



# New York House Call Physicians®

YOUR DOCTOR IN THE FAMILY  
TODAY'S DATE \_\_\_Month\_\_\_/\_\_\_Day\_\_\_/\_\_\_Year

Patient Name \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

## New York House Call Physicians® Nurse and Medical Assistant Note

Purpose of Visit \_\_\_\_\_

Allergies to medicines: \_\_\_\_\_

Vital Signs Before Procedure: Temp=                      Pulse=                      BP=                      RR=                      Height=                      Weight=

Treatment Note: The procedure or test I am performing has been reviewed with this patient by a physician and has been consented to by the patient or their health care proxy or their guardian. Any procedures performed when medically necessary are under the direct supervision of a physician. CHECK BELOW

YES

No

Procedure performed: \_\_\_\_\_

Vital Signs After Procedure: Temp=                      Pulse=                      BP=                      RR=                      Height=                      Weight=

Medication(s) Dispensed &/or Injected (include Name of Medication, Lot #, Expiration Date, Quantity):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ICD-9 Codes (check all that apply):**  Back Pain (724.5)  Bronchitis, Acute (466.0)  Cough (786.2)  Diarrhea (787.91)  Dizziness/Vertigo (780.4)  Fatigue (780.79)  Fever (780.6)  Nausea (787.01)  Pharyngitis (462)  UTI (595.0)

**Other ICD-9:** \_\_\_\_\_

**CPT Codes (CHECK ALL THAT APPLY):**  Blood Draw (36415)  IV for dehydration-up to 1 hour (90760)  IV for dehydration-more than 1 hour (90761)  IV for medicine or vitamin administration-up to 1 hour (90765)  IV for medicine or vitamin administration-more than 1 hour (90766)  Home Visit for Injection (99506)  Urinary Bladder Catheter Insertion (51702)  Other: Please specify below: \_\_\_\_\_

Medical Provider Name \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_

Today's Date \_\_\_\_\_