

# OUTPATIENT RAPID ASSESSMENT (OPRA) TOOL

## RECOMMENDED SERVICES FOR ALL MEDICARE PATIENTS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age:

Sex:  Male  Female

Today's Date: MM/DD/200Y  
  /   / 200

Race:  Caucasian  African-American  
 Hispanic  Other

### OFFICE USE ONLY

#### Physician ID

Enter first name initial, then last name up to 8 characters

**1**

Have you had a pneumonia shot since age 65?  
*(There is no cost to you for this shot.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- Pneumococcal vaccine ordered  
 Pneumococcal vaccine given  
 Patient counseled, but refused  
 Not recommended

**2**

Have you had a flu shot for the current flu season?  
*(There is no cost to you for this shot.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- Flu vaccine ordered  
 Flu vaccine given  
 Patient counseled, but refused  
 Not recommended

**3**

Do you have diabetes?

- Yes.  No.

If yes, schedule next visit at (month):  
 \_ 3 \_ 6 \_ 9 \_ 12 \_ Other

If you have diabetes, have you had a dilated eye exam within the last year?  
*(You pay 20% after the annual deductible.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- Eye exam ordered  
 Patient counseled, but refused

If you have diabetes, have you had a long-range blood sugar (HbA1c) test within the last six months?  
*(There is no cost to you for this service.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- HbA1c ordered  
 HbA1c drawn  
 Patient counseled, but refused

If you have diabetes, have you had a blood fat (lipid) test within the last year?  
*(There is no cost to you for this service.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- Lipid profile ordered  
 Lipid profile drawn  
 Patient counseled, but refused

**4**

**For women:**

Have you had a mammogram within the last year?  
*(You pay 20% of the cost with no deductible. It must be more than 11 months since your last mammogram.)*

- Yes.  
 No, but I will discuss it with my doctor today.  
 I do not remember.

- Current Date of last   /   /
- Mammogram ordered  
 Patient counseled, but refused  
 Not recommended

TMF - WHITE COPY

OFFICE/PATIENT - PINK COPY

