SAMPLