entry**

H: [REDACTED] Call Back Number Clinic [REDACTED] Assigned Owner [REDACTED] Urgency: High Medium Low

W: [REDACTED] REFERRAL CENTE

Note

Follow Up

With PCM When [] For Tx []

PRN In Clinic []

Discussed

All Items Discussed Potential Side Effects

Diagnosis Medication(s)/Treatment(s) Alternatives

[] indicated understanding

Admin

Meets Outpt Vrit Criteria (Workload)? No ?

E & M: 9949: Nurse Telephone Triage/Advice

Disposition

Referred for Appointment

Comments (not written to encounter)

Diagnoses

ICD	Diagnosis
788.33	Urge and stress incontinence
618.00	Cystocele
250.00	Diabetes mellitus
530.81	Esophageal reflux
786.09	Snoring

Agd Remove

Priority	ICD	Diagnosis	Chronic/Acute	Type
1	250.00	Diabetes mellitus	Chronic	Follow-Up

A in Bremerton Referral Center at Madigan AMC Fort Lewis

fax5791281.pdf - Adobe Reader

File Edit View Document Tools Window Help

2 / 5 75%

TIME RECEIVED 2010 12 22 12:13:26 GMT-07:00 REMOTE CSID [REDACTED] DURATION 118 PAGES 5 STATUS Received

FROM: THE USUAL CONNECTION FAX NO: 360 377 3642 Dec. 22 2010 11:11:41 P1

[REDACTED]

DATE	Notes
12/3/10	Oct 20, 2010, 1:19-5:19 PM 20, 23 OCT 1:19 Pt here today for glc w/ly 4th amh 47 and educated w/pt - assess & full PE on 11-8-10. No A in med/sys health. recent BSL - MA, pt doesn't check, last time 1 mo ago. Seeing PUP today.
	W: 24-2' OD: GHT borderline, 0 step PSY 1-21. good reliability. OS: GHT borderline, distup PSY 1-33. Good reliability
	OGT: 07: Full RNF in all quadrants - aug 92-32 OS: Inf. borderline RNF - full in all other quad aug 89, 92
	no A. full connect d/c. hly elevated 100 + normal Glt

Click Problem List, double-click appropriate diagnosis. Click on Current Encounter tab.

(Privacy Act of 1974/FOIA)

File Edit View Go Tools Actions Help

Appointments Search CHCS-1 Refresh Providers Template Mgt Forward Task Screen Wikis SO Drawing A/P Disposition Add Note Sign Save As Template Options Close

Folder List Select the desired Note from the list below or click 'New' to create a new Note.

Telepl Search New R Tasking Co-sign Sign Or Consult Patient CHCS-1 EWSR Reports Tools Web Browser AHLTA Links KLUTH, JEAN V Demographics Health History Problems Meds Allergy Wellness Immunizations Vital Signs Review PKC Couplers Readiness Patient Questionnaire DoD/NA/Theater Histo UB Summary Lab Radiology Clinical Notes Previous Encounters Flowheets Current Encounters Screening

Note# Category Title Date Author

[No Notes Found]

New Note Edit Note Delete Close

Treatment Facility: NH Bremerton
Clinic: B REFERRAL CENTER

Allergies
• No Known Allergies

• Myalgia and myositis
• Soft tissue neoplasm of the abdominal wall
• Urge and stress incontinence
• Cystocele
• Diabetes mellitus
• Esophageal reflux
• Snoring
• Constipation
• Depression
• Hypertension
• Knee joint pain
• Ankle joint pain
• Swelling of the ankles
• Lower back pain
• Hyperlipidemia
• Preventive medicine newpatient evaluation adult 40-64

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
Tolterodine Tartrate 2mg, Extended release capsule, Oral	Active	T1 CAP PO DAILY FOR OVERACTIVE BLADDER	3 of 3	07 Dec 2010
SITAGLIPTIN PHOS/METFORMIN HCL, 500MG, TABLET, ORAL	Active	T1 TAB PO BID #180 RFS	2 of 3	06 Dec 2010
Lancet s, Thin Device Not Specified Miscellaneous	Active	TEST TID	3 of 3	05 Nov 2010
Blood Sugar Diagnostic, (Precision Xtra), Strip	Active	TEST TID	3 of 3	05 Nov 2010
ATORVASTATIN CALCIUM, 20 MG, TABLET, ORAL	Active	T1 TB PO QPM FOR HIGH CHOLESTEROL #50 RFS	1 of 3	08 Oct 2010
LISINAPRIL, 20 MG, TABLET, ORAL	Active	T1 TAB PO DAILY # 1 of 3 BLOOD PRESSURE #90 RFS	1 of 3	23 Sep 2010
Albuterol Sul fate 90mcg, Aerosol powder, Inhalation, HFA	Active	INHALE 2 PUFFS Q4H PMS FOR WHEEZING OR SHORTNESS OF BREATH #1	3 of 3	16 Aug 2010

Encounter MAMC2317345 A/P section was saved. A in Bremerton Referral Center at Madigan AMC-Fort Lewis

Start Results - M... FW: Referr... Untitled - M... CHCS.r2w... Document1... fax579128... 1:44 PM Page 9 of 9

fax5791281.pdf - Adobe Reader

File Edit View Document Tools Window Help

2 / 5 75%

INBOUND: INTERFACED FROM: FAX RECEIVED SUCCESSFUL

TIME RECEIVED 2010 12 22 12:13:26 GMT-07:00 REMOTE CSID [REDACTED] DURATION 118 PAGES 5 STATUS Received

FROM: THE USUAL CONNECTION FAX NO. [REDACTED] Dec. 22 2010 11:11:41 P1

[REDACTED]

DATE

12/31/10 Oct, 2010, 17-T 1:32-pm
20, 23 Nov 1:19

Pt here today for glk w/in 46 amw clp and educated w/pt assessed & full PE on 11-8-10.

No A in med/sys. health. Recent BSL: - MA, pt doesn't check last time 1 mo ago. Seeing PEP today.

W: 24-2' OD: GHT border/line. 9 step
PS17 1:21. good reliability.

OS: GHT border/line. distup
PS17 1:33. Good reliability

OUT: 07: Fill RNFL in all quadrants. aug 92.32
OS: Ind. border/line RNFL. Fill in all other quad aug 89.72

no A. G. L. connect d/o. kb elevated 100 + amw clp

Click on Add Note then New Note.

The screenshot shows a medical software interface on the left and an Adobe Reader window on the right. The Adobe Reader window displays a document titled "PROCESS NOTES" with handwritten medical notes and a table of medication refills.

Facility: MH Bremerton
Clinic: B REFERRAL CENTER

Allergies:
 • No Known Allergies

	Refills Left	Last Filled
FOR	3 of 3	07 Dec 2010
ER	2 of 3	05 Dec 2010
80 PF3	2 of 3	05 Nov 2010
	3 of 3	05 Nov 2010
	3 of 3	05 Nov 2010
HIGH	1 of 3	08 Oct 2010
PF3	1 of 3	23 Sep 2010
F	3 of 3	16 Aug 2010
4H PPN3	3 of 3	16 Aug 2010
ATH #1		

PROCESS NOTES

DATE

12/3/10 Oct ~~17-19~~ 17-19 11:32-2pm
 20, 23 NOV 1:19

Pt here today for glc w/pt d/c avxh 4/7 and elevated IOP at-
 assessed. Will BE on 11-8-10.

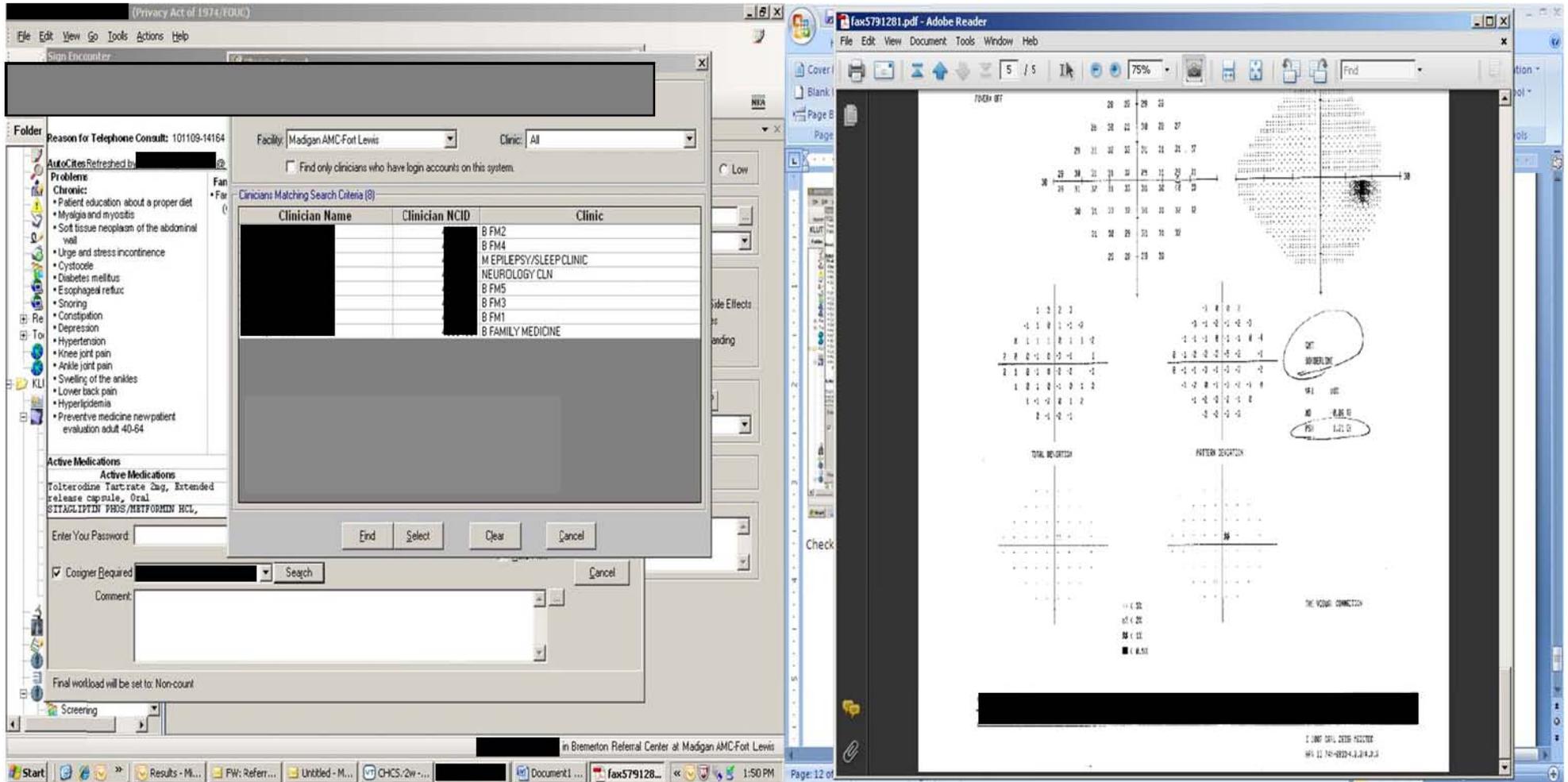
No A in med/s. health. recent BSL: -Mx, pt doesn't check,
 last time 1 mo ago.
 Seeing PUP today.

VF: 24-2: OD: GHT borderline of step
 PSD 1-21. good reliability.
 OS: GHT borderline of step
 PSD 1-33 Good reliability

