



PATIENT PROFILE

Analysis and Documentation Guide

Updated: 6/11/19

NAME AND DATE

Question: Name and Date

Analysis: None.

Documentation:

Social History >> Social Info: Patient Profile and Date >> Details >> Name: **Completed or Declined** >> Value >> Enter **Date** (if patient has more than one profile completed, specify details in Notes section next to dates).

Additional Documentation: Medical History >>Add>>Enter **Date Patient Profile**

Question: Method

Analysis: None

Documentation:

Social History >> Social Info: Patient Profile and Date >> Details >> Name: **Method** >> Value >> Drop down and select **electronic @ office, electronic @ home, verbal with HC, verbal with Care Mgr, paper @ office, paper @ home.**

WORKING TOGETHER

Questions: Who are you? List 5 words to describe your identity. When it comes to your health, healthcare, or wellbeing, what is most important to you? What do you want your provider to know about you? What would you like to know about your provider?

Analysis: None.

Documentation:

Social History >> Social Info: Working Together: >> Details >> Name: >> Options >> 5 Descriptors >> **Write in response** >> Options >> Most Important >> **Write in response** >> Options >> About me, I want my Provider to know >> **Write in response** >> Options >> About my provider, I want to know >> **Write in response**.

Question: What do you like to do?

Analysis: None.

Documentation:

Social History >> Social Info: Working Together: >> Details >> Name: Likes to: >> Value >> Drop down and select **Read, Exercise (walk, run, play sports, etc.), Watch sports, Watch TV/Movies, Listen to music, Play instruments, Do arts and crafts, Do house or yardwork (garden)**. If other, **write response** in Notes.

MY HEALTH BELIEFS

Question: How much do you think the items below could impact your health negatively or positively?

Analysis: Document the items scored 4 or 5.

Documentation:

Social History >> Social Info: Health Beliefs: >> Details >> Name: >> Value >> Drop down and select **Religion/spirituality, Meditation/prayer, Natural healers, Your doctor/provider, Family support, Friend support, Vitamins and minerals, Prescription medicines, Exercise , Food/drink, Stress, Workplace**.

Question: Please describe any religious, spiritual, or cultural beliefs you have about health and healthcare?

Analysis: None.

Documentation:

Social History >> Social Info: Health Beliefs: >> Details >> Name: >> Notes >> **Write in response**.

Question: Overall, I consider myself to be healthy.

Analysis:

- 1 = Very unhealthy
- 2 = Unhealthy
- 3 = Neutral/somewhat healthy
- 4 = Healthy
- 5 = Very healthy

Documentation:

Social History >> Social Info: Self-Health Rating: >> Details >> Name: >> Value >> Drop down and select **Very healthy, Healthy, Neutral/somewhat healthy, Unhealthy, Very unhealthy.**

Question: Improving my health is important.

Analysis:

- 1 = Not at all important
- 2 = Not important
- 3 = Neutral/somewhat important
- 4 = Important
- 5 = Very important

Documentation: Social History >> Social Info: Health Importance: >> Details >> Name: >> Value >> Drop down and select **Very important, Important, Neutral/somewhat important, Not important, Not at all important.**

Question: I feel confident in my abilities to manage my health.

Analysis:

- 1 = Not at all confident
- 2 = Not confident
- 3 = Neutral/somewhat confident
- 4 = Confident
- 5 = Very confident

Documentation: Social History >> Social Info: Confidence- Self-Management: >> Details >> Name: >> Value >> Drop down and select **Very confident, Confident, Neutral/somewhat confident, Not confident, Not at all confident.**

Question: I feel confident in my abilities to navigate the health care system (insurance, appointments, etc.).

Analysis:

- 1 = Not at all confident
- 2 = Not confident
- 3 = Neutral/somewhat confident
- 4 = Confident
- 5 = Very confident

Documentation: Social History >> Social Info: Confidence – Health Care Navigation: >> Details >> Name: >> Value >> Drop down and select **Very confident, Confident, Neutral/somewhat confident, Not confident, Not at all confident.**

MY PERSONALITY AND LEARNING STYLE

Question: Check as many that apply: When choosing a book to read for fun, what type would you pick? In school, how did you usually study for a test? When you go to a party or event, what do you usually remember the next day? When you give someone directions to your house, what are you most likely to tell them? What's the best way for you to learn new things?

Analysis: Total the number of answers for visual, auditory, and kinesthetic. Document the highest score or two highest scores if 1-2 points different.

When choosing a book to read for fun, what type would you pick?

- A book with lots of pictures in it = Visual
- A book with lots of words in it = Auditory
- A book with word searches or crossword puzzles = Kinesthetic

In school, how did you usually study for a test?

- Read the book or your notes and reviewed pictures or charts = Visual
- Had someone ask you questions for you to answer out loud = Auditory
- Made index cards to review = Kinesthetic

When you go to a party or event, what do you usually remember the next day?

- The faces of the people who were there = Visual
- The music that was played = Auditory
- The dance moves you did and the food you ate = Kinesthetic

When you give someone directions to your house, what are you most likely to tell them?

- A description of buildings and landmarks they will pass on the way = Visual
- The names of the roads or streets they will be on = Auditory
- "Follow me – it will be easier if I show you how to get there." = Kinesthetic

What's the best way for you to learn new things?

- Get someone to show you = Kinesthetic
- Read about it = Visual
- Listen to someone explain it = Auditory
- Watch a video about it = Auditory/Visual
- Figure it out on your own = Kinesthetic

Documentation: Social History >> Social Info: Personality and Learning Style: >> Details >> Name: Learning Style >> Value >> Drop down and select **Visual, Auditory, Kinesthetic, Visual-Auditory, Visual-Kinesthetic, Auditory-Kinesthetic, Visual-Auditory-Kinesthetic.**

Question: In what settings do you learn best?

Analysis: None.

Documentation: Social History >> Social Info: Personality and Learning Style: >> Details >> Name: Learning Setting >> Value >> Drop down and select **One-on-one conversations In small groups (2-5 people), In medium-sized groups (5-15 people), In large groups (15+ people), In the clinic/medical facility, In a public facility (church, school, park, museum), At home.** If other, **write response** in Notes.

Question: Where do you go to learn about health? Where does your information come from?

Analysis: None.

Documentation: Social History >> Social Info: Personality and Learning Style: >> Details >> Name: Funds of Knowledge >> Value >> Drop down and select **Friends/Family, News, TV Shows, Internet, Social Media, Your Medical Provider.** If other, **write response** in Notes.

Question: Identify the degree in which the following characteristics or behaviors most accurately describes you.

Analysis: Each trait is worth 1 point. Count the traits in each category. Look at which categories have higher scores to evaluate which personality type the patient is. Choose the category with the top score and determine the animal (see below). If there is a second category with a close score (less than 5 points), document the secondary animal.

Column 1 = Lion

Column 2 = Otter

Column 3 = Golden Retriever

Column 4 = Beaver

Documentation: Social History >> Social Info: Personality and Learning Style: >> Details >> Name: Personality: >> Value >> Drop down and select **Lion, Otter, Golden Retriever, Beaver, Lion/Otter, Lion/Golden Retriever, Lion/Beaver, Otter/Golden Retriever, Otter/Beaver, Golden Retriever/Beaver.**

MY COMMUNICATION STYLE & PREFERENCES

Question: What are your communication preferences? How would you like your provider to communicate with you?

Analysis: None.

Documentation: Social History >> Social Info: Communication: >> Details >> Name: Preferences: >> Value >> Drop down and select **Gives/Maintains eye contact, Avoids eye contact, Uses Visuals - chart on the TV monitor, illustrations, models, Gives written instructions/step-by-step, Allows me time to take notes, Uses hand gestures, Speaks softly, Speaks loudly, Speaks very slowly, Asks direct, straight forward questions, Gives direct, straight forward answers, Gives me an opportunity to reflect/repeat back what I heard/understand, Clarifies his/her understanding by reflecting/repeating back what I say, Shares resources for me to learn more between visits, Thoroughly explains medical terminology.** If other, **write response** in Notes.

FOOD LABEL

Question: I feel comfortable reading a food label.

Analysis:

- 1 = Very uncomfortable
- 2 = Not comfortable
- 3 = Neutral/somewhat comfortable
- 4 = Comfortable
- 5 = Very comfortable

Documentation:

Social History >> Social Info: Health Literacy Level >> Details >> Name: Value >> Drop down and select **Very comfortable, Comfortable, Neutral/somewhat comfortable, Not comfortable, Very uncomfortable.**

Question: Please use the food label to answer the questions below.

Analysis:

Step 1: Score the answers. Each correct answer is scored as one point.

Answer Key:

- If you eat the entire container of this food, how many calories will you eat? 1000
- If you are allowed to eat 60 grams of carbohydrates as a snack, how much of this food could you have? 2 servings or 1 cup

- You doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of this food. If you stop eating this food, how many grams of saturated fat would you be consuming each day? 33
- If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving of this food? 10%
- If you were allergic to penicillin, peanuts, latex gloves, and bee stings, would it be safe for you to eat this food? Why or why not? No because it has peanut oil.

Step 2:

Add the total points to determine the health literacy score.

- 6 correct = Proficient
- 4 -5 correct = Intermediate
- 2-3 correct = Basic
- 0-1 correct = Below Basic

Documentation:

Social History >> Social Info: Health Literacy Level >> Details >> Name: Reading a Food Label: Value >> Drop down and select **Proficient, Intermediate, Basic, Below Basic**

Interventions

Analysis: See flow chart.

Documentation:

Assessment >> Contains: Enter **Z00.8** and click Go>>Diagnosis: Patient Profile and Assessment>>Yes

Plan: Treatment >> Notes: Browse