

New River Family
32 Office Park Road
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Hilton Head ,SC 29928
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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 |