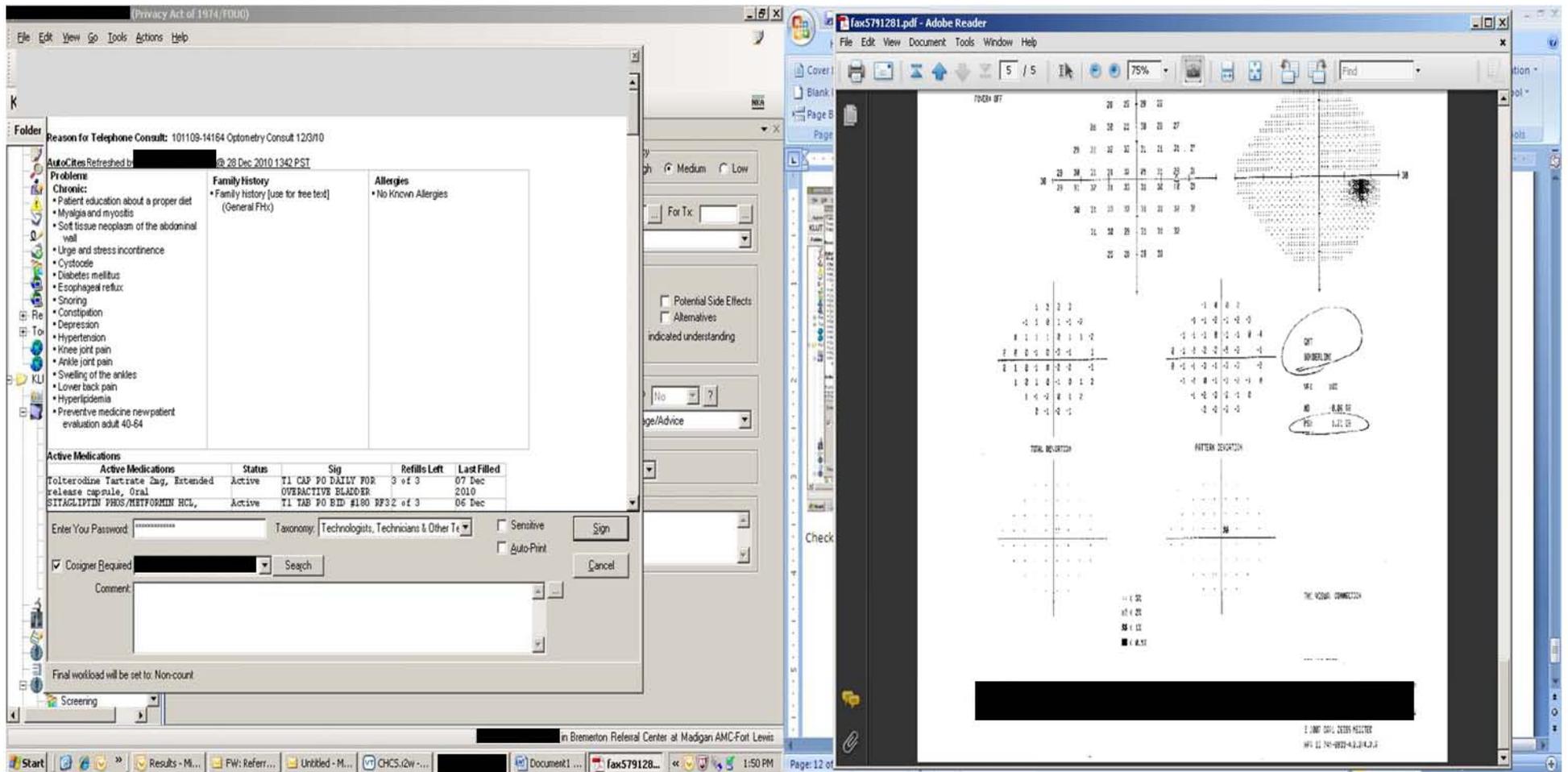
OUT: OD: Fill KAPE in all quadrants. aug 92.32
 OS: inf. borderline KAPE. fill in all other quad. aug 89.32

Qual. of 24-24
 dx: (1) Glc suspect d/c h/o elevated IOP + avxh 4/7.
 tx: (1) Mtr lvr. 2 OCT and thresh VF.
 Full BE in 11/2011. No tx indicated @ this time.
 better back to PUP.

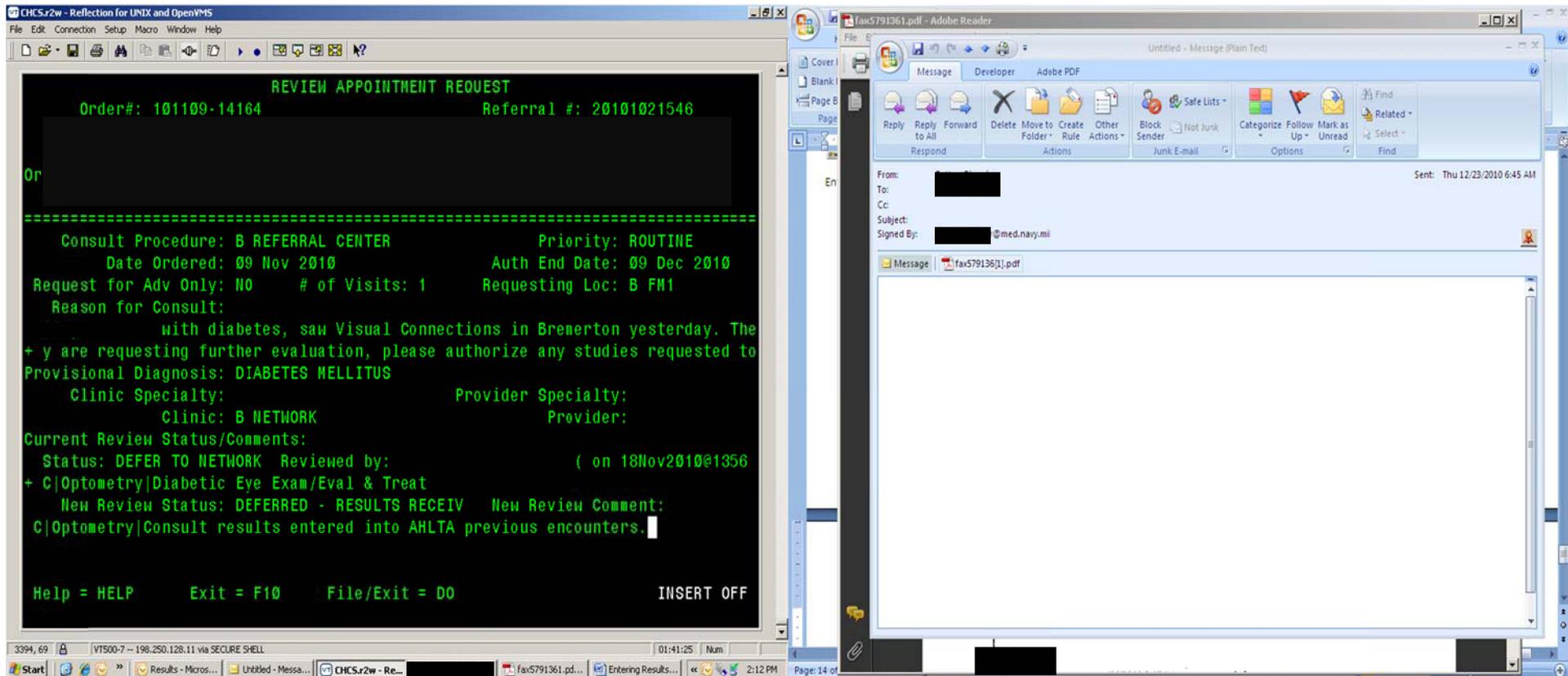
Using the Snapshot tool in Adobe Reader highlight sections of the result to copy into the Encounter Note. When finished click on Note Complete.



Check the Cosigner Required box and click on Search. Do a search for the provider and double-click the selection.



Enter your AHLTA Password and hit enter.



Enter new review status: DEFERRED – RESULTS RECEIVED in AHLTA and close out consult.

Actions performed by the Provider (up to this point, it is all Referral Management actions)

The screenshot shows a medical software interface with a menu bar (File, Edit, View, Go, Tools, Actions, Help) and a toolbar (Append Narrative, Amend Encounter, Sign Encounter, Refresh, Close). The main window displays a folder list on the left and a table of co-signs in the center. The table has columns for Date, Patient, FMP/SSN, Primary Diagnosis, Clinic, and Provider. A green box highlights the entry for 07 Jan 2011 1308, which is identified as a Network consult by the Clinic name 'B REFERRAL CEN...'. The status 'M' is shown in the rightmost column for this entry.

Date	Patient	FMP/SSN	Primary Diagnosis	Clinic	Provider	
11 Jan 2011 1307			Gynecologic Services Intrauterine Device (IUD) R...	B FM4		M
07 Jan 2011 1308	QQQAATEST, ACTIVEBR...		visit for: administrative purpose	B REFERRAL CEN...		M
05 Jan 2011 0819			Supervision Of Normal Pregnancy	B FAMILY MEDICINE		M
03 Jan 2011 0843			visit for: administrative purpose	B FM4		M

The provider receives notification of a new co-sign via AHLTA as highlighted. The provider mouse clicks on the folder with the new alerts, and the list of new co-signs appears as shown. Note that the one from Referral Management (notifying the provider that it is a Network consult) is identified as such by the Clinic name.

AHLTA (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Append Narrative Amend Encounter Sign Encounter Refresh Close

QQQAATEST, ACTIVEBREM A 42yo M SPC DOB: [REDACTED]

Folder List: Desktop, Notifications (4), Appointments, Telephone Consults (2), Search, New Results (24)!, Tasking (2), Co-signs (10), Sign Orders, Consult Log, Patient List, CHCS-1, EWSR, Reports, Tools, Web Browser, AHLTA Links, QQQAATEST, ACTIVEBRE, Demographics, Health History, Problems, Meds, Allergy, Wellness, Immunizations, Vital Signs Review, PKC Couplers, Readiness, Patient Questionnaire, DoD/VA/Theater His, Lab, Radiology, Clinical Notes, Previous Encounters

Appointments Telephone Consults Co-signs

Encounters Requiring Cosignature by: [REDACTED] Providers

Date	Patient	FMP/SSN	Primary Diagnosis	Clinic	Provider
11 Jan 2011 1307			Gynecologic Services Intrauterine Device (IUD) R...	B FM4	[REDACTED]
07 Jan 2011 1308	QQQAATEST, ACTIVEBR...		visit for: administrative purpose	B REFERRAL CEN...	[REDACTED]
05 Jan 2011 0819			Supervision Of Normal Pregnancy	B FAMILY MEDICINE	[REDACTED]
03 Jan 2011 0843			visit for: administrative purpose	B FM4	[REDACTED]

Signed Encounter Documents: 07 Jan 2011 1316 PST signed by [REDACTED] (1 documents found)

Patient: QQQAATEST, ACTIVEBREM A Date: 07 Jan 2011 1308 PST Appt Type: T-COH
 Treatment Facility: IHH Bremerton Clinic: B REFERRAL CENTER Provider: [REDACTED]
 Patient Status: Outpatient Call Back Phone: [REDACTED]
 Co-signer: [REDACTED] (BRE M)

Reason for Telephone Consult: Test Result Process 1/7/11

AutoCites Refreshed by [REDACTED] @ 07 Jan 2011 1309 PST

Problems	Family History	Allergies
Chronic: <ul style="list-style-type: none"> Family history of severe persistent asthma Depression with anxiety Convalescence following treatment Basic management procedures and services Condition was work-related Dietary counseling pertaining to colitis Cervical Pap smear Adjustment disorder Administrative evaluation services Patient education about a proper diet Conditions influencing health status Conditions influencing health status Occupational asthma Visit for: military services physical Patient education Severe persistent asthma Midback pain Stigmata Diabetes mellitus Chronic post-traumatic stress disorder Adjustment disorder with anxiety Depression Myopia Type 2 diabetes mellitus Hyperlipidemia Leg pain Essential hypertension Visit for: administrative purposes Type 2 diabetes mellitus - uncomplicated, uncontrolled Acute: <ul style="list-style-type: none"> Visit for: laboratory 	Family History <ul style="list-style-type: none"> Severe persistent asthma (General FHx) Of mental illness (not retardation) Of genetic disease Of sudden early deaths Alcoholic father Alcoholic mother Of goiter Of cancer Gastroenteritis (Mother) Osteoarthritis Depression Hypothyroidism Diabetic hypoglycemia - uncontrolled (Mother) Adenocarcinoma of the breast (Mother) Family medical history Current smoker (Father) Alcoholic parents Adenocarcinoma of the breast (Paternal-Grandfather) Of birth defects Of alcoholism Family history reviewed Lumbago (Father) Heavy alcohol consumption (Father) Depression (Father) 	Allergies <ul style="list-style-type: none"> OPIOID NARCOTICS - OTHER Class Other: Sole provider DR Snuffy (Training) OTHER Class: Unknown (SUBSTANCE USE DISORDER) Aspirin: Rash Penicillins: Rash Cephalosporins: Rash Sulfa-Drugs: Rash

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
ATENOLOL, 50 MG, TABLET, ORAL	Active	T1 TAB PO DAILY #30	5 of 5	21 Sep 2010
FLUCONAZOLE 150 MG TABLET ORAL	Active	T1/2 TAB PO BID - TTD	1 of 1	11 Aug

in B Family Medicine at Madigan AMC-Fort Lewis

Start | [Taskbar icons] | 12:11 PM

When the provider clicks on the Network consult to co-sign, the note is visible in the large window. Scrolling down shows the scanned document under Add Note.

AHLTA (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Append Narrative Amend Encounter Sign Encounter Refresh Close
Sign the selected encounter.

QQQAATEST, ACTIVEBREM A 42yo M SPC DOB: [REDACTED]

Folder List

- Desktop
- Notifications (4)
- Appointments
- Telephone Consults (2)
- Search
- New Results (24)
- Tasking (2)
- Co-signs (10)
- Sign Orders
- Consult Log
- Patient List
- CHCS-1
- EWSR
- Reports
- Tools
- Web Browser
- AHLTA Links
- QQQAATEST, ACTIVEBRE
- Demographics
- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Review
- PKC Couplers
- Readiness
- Patient Questionnaire
- DoD/VA/Theater His
- Lab
- Radiology
- Clinical Notes
- Previous Encounters

Appointments Telephone Consults **Co-signs**

Encounters Requiring Co-signature by: [REDACTED] Providers

Date	Patient	FMP/SSN	Primary Diagnosis	Clinic	Provider
11 Jan 2011 1310	[REDACTED]	[REDACTED]	MIGRAINE HEADACHE	B FM4	[REDACTED]
11 Jan 2011 1307	[REDACTED]	[REDACTED]	Gynecologic Services Intrauterine Device (IUD) R...	B FM4	[REDACTED]
07 Jan 2011 1308	QQQAATEST, ACTIVEBR...	[REDACTED]	visit for: administrative purpose	B REFERRAL CEN...	[REDACTED]
05 Jan 2011 0819	[REDACTED]	[REDACTED]	Supervision Of Normal Pregnancy	B FAMILY MEDICINE	[REDACTED]

Signed Encounter Documents: 07 Jan 2011 1316 PST signed by [REDACTED] (1 documents found)

Patient: QQQAATEST, ACTIVEBREM A Date: 07 Jan 2011 1308 PST
 Treatment Facility: IHN Bremerton Clinic: B REFERRAL CENTER
 Patient Status: Outpatient

Appt Type: T-COH
 Provider: [REDACTED]
 Call Back Phone: [REDACTED]
 Co-signer: [REDACTED] (BREM)

Reason for Telephone Consult: Test Result Process 1/7/11

AutoCites Refreshed by [REDACTED] @ 07 Jan 2011 1309 PST

Problems	Family History	Allergies
Chronic: <ul style="list-style-type: none"> Family history of severe persistent asthma Depression with anxiety Convalescence following treatment Basic management procedures and services Condition was work-related Dietary counseling pertaining to colitis Cervical Pap smear Adjustment disorder Administrative evaluation services Patient education about a proper diet Conditions influencing health status Conditions influencing health status Occupational asthma Visit for: military services physical Patient education Severe persistent asthma Midback pain Astigmatism Diabetes mellitus Chronic post-traumatic stress disorder Adjustment disorder with anxiety Depression Myopia Type 2 diabetes mellitus Hyperlipidemia Leg pain Essential hypertension Visit for: administrative purposes Type 2 diabetes mellitus - uncomplicated, uncontrolled Acute: <ul style="list-style-type: none"> Visit for: laboratory 	Family History <ul style="list-style-type: none"> Severe persistent asthma (General FHx) Of mental illness (not retardation) Of genetic disease Of sudden early deaths Alcoholic father Alcoholic mother Of golfer Of cancer Gastroenteritis (Mother) Osteoarthritis Depression Hypothyroidism Diabetic hypoglycemia - uncontrolled (Mother) Adenocarcinoma of the breast (Mother) Family medical history Current smoker (Father) Alcoholic parents Adenocarcinoma of the breast (Paternal-Grandfather) Of birth defects Of alcoholism Family history reviewed Lumbago (Father) Heavy alcohol consumption (Father) Depression (Father) 	Allergies <ul style="list-style-type: none"> OPIOID NARCOTICS - OTHER Class Other: Sole provider DR Snuffy (Training) OTHER Class: Unknown (SUBSTANCE USE DISORDER) Aspirin: Rash Penicillins: Rash Cephalosporins: Rash Sulfa-Drugs: Rash

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
ATENOLOL, 50 MG, TABLET, ORAL	Active	T1 TAB PO DAILY #30 RFS	5 of 5	21 Sep 2010
BACLOFEN 10 MG TABLET ORAL	Active	T1/2 TAB PO BID - TTD	1 of 1	11 Jan

Sign the selected encounter. [REDACTED] in B Family Medicine at Madigan AMC-Fort Lewis

Start | [Icons] | Inbox - Microsoft Outlook | Scanner and Camera Wiz... | Document1 - Microsoft ... | 12:13 PM

The provider clicks the Co-sign icon in the menu bar and the following screen shot appears. Of note, in AHLTA 3.3, you can select multiple encounters to be using the Shift-Click capability that is a typical Windows behavior. You can also use the Ctrl-Click function to select discontinuous encounters to co-sign. Ask your Sustainment Trainer if you do not know how to do that.

AHLTA (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Co-Sign Encounter

Patient: 000AATEST, ACTIVEBREM A Date: 07 Jan 2011 1308 PST Appt Type: T-COIN'
 Treatment Facility: IHH Bremerton Clinic: B REFERRAL CENTER Provider: [REDACTED]
 Patient Status: Outpatient Call Back Phone: [REDACTED]
 Co-signer: [REDACTED] (BREM)

Reason for Telephone Consult: Test Result Process 1/7/11
 A.P. Last Updated by [REDACTED] @ 07 Jan 2011 1309 PST
 I. visit for: administrative purpose
 Disposition Last Updated by [REDACTED] @ 07 Jan 2011 1316 PST
 Referred for Appointment
 Note Written by [REDACTED] @ 07 Jan 2011 1309 PST

OPERATIVE REPORT

DATE OF SERVICE: 12/20/10

PREOP DIAGNOSIS:

- 1) Lumbar radiculitis.
- 2) Degenerative disc disease, lumbar spine.

POSTOP DIAGNOSIS: Same.

OPERATION:

- 1) Fluoroscopically guided transforaminal left L4 epidural steroid injection.
- 2) Fluoroscopically guided transforaminal left L5 epidural steroid injection.

INTERIM HISTORY: The patient is a 51-year-old female who is initially evaluated in the

Enter Your Password: Sensitive Auto-Print

Cosigner Required <Search or Select>

Comment:

Final workload will be set to: Non-count

Upon clicking the Co-sign icon, this window pops up to enter your AHLTA password and click Sign. You can review the Network consult in either window (this or the standard encounter window...previous two screen shots). If you choose to co-sign multiple encounters, this window appears for each encounter allowing you to review the note and any Add Note documents, pictures, etc. As soon as you click the Sign button, the window closes and you are done. The Network consult now appears in Previous Encounters under the Referral Management "Clinic" name. Remember that you can sort Previous Encounters by any of the column headers, including Clinic, making it easy to find Network Consults for any of your patients.

Reminders

- Anti-Tobacco Counseling
- Blood Type
- Dental Checkup Counseling
- DNA on file
- Healthy Diet Counseling
- HIV Screen
- Tobacco Cessation Counseling
- Total Cholesterol Screen

• Severe persistent asthma
 • Midback pain
 • Astigmatism
 • Diabetes mellitus
 • Chronic post-traumatic stress disorder
 • Adjustment disorder with anxiety
 • Depression
 • Myopia
 • Type 2 diabetes mellitus
 • Hyperlipidemia
 • Leg pain
 • Essential hypertension
 • Visit for: administrative purposes
 • Type 2 diabetes mellitus - uncomplicated, uncontrolled
Acute:
 • Visit for: laboratory

- Alcoholic parents
- Adenocarcinoma of the breast (Paternal-Grandfather)
- Of birth defects
- Of alcoholism
- Family history reviewed
- Lumbago (Father)
- Heavy alcohol consumption (Father)
- Depression (Father)

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
ATENOLOL, 50 MG, TABLET, ORAL	Active	T1 TAB PO DAILY #30 RFS	5 of 5	21 Sep 2010
BACLOFEN 10 MG TABLET ORAL	Active	T1/2 TAB PO BID - TID	1 of 1	11 Aug

in B Family Medicine at Madigan AMC-Fort Lewis

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