

Guideline Request Form Instructions

We at Office Ally realize that the process of creating Guidelines can be time consuming. In an effort to help speed up the process we have implemented a new solution. Now, instead of you creating your guideline(s), we will do it for you. While we will do the work of creating the guidelines we will still need information from you.

The following Guideline Request Form (pages 2 to 14 of this document) is a full list of all items that can appear in your guideline(s). Each section has a box for you to list all of the statements and responses that fit within that category that you want to be displayed as clickable links in your progress note(s). The boxes include a breakdown by Question and Answer (Q1, A1, Q2, A2, etc.). All separate responses within one category (i.e. separate possible answers) need to be separated by a semi colon (;) in order for us to know where to break up the text when inserting it into your guidelines.

Here are a couple of examples on how to best complete these fields:

Example 1:

Q1: How long have you been experiencing these issues?

A1: 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 1 week; 2 weeks; 3 weeks; 1 month

Q2: Have you experienced these issues in the past?

A2: Yes; No; Occasionally; Sometimes

Example 2: You are asking the patient what symptoms they are currently experiencing in order to complete the Chief Complaints section. In this situation you do not want any questions listed, just simply a list of possible chief complaints. Any time in which you don't have a statement to add and simply want to include the Patient's possible responses simply fill in the "A" line only.

Q1:

A1: Coughing; Sneezing; Congestion

Q2:

A2: Pain in; right; left; arm; leg; foot; ear

Once you have successfully completed the attached document please send it via email to guidelines@officeally.com. If you have any questions about this document and how to complete it please call Technical Support at (866) 575-4120 opt. 2.

Once Office Ally receives your request we will begin building your guidelines. Please be aware that by submitting this to us you are authorizing us to add it to our Guideline Library. We will make every effort to complete all guideline requests within 2 weeks. Once the guideline(s) have been created an Office Ally representative will contact you to obtain the password for the account username provided. Once we have the password we will log into your account and insert the guideline. Upon inserting the guideline into your account an Office Ally representative will send an email to the email address on file stating that your guideline is now available in your account.



EHR 24/7 Guideline Request Form



Office Ally Account Username: _____ Date: _____

Specialty: _____ Guideline Name: _____

SUBJECTIVE

Chief Complaints _____ Include in Guidelines

History of Present Illness _____ Include in Guidelines

Subjective – Custom Field #1: _____ Include in Guidelines

Subjective – Custom Field #2: _____ Include in Guidelines

Past History: Medical History _____ Include in Guidelines

EHR 24/7 Guideline Request Form

Past History: Surgical History

___ Include in Guidelines

Past History: Gynecological History

___ Include in Guidelines

Past History: Family History

___ Include in Guidelines

Past History: Social History

___ Include in Guidelines

Allergies

___ Include in Guidelines

Immunization

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Current Medications

___ Include in Guidelines

Subjective – Custom Field #3: _____

___ Include in Guidelines

Subjective – Custom Field #4: _____

___ Include in Guidelines

Review of System: Constitutional

___ Include in Guidelines

Review of System: Head

___ Include in Guidelines

Review of System: Eyes

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Review of System: Ears Include in Guidelines

Review of System: Nose Include in Guidelines

Review of System: Mouth Include in Guidelines

Review of System: Throat Include in Guidelines

Review of System: Neck Include in Guidelines

Review of System: Cardiovascular Include in Guidelines

Review of System: Respiratory Include in Guidelines

EHR 24/7 Guideline Request Form

Review of System: Gastrointestinal

___ Include in Guidelines

Review of System: Genitourinary

___ Include in Guidelines

Review of System: Musculoskeletal

___ Include in Guidelines

Review of System: Integumentary (Skin and/or Breast)

___ Include in Guidelines

Review of System: Neurological

___ Include in Guidelines

Review of System: Psychiatric

___ Include in Guidelines

Review of System: Endocrine

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Review of System: Hematologic/Lymphatic Include in Guidelines

Review of System: Allergic/Immunologic Include in Guidelines

ROS – Custom Field #1: _____ Include in Guidelines

ROS – Custom Field #2: _____ Include in Guidelines

ROS – Custom Field #3: _____ Include in Guidelines

ROS – Custom Field #4: _____ Include in Guidelines

EHR 24/7 Guideline Request Form

OBJECTIVE

Objective

___ Include in Guidelines

Physical Examination: Constitutional

___ Include in Guidelines

Physical Examination: Eye

___ Include in Guidelines

Physical Examination: Ears, Nose, Mouth, and Throat

___ Include in Guidelines

Physical Examination: Ear

___ Include in Guidelines

Physical Examination: Nose

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Physical Examination: Mouth

___ Include in Guidelines

Physical Examination: Throat

___ Include in Guidelines

Physical Examination: Neck

___ Include in Guidelines

Physical Examination: Lungs

___ Include in Guidelines

Physical Examination: Respiratory

___ Include in Guidelines

Physical Examination: Cardiovascular

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Physical Examination: Chest/Breasts

___ Include in Guidelines

Physical Examination: Heart

___ Include in Guidelines

Physical Examination: Gastrointestinal (Abdomen)

___ Include in Guidelines

Physical Examination: Genitourinary

___ Include in Guidelines

Physical Examination: Lymphatic

___ Include in Guidelines

Physical Examination: Musculoskeletal

___ Include in Guidelines

Physical Examination: Skin

___ Include in Guidelines

EHR 24/7 Guideline Request Form

Physical Examination: Extremities Include in Guidelines

Physical Examination: Neurological/Psychiatric Include in Guidelines

Physical Examination: Head/Face Include in Guidelines

PE – Custom Field #1: _____ Include in Guidelines

PE – Custom Field #2: _____ Include in Guidelines

PE – Custom Field #3: _____ Include in Guidelines

EHR 24/7 Guideline Request Form

PE – Custom Field #4: _____ Include in Guidelines

Test Result Exams: ECG Include in Guidelines

Test Result Exams: Image Include in Guidelines

Test Result Exams: Labs Include in Guidelines

ASSESSMENT & PLAN

Assessment Notes Include in Guidelines

Assessment – Custom Field #1: _____ Include in Guidelines

EHR 24/7 Guideline Request Form

Assessment – Custom Field #2: _____ Include in Guidelines

Procedure Notes: _____ Include in Guidelines

Plan Notes _____ Include in Guidelines

Patient Instructions / Follow Up _____ Include in Guidelines

Patient / Parent or Guardian Comments _____ Include in Guidelines

Plan – Custom Field #1: _____ Include in Guidelines

EHR 24/7 Guideline Request Form

Plan – Custom Field #2: _____ Include in Guidelines

Plan – Custom Field #3: _____ Include in Guidelines

Plan – Custom Field #4: _____ Include in Guidelines