

## Patient Record Assignment

Patient Name: Maynard, Homer

### PATIENT INFORMATION

Name\_\_\_\_/1

Address\_\_\_\_/1

Phone\_\_\_\_/1

Gender\_\_\_\_/1

DOB\_\_\_\_/1

Patient Number\_\_\_\_/1

Admission Date\_\_\_\_/1

Primary Insurance Plan\_\_\_\_/1

Insurance ID #\_\_\_\_/1

Secondary Insurance Plan\_\_\_\_/1

Secondary ID #\_\_\_\_/1

Occupation\_\_\_\_/1

Employer\_\_\_\_/1

**NOTES:**

**TOTAL PTS:\_\_\_\_/**

**DIAGNOSIS INFORMATION**

Diagnosis Information\_\_\_\_/1

Diagnosis Code\_\_\_\_/1

**NOTES:**

**TOTAL PTS:\_\_\_\_/**

**PROCEDURE CODE**

Procedure Service\_\_\_\_/1

Procedure Date\_\_\_\_/1

Procedure Code\_\_\_\_/1

Procedure Charge\_\_\_\_/1

**NOTES:**

**TOTAL PTS.\_\_\_\_/**

**NURSING DOCUMENTATION**

BP\_\_\_\_/1

CC\_\_\_\_/1

PMH\_\_\_\_/1

Notes\_\_\_\_/1

Signature\_\_\_\_/1

**NOTES:**

**TOTAL PTS:\_\_\_\_/**

**PHYSICIANS DOCUMENTATION**

Notes\_\_\_\_/8

Signature\_\_\_\_/1

Dates\_\_\_\_/1

**NOTES:**

**TOTAL PTS:\_\_\_\_/**

**TEST RESULTS**

Test\_\_\_\_/1

Result/\_\_\_\_1

References/\_\_\_\_1

**NOTES:**

**TOTAL PTS:\_\_\_\_/**

**GENERAL CRITERIA**

Overall spelling, grammar, accuracy of entry: \_\_\_\_/7

**NOTES:**

Met assignment deadline: \_\_\_\_/5

**NOTES:**

**TOTAL PTS: \_\_\_\_/**

**TOTAL ASSIGNMENT PTS. \_\_\_\_/**