



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 completed the attached document please email it 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

SUBJECT

Chief Complaints

☐ Include in Guidelines

Q1:

A1:

Q2:

A2:

Q3:

A3:

History of Present Illness

☐ Include in Guidelines

Q1:

A1:

Q2:

A2:

Q3:

A3:

Subjective – Custom Field 1: _____

☐ Include in Guidelines

Q1:

A1:

Q2:

A2:

Q3:

A3:

Subjective – Custom Field 2: _____

☐ Include in Guidelines

Q1:

A1:

Q2:

A2:

Q3:

A3:

Past History: Medical History

☐ Include in Guidelines

Q1:

A1:

Q2:

A2:

Q3:

A3:

Past History: Surgical History

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Past History: Gynecological History

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Past History: Family History

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Past History: Social History

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Allergies

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Immunization

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Current Medications

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Subjective – Custom Field 3: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Subjective – Custom Field 4: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Constitutional

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Head

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Eyes

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Ears

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Nose

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Mouth

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Throat

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Neck

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Cardiovascular

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Respiratory

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Gastrointestinal

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Genitourinary

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Musculoskeletal

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

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

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Neurological

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Psychiatric

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Endocrine

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Hematologic/Lymphatic

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Review of System: Allergic/Immunologic

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

ROS – Custome Field 1: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

ROS – Custome Field 2: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

ROS – Custome Field 3: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

ROS – Custome Field 4: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

OBJECTIVE

Objective

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Constitutional

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Eyes

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Ears, Nose, Mouth & Throat

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Ears

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Nose

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Mouth

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Throat

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Neck

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Lungs

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Respiratory

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Cardiovascular

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Chest/Breasts

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Heart

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Gastrointestinal (Abdomen)

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Genitourinary

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Lymphatic

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Musculoskeletal

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Skin

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Extremities

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Neurological/Psychiatric

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Physical Examination: Head/Face

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

PE – Custom Field 1: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

PE – Custom Field 2: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

PE – Custom Field 3: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

PE – Custom Field 4: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Test Result Exams: ECG

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Test Results Exams: Image

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Test Result Exams: Labs

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

ASSESSMENT & PLAN

Assessment Notes

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Assessment – Custom Field 1: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Assessment – Custom Field 2: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Procedure Notes

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Plan Notes

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Patient Instructions / Follow Up

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Patient / Parent or Guardian Comments

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Plan – Custom Field 1: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Plan – Custom Field 2: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Plan – Custom Field 3: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3:

Plan – Custom Field 4: _____

☐ Include in Guidelines

Q1:
A1:
Q2:
A2:
Q3:
A3: