NATIONAL AMBULATORY MEDICAL CARE SURVEY
2013 PATIENT RECORD

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PATIENT INFORMATION

Patient medical record No. Sex
Date of visit Year
ZIP Code
Date of birth Year

date

Expected source(s) of payment for this visit – Mark (X) all that apply.

Private insurance
Medicare
Medicaid or CHIP
Worker’s compensation
Self-pay
No charge/Charity
Other

Tobacco use

Not current
Current
Unknown

VITAL SIGNS

Height cm
Weight lb / oz
Temperature C
Blood pressure Systolic / Diastolic

INJURY/POISONING/ADVERSE EFFECT

Is this visit related to an injury, poisoning, or adverse effect of medical treatment?

Yes, injury/trauma
Yes, poisoning
Yes, adverse effect of medical treatment
No
Unknown

Is this injury/poisoning unintentional or intentional?

Unintentional
Intentional
Unknown

Patient’s complaint(s), symptom(s), or other reason(s) for this visit – Use patient’s own words.

(1) Most important
(2) Other
(3) Other

CONTINUITY OF CARE

Are you the patient’s primary care physician?

Yes – SKIP to (2)
No
Unknown

Was patient referred for this visit?

Yes
No
Unknown

Has the patient been seen in your practice before?

Yes, established patient
Past 12 months
Exclude this visit
Unknown

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.

Asthma
Asthma severity:
Intermittent
Mild persistent
Moderate persistent
Severe persistent
Other – Specify
None recorded

Asthma control:
Well controlled
Not well controlled
Very poorly controlled
Other – Specify
None recorded

Cancer
Cerebrovascular disease
History of stroke or transient ischemic attack (TIA)
Chronic obstructive pulmonary disease (COPD)
Chronic renal failure
Congestive heart failure
Depression
Diabetes
Includes both Type I diabetes mellitus (insulin dependent or IDDM) and Type II diabetes mellitus (non-insulin dependent or NIDDM).
Excludes diabetes insipidus and gestational diabetes.
Hyperlipidemia
Hypertension
Hypothyroidism
Hypothyroidism
Hypothyroidism and documented in record
Osteoporosis
None of the above
**SERVICES**

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

### Blood tests:
- Total Cholesterol
- High density lipoprotein (HDL)
- Low density lipoprotein (LDL)
- Triglycerides (TGs)
- HbA1c (Glycohemoglobin)
- PSA (prostate specific antigen)
- Bone mineral density
- Bone mineral density
- Lipid profile
- Lipid profile
- Eine, Urine
- Urine

### Imaging:
- Bone mineral density
- Bone mineral density
- CT scan
- CT scan
- Echocardiogram
- Echocardiogram
- Other ultrasound
- Other ultrasound
- Mammography
- Mammography
- MRI
- MRI
- X-ray
- X-ray

### Other tests and procedures:
- Audiology
- Audiology
- Colonoscopy
- Colonoscopy
- EKG/ECG
- EKG/ECG
- Electromyogram (EMG)
- Electromyogram (EMG)
- Ultrasound
- Ultrasound
- Other tests and procedures
- Other tests and procedures

### Non-medication treatment:
- Cast/splint/wrap
- Cast/splint/wrap
- Durable medical equipment
- Durable medical equipment
- Complementary and alternative medicine (CAM)
- Complementary and alternative medicine (CAM)
- Tobacco use/Exposure
- Tobacco use/Exposure
- Weight reduction
- Weight reduction

### Other services not listed:
- Other service – Specify
- Other service – Specify
- Other service – Specify
- Other service – Specify
- Other service – Specify

### 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.

### PROVIDERS

Mark (X) all providers seen at this visit.

### TIME SPENT WITH PROVIDER

Enter zero if no provider seen

### VISIT DISPOSITION

Mark (X) all that apply.

### CPT CODES

Please record ALL CPT Codes (Current Procedural Terminology) or HCPCS (Healthcare Common Procedure Coding System) Codes associated with this visit. Include CPT modifier codes if available.

### TESTS

Mark (X) all providers seen at this visit.

Mark (X) all that apply.

Refer to physician

Refer to other physician

Return at specified time

Refer to ER/Admit to hospital

Refer to other physician

Refer to other physician

Refer to other physician

Enter zero if no provider seen