PHYSICIAN ALLIANCE OF THE ROCKIES

YEARLY PHYSICAL ATTESTATION FORM

Name_____ **DOB**_____ **Date**_____
Health plan_____ **Age**_____ **Provider**_____
NPI_____ **Member ID**_____

ASSESSMENT (check all that apply and submit form & notes to: Fax # 1-844-287-9417 or lynn.diamond@nwphysicians.com)

DIABETES:
☐ Diabetes with no complications ☐ Diabetes with Retinopathy
☐ Diabetes with Neuropathy ☐ Diabetes with Nephropathy
☐ Diabetes with PVD ☐ Type 2 Diabetes w/diabetic mixed hyperlipidemia
☐ Long term current use of Insulin ☐ No

CANCER:
☐ Yes ☐ No (If Yes, Specify Type_____)
Metastatic ☐ Yes ☐ No (If Yes, Location_____)

GASTROINTESTINAL:
☐ Chronic Hepatitis ☐ Cirrhosis
☐ Secondary hyperaldosteronism
☐ Crohn's ☐ Ulcerative Colitis ☐ No

CHRONIC SKIN ULCERATIONS:
☐ Yes ☐ No (If Yes, Location_____)

CACHEXIA/MALNUTRITION:
☐ Yes ☐ No

MORBID OBESITY:
☐ Yes ☐ No

CARDIOVASCULAR:
☐ Diastolic Congestive Heart Failure ☐ Systolic Congestive Heart Failure
☐ Secondary hyperaldosteronism ☐ Chronic Angina ☐ PAD/PVD
☐ Afib ☐ Secondary hypercoagulable state ☐ No

PULMONARY:
☐ COPD ☐ Pulmonary Hypertension ☐ ILD ☐ Smoker's cough ☐ No
☐ Chronic Obstructive Asthma (If Yes, indicate Severity_____)

EXTREMITIES:
☐ Amputation (If Yes, Location_____)
☐ Rheumatoid Arthritis ☐ No

RENAL:
☐ Chronic Kidney Disease (3,4,5) ☐ Dialysis
☐ ESRD ☐ Secondary hyperparathyroidism ☐ No

HEMATOLOGY:
☐ Neutropenia ☐ Pancytopenia ☐ Acquired thrombophilia
☐ Thrombocytopenia ☐ Thrombocytosis ☐ Purpura senilis ☐ No

NEUROLOGY:
☐ Hemiplegia or Hemiparesis ☐ Epilepsy/Seizures
☐ Peripheral Neuropathy ☐ No
(If Yes due to what medical condition?_____)

PSYCH:
☐ Major Depressive Disorder ☐ No
(If Yes, indicate Mild, Moderate or Severe_____)
☐ ETOH Dependence
☐ Opiate/Drug Dependence (If Yes what drug(s)?_____)

ADDITIONAL COMMENTS:
Diabetic Nephropathy Urine Screening
Nephropathy screening is captured with urine microalbumin sent through lab claims. Please send yearly urine microalbumin/creatinine levels (even for patients on ACE/ARB).