

## APPENDIX D - Rooming Criteria Guide

Reason for Visit	Ht.	Wt.	Head Cir.	BP	Temp	Pulse	Resp.	Vision	Gown	Expose Area	Expose Feet	Allergy Check	Phone # Check	Health Maint. Behaviour Forms	Immun. Forms	Diabetic Flow Sheet	Chaperone
Complete Physical	x	x		x	x	x	x		x			x	x	x	x		x
Well Child Check	x	x		x	x	x	x		x			x	x	age specific	x		
<b>Chief Concern</b>																	
Adult																	
Pain, any system				x	x					x		x	x	x	x		
Respiratory		x		x	x	x	x		x			x	x	x	x		
Cardiac		x		x	x	x	x		x			x	x	x	x		
Diabetic		x		x							x	x	x	x	x	x	
Children	x	x	<18 m	3yrs+	x	x	x	5yrs+		x		x	x	x	x		
Opioid Maintenance Therapy				x								x	x	x	x		
<b>Rechecks (depends on reason for recheck, use above criteria)</b>																	
Repeat Pap		x		x					x				x				x
Lab													x				

**Health Maint Behaviour Forms - to be developed with HBC Guideline, DRAFT November 2013**

Adopted from Quality Health Care.org The Perfect Practice for an Efficient Physician by Sherry Anderson Delio, MPA, HAS, Used with permission (2003)