Community Strong LLC

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Remote Patient Monitoring Order Form

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ICD 10: \_\_\_\_\_\_\_\_\_\_\_ HT\_\_\_\_\_ WT\_\_\_\_ M F

Length of Need:

99 (lifetime) or \_\_\_\_\_\_\_\_\_\_\_ days months years

Please included demographics and health insurance information

Equipment

\_\_ BP Cuff

\_\_ Scale

\_\_ PT/INR Meter

\_\_ Pulse Oximeter

\_\_ Glucometer

\_\_ Thermometer

Primary Care Physician Contact Information

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Standard Parameters (requiring a call to the provider)

**Blood Pressure:**

SBP: <= 90 and/ or > = 140 ( under age 75); > = 150 ( over age 75)

3 SB < = 100 or > = 150 in a 7-day period DBP: < =55 and /or > =100

3 DBP < = 60 or > =90 in a 7-day period

**Resting HR: <** 55 or >120

3 resting heart rates < 60 or >100 in a 7-day period.

**Glucometer:** < =70 or >=224 in a 7-day period.

**Weight:**

2-pound weight gain in 24 hours ( CHF patients only)

7-day weight gain > = 5 pounds 7-day weight loss >= 5 pounds

30 -day weight loss > =10 pounds

**Thermometer:**

Temperature < =95 or >100.9

**Pulse Oximeter:**

SpO2: <=90

**Custom Parameter** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_