

# Chronic Illness with Pain Visit #1 Checklist

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(last) (first) mm/dd/yy

Visit Provider: \_\_\_\_\_

Visit Nursing: \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
mm/dd/yy

## NURSE

- Obtain urine sample for **Urine Drug Screen** per standing order.
- Give **Chronic Illness with Pain Treatment - Patient Information Sheet** to patient.
- Complete basic nursing assessment and document all **Current Medications** in eCW.
- Graded chronic pain scale completed prior to being seen by provider.
- Opioid Risk Tool**
- Complete **Release of Information** forms with the patient prior to end of visit.
  - Do not send forms with the patient.*
- Schedule patient for Visit #2 with MD on the team** in one to two weeks.
  - If patient sees a midlevel provider for initial visit, please schedule next appointment with 2<sup>nd</sup> or 3<sup>rd</sup> year resident or faculty member
- Schedule patient for Visit #3 with MD on the team** within one month.
- Give patient **appointment cards**

## PROVIDER

- Load **Chronic Illness with Pain** template
- Explain **Three-visit Process** for evaluation of chronic illness with pain.
  - Assessment of chronic illness and need for treatment of pain.
  - Likely use of adjuvant therapy without certainty of any opiates being dispensed.
  - Requirement of Controlled Substance Agreement and Opiate Risk Tool.
  - No use of Medical Marijuana if receiving opiates.
- Search State prescription drug registry

## **Documentation within eCW**

- Review **Current Medications** list including 'Stop' of opiates yet to be continued.
- Preliminary documentation of sentinel injury, definitive imaging, etc. in **Medical History**.
- Add **338.29 : Chronic Pain Syndrome NOS** to **Problem List**.
- Use the billing **Visit Code** of **'99213 Office Visit, Est. Pt., Level 3'** (likely time-based).
- Indicate **Follow-up** appointment based on next scheduled visit.

Visit #2 \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_  
(Team MD) (routine visit' slot preferred)

Visit #3 \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_  
(Team MD) (routine visit' slot required)