SAMPLE NATIONAL AMBULATORY MEDICAL CARE SURVEY
2012 PATIENT RECORD

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential. It 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).

PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient medical record No.</th>
<th>Sex</th>
<th>Female</th>
<th>Yes – Specify gestation week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of visit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
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</tr>
</tbody>
</table>

Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino

Race
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Expected source(s) of payment for this visit – Mark (X) all that apply.
- Medicare
- Medicaid or CHIP
- Worker’s compensation
- Self-pay
- No charge/Charity
- Other
- Unknown

Tobacco use
- Not current
- Current
- Unknown

PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Temperature</th>
<th>Blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ft</td>
<td>in</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>cm</td>
<td>lb</td>
<td>OR</td>
<td>kg</td>
</tr>
</tbody>
</table>

INJURY/POISONING/ADVERSE EFFECT

<table>
<thead>
<tr>
<th>Is this visit related to an injury, poisoning, or adverse effect of medical treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, injury/trauma</td>
</tr>
<tr>
<td>Yes, poisoning</td>
</tr>
<tr>
<td>Yes, adverse effect of medical treatment</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Is this injury/ poisoning/ adverse effect of medical treatment: Unintentional, Intentional, Unknown Reason for Visit

<table>
<thead>
<tr>
<th>Patient’s complaint(s), symptom(s), or other reason(s) for this visit – Use patient’s own words.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Most important</td>
</tr>
<tr>
<td>(2) Other</td>
</tr>
<tr>
<td>(3) Other</td>
</tr>
</tbody>
</table>

CONTINUITY OF CARE

<table>
<thead>
<tr>
<th>Are you the patient’s primary care physician?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – SKIP to Major reason for this visit</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

Was patient referred for this visit?
- Yes
- No
- Unknown

Has the patient been seen in your practice before?
- Yes – established patient – How many past visits in the last 12 months?
- No, new patient
- Unknown

Major reason for this visit
- New problem (<3 mos. onset)
- Chronic problem, routine
- Chronic problem, flare-up
- Pre/Post surgery
- Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

DIAGNOSIS

As specifically as possible, list diagnoses related to this visit including chronic conditions.

| (1) Primary diagnosis |
| (2) Other |
| (3) Other |

Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply.

| Arthritis |
| Asthma |

Asthma severity:
- Intermittent
- Mild persistent
- Moderate persistent
- Severe persistent
- Other – Specify |

Asthma control:
- Well controlled
- Not well controlled
- Very poorly controlled
- Other – Specify |

| Cancer |
| Diabetes |
| Hypertension |
| Ischemic heart disease |
| Obstructive pulmonary disease (COPD) |
| Chronic obstructive pulmonary disease (COPD) |
| Chronic renal failure |
| Chronic heart failure |
| Congestive heart failure |
| Depression |
| Diabetes |
| Osteoporosis |
| Breast cancer |
| Other – Specify |

| None recorded |
### SERVICES

Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

#### Examinations:

- Breast
- Depression screening
- Food
- General physical exam
- Neurologic
- Pelvic
- Rectal
- Skin

#### Blood tests:

- CBC
- Glucose
- HbA1c (Glycohemoglobin)
- Lipid profile
- PSA (prostate specific antigen)
- Other tests and procedures:
  - Audiometry
  - Breasts
  - Cardiac stress test
  - Chlamydia test
  - Colonoscopy
  - Electroencephalogram (EEG)
  - Electromyogram (EMG)
  - Excision of tissue
  - Fatig monitoring
  - HIV test
  - HPV DNA test
  - PAP test
  - Peak flow
  - Pregnancy/HCG test
  - Rectal examination
  - Retinal examination
  - PSA (prostate specific antigen)
  - Rheumatoid factor
  - Skin biopsy
  - Small cell lung cancer
  - Stool
  - TSH
  - Troponin
  - Tuberculin skin test
  - Ultrasound
  - Venous Doppler ultrasound
  - Visual field

#### Imaging:

- Bone mineral density
- CT scan
- Echoangiogram
- MRI
- Mammography
- X-ray

#### Non-medication treatment:

- Casts/splint/wrap
- Complementary and alternative medicine (CAM)
- Durable medical equipment
- Home health care
- Mental health counseling, excluding psychotherapy
- Physical therapy
- Psychotherapy
- Radiation therapy
- Wound care

#### Health education/Counseling:

- Diet/Nutrition
- Exercise
- Family planning/Contraception
- Growth/Development
- Injury prevention
- Stress management
- Tobacco use/Exposure
- Weight reduction

### MEDICATIONS & IMMUNIZATIONS

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.

#### TIME SPENT WITH PROVIDER

Enter zero if no provider seen.

### VISIT DISPOSITION

Mark (X) all that apply.

1. Physician
2. Physician assistant
3. Nurse practitioner/Physician extender
4. WNLPN
5. Mental health provider
6. Other
7. None

### TESTS

Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit?

<table>
<thead>
<tr>
<th>Test</th>
<th>Most recent result</th>
<th>Date of test (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High density lipoprotein (HDL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low density lipoprotein (LDL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triglycerides (TGS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c (Glycohemoglobin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fasting blood glucose (FBG)</td>
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<td></td>
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</table>