### Sample National Ambulatory Medical Care Survey 2012 Lookback Module

**Month** | **Day** | **Year**
---|---|---
2 | 0 | 1

**Was the patient pregnant at the time of visit?**

- [ ] Yes
- [x] No
- [ ] Unknown

**Smoke cigarettes?**

- [ ] Not current
- [ ] Current
- [ ] Unknown

**Health education/Counseling**

- [ ] Mark (X) all that apply.

**Assessment and plan – Blood pressure**

- [ ] Controlled
- [ ] Elevated or uncontrolled
- [ ] Medication being titrated
- [ ] Patient nonadherence

**Assessment and plan – Cholesterol**

- [ ] Controlled
- [ ] Elevated or uncontrolled
- [ ] Medication being titrated
- [ ] Patient nonadherence

**Assessment and plan – Blood glucose**

- [ ] Controlled
- [ ] Elevated or uncontrolled
- [ ] Medication being titrated
- [ ] Patient nonadherence

**Assessment and plan – Referral**

- [ ] Nurse management
- [ ] Nutritionist
- [ ] Smoking-cessation program
- [ ] Weight loss program
- [ ] Other physician, including primary care provider

**Is patient allergic to any medications?**

- [ ] Yes
- [ ] No or no known allergies
- [ ] Unknown

**Enter medication(s) patient is allergic to (Up to 8)**

**Enter medication(s) patient had adverse reactions(s) to (Up to 8)**

**Enter drugs that were ordered, supplied, administered or continued during this visit. Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements (Up to 30).**

- [ ] New
- [ ] Continued
- [ ] Same dose
- [ ] Dose increased
- [ ] Dose decreased

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**Assurance of Confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).
<table>
<thead>
<tr>
<th>Item no.</th>
<th>Type of Test</th>
<th>Test Results</th>
<th>Date of test (mm/dd/yyyy)</th>
<th>Test Results</th>
<th>Date of test (mm/dd/yyyy)</th>
<th>Test Results</th>
<th>Date of test (mm/dd/yyyy)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Cholesterol</td>
<td>mg/dL</td>
<td>/ /</td>
<td>mg/dL</td>
<td>/ /</td>
<td>mg/dL</td>
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<td>2. None found</td>
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<tr>
<td>2</td>
<td>High density lipoprotein (HDL)</td>
<td>mg/dL</td>
<td>/ /</td>
<td>mg/dL</td>
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<td>mg/dL</td>
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<td>2. None found</td>
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<td>Low density lipoprotein (LDL)</td>
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<td>Triglycerides (TGS)</td>
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<tr>
<td>5</td>
<td>HbA1c (Glycohemoglobin)</td>
<td>%</td>
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<td>Fasting blood glucose (FBG)</td>
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