

New River Family
32 Office Park Road
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Diane Larson
Account Number:
Policy Number: **991451377A**

Printed: **07/09/2024**
Patient Name: **Diane Larson**
DOB: **10/23/1941**
Age: **82**
Provider: **Dr Marvin S Gardens,MD**
Supervising Provider: **Karen A Williams,RN**

DOS: **July 09, 2024**

Suggested Clinical Tracks (For Physician Review)

Clinical Track Component	Frequency
Repeat Wellness Screening	Yearly
Chronic Care Management	While managing the patient's chronic conditions
Remote Physiological Monitoring	Continuously
Remote Therapeutic Monitoring	Continuously
Advance Care Planning Education and Contracts	Monthly
Fall Risk Evaluation/Needs Analysis	Quarterly
Smoking Cessation Counseling	Quarterly
Weight Loss Counseling	Quarterly
Diabetes Counseling	Quarterly
Depression Screening	Monthly
PTSD Screening	Monthly
Extended ADL/iADL Determination	PRN
Medication Management	Quarterly
Hypertension Counseling	PRN
Alcohol Use/Abuse Counseling	Quarterly
Vaccination Counseling	Yearly
Cognitive Screening	Quarterly
Hearing Screening	Twice per Year
Vision Screening	Twice per Year
Pain Screening	PRN
Sleep Apnea Counseling	PRN
Social Support Assistance	Quarterly
Transportation Assistance	PRN