



**D. Follow-Up**

- |   | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Arrangements for follow-up are documented (for all chronic problems and for acute problems, when necessary). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. A system exists to minimize failed follow-up for high-stakes health issues.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comments on observations above (optional):*

**E. Role Recognition**

- |   | <b>Rarely</b>            |                          |                          | <b>Usually</b>           |                          | <b>N/A</b>               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | <b>1</b>                 | <b>2</b>                 | <b>3</b>                 | <b>4</b>                 | <b>5</b>                 |                          |
| 1. As principal primary care provider, the physician institutes the following in accordance with standard practice: |                          |                          |                          |                          |                          |                          |
| • drug and disease monitoring   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • preventive interventions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Comments on observations above (optional):*

Additional Comments:

Practice Visit Number:  
Practice Visitor:  
Date: