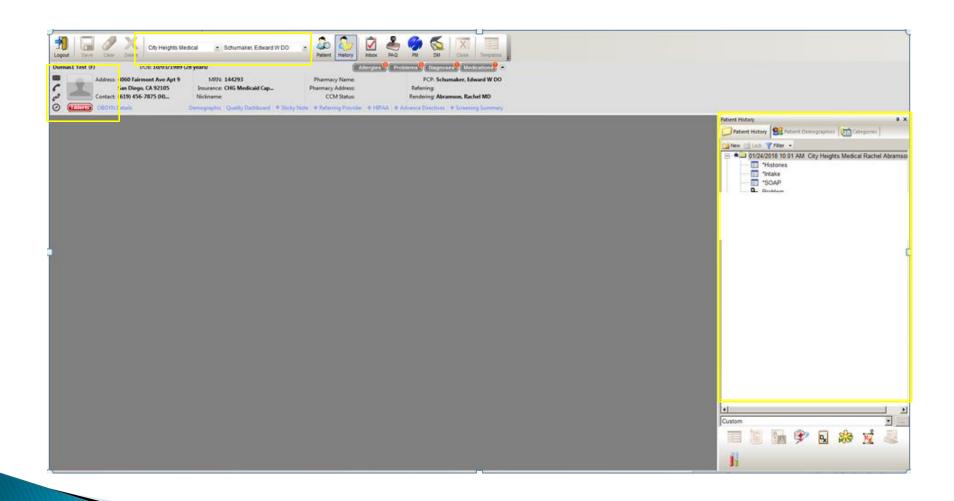
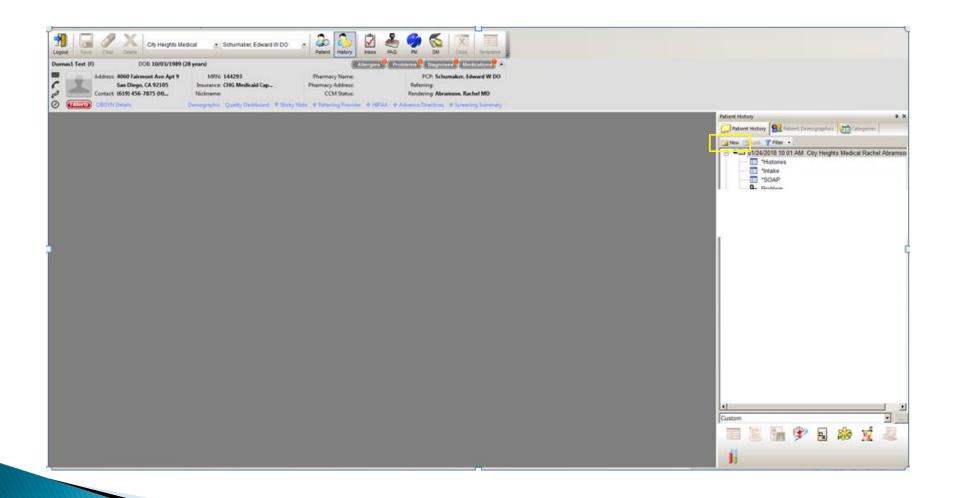
# **PRAPARE**

Protocol for Responding to and Assessing Patient's Assets, Risks and Experience

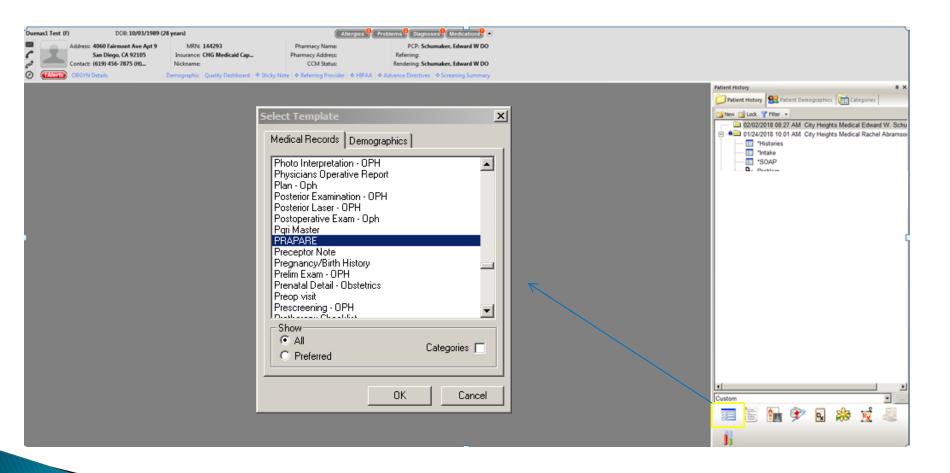
#### Please verify the 4 point check Correct Location, Provider (PCP), Patient and Encounter



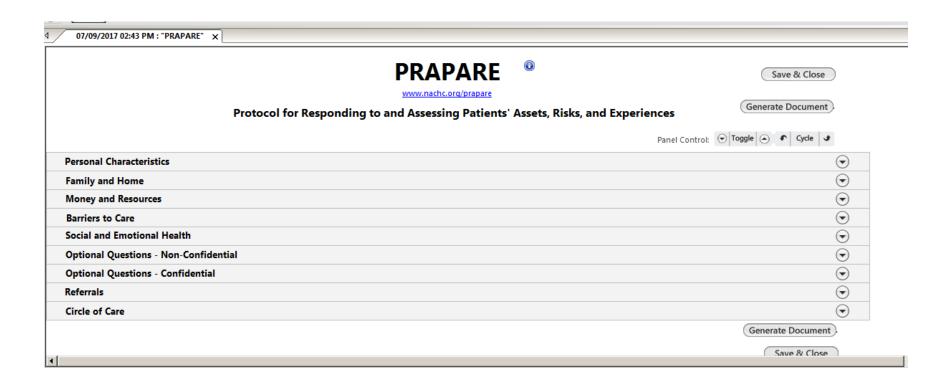
### Create a new encounter



# Highlight the new encounter Launch the PRAPARE template



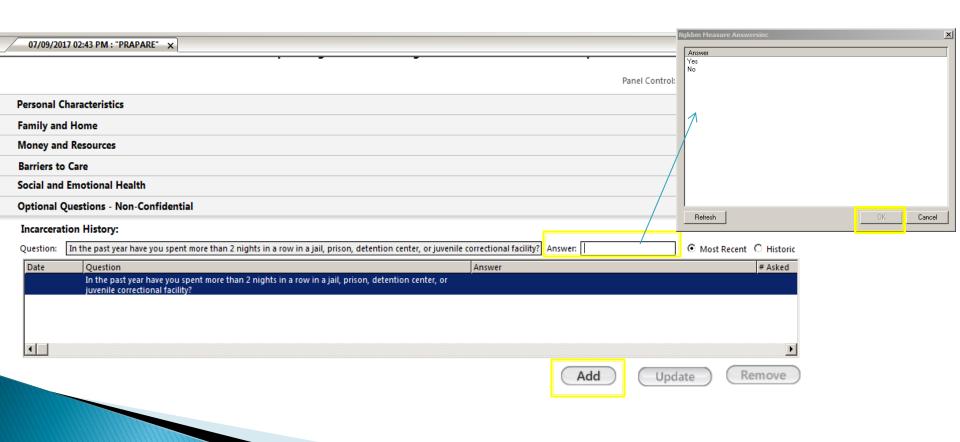
# Open up each panel Ask patient the questions and input the answer



# How to answer the questions

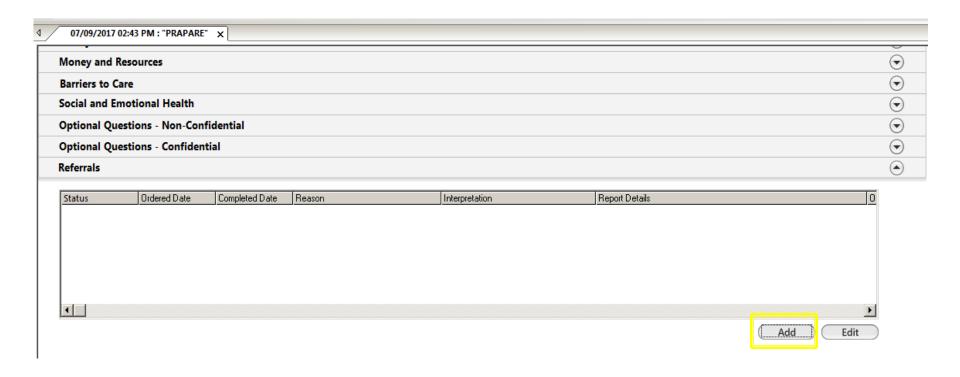
# Highlight the question then click in the Answer field to select from the picklist then click Add

The entry will appear within the grid

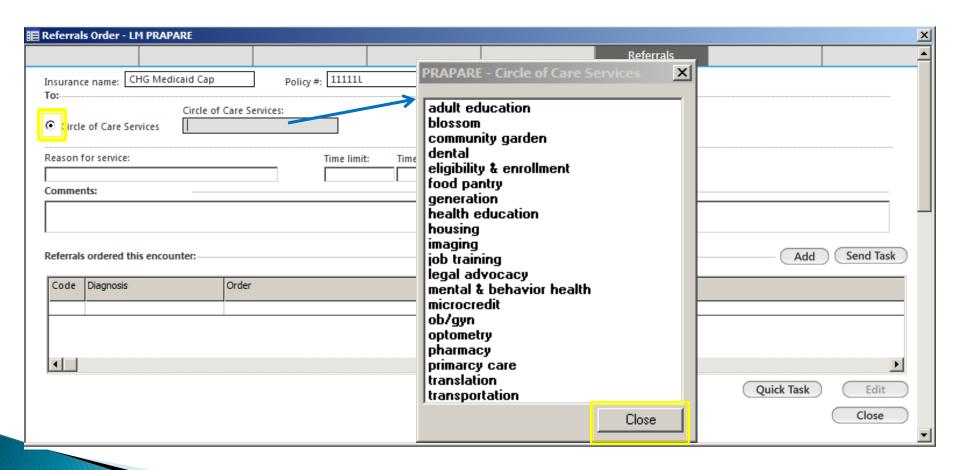


# How to order a Referral

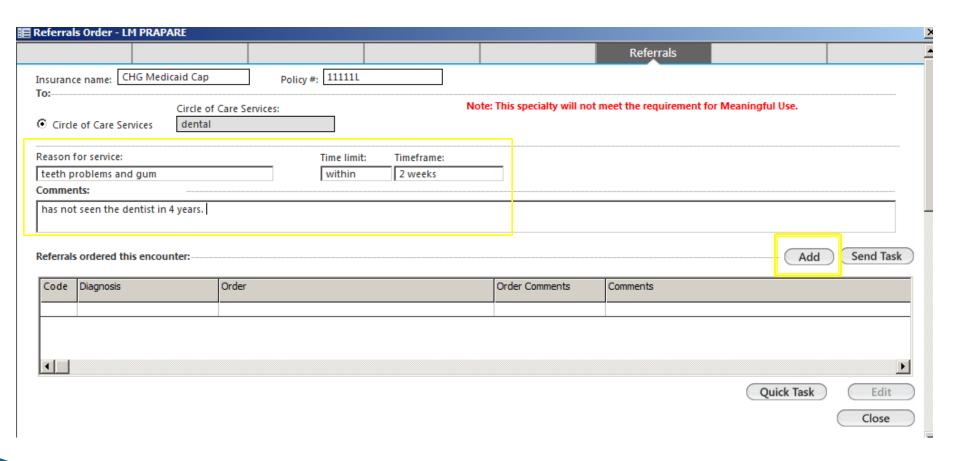
### Click the Add button within the Referral panel



The Referrals template will appear select the Circle of Care Services radio button once the picklist appears select the type of service



# Please fill out the Reason, time, timeframe, and comments then click Add Note: The Tasking window will display just click Cancel)



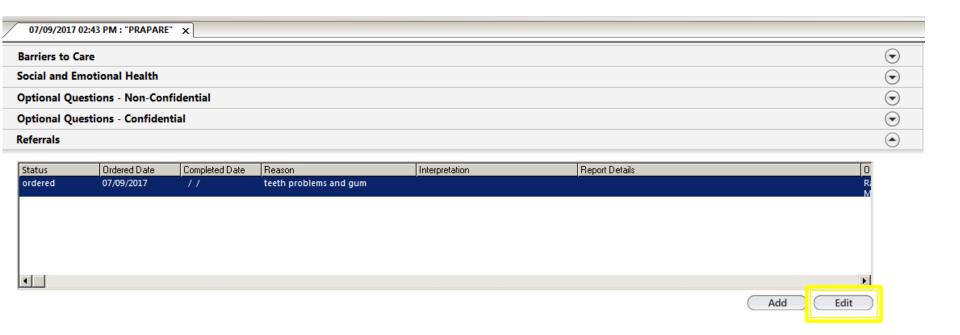
#### (The entry will appear within the grid)

# Click Close

		RE					26		
							Referrals		
urance	e name: CHG Medical	id Cap	Policy #: 111	111L					
Circle	of Care Services	Circle of Care Serv	rices:						
ason f	or service:		Time	limit:	Timeframe:				
mmen	ts:								
ferrals	ordered this encounte	er:						(_Add	Send Task
	ordered this encount	er: Order				Order Comments	Comments	( <u>Add</u>	Send Task
		Order	s: dental			Order Comments PRAPARE	Comments  has not seen the de		Send Task
		Order	s: dental						Send Tasi
ode		Order	s: dental						
		Order	s: dental						Send Task
Code		Order	s: dental						

# How to update the Referral status

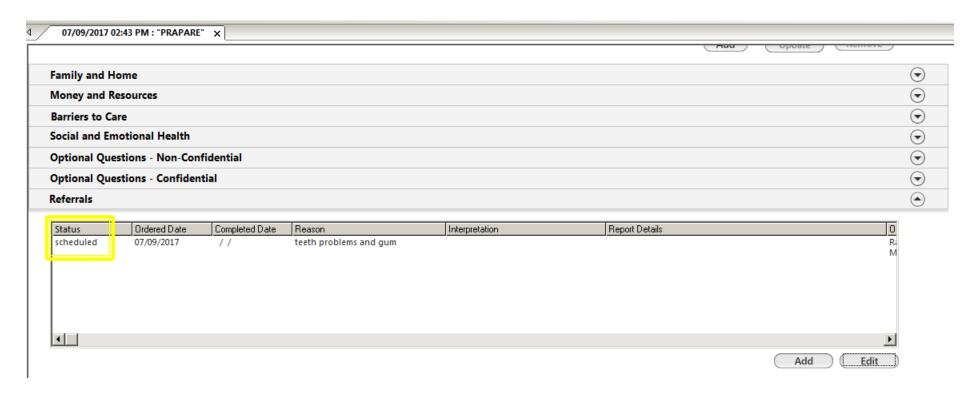
### Highlight the referral and click the Edit



#### Update the status then click Save and Close

rder:			Code:	Diagnosis:			Code:
eferrals: dental							
		and gum	_	Result/Report:	On:	Reason/comment:	
Attachments/			✓	☐ Completed	On:	Reason/comment:	
description:				Interpretation:			
uthorization: uthorization reg'd: O No	C Yes			Result details:			
Performed	Authorizati	on #: Effective:	Expiration: # Visits:				
onsent:	On:	Reason/comment:					
Performed	11						
heduling				Education/Instructio	ns:		
Performed	On:	Reason/comment:		Performed	On:	Instruction(s) provided:	
meframe:	Appt:	Hr: Min:	Location:				Tasi
vithin 2 Weeks	11	CAMCP	м	Additional Informati			
otained/Performed/Placed:				Continuity of Car	e Document/Reco	ord sent	
Performed:	On:	Reason/comment:		Ordering provider:	Rachel Abramson	MD	
			Davition		Performed:	Reason/comment:	
q: Strength: Dose:	Units:	Route: Side: Site:	Position:	✓ Ordered	07/09/2017	PRAPARE	
L# Surjection B		Otra Desetions		<b></b>	Performed:	Reason/comment:	
t #: Expiration: B	rand name:	Qty: Reaction:	_	☐ Verbal/ standing order	11	] [	
		1.1		Cosigned/	Performed:	Reason/comment:	
ear) Manufacturer: 🔽				signed off	Performed:	Reason/comment:	
Why do some fields appe	ar to be locke	ed?		Canceled	/ /	I Cason/comment	
.,							

#### The status of the referral will change



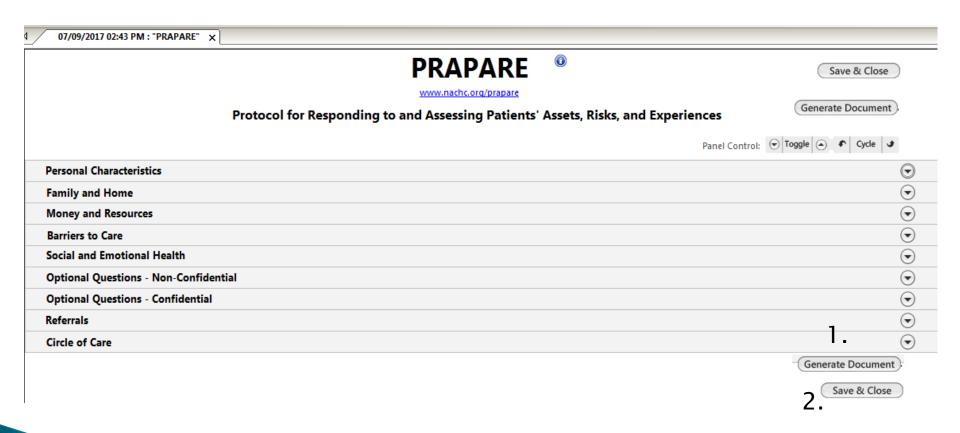
### If patient refused the Services

# If patient refused the Care Services please document within the Circle of Care panel

Check off Refused and input comments

Optional Questions - Co	nfidential					$\odot$
Referrals						⊙
Circle of Care						•
Adult Education Blossom Community Garden Dental Eligibility & Enrollment Food Pantry Generation Health Education Housing Imaging	Refused	Comments	Job Training Legal Advocacy Mental & Behavioral Health Microcredit OB/GYN Optometry Pharmacy Primary Care Translation Transportation	Refused	Comments	
						Generate Document

# Once you are completely done documenting Click Generate Document then click Save & Close



#### Make sure to lock the encounter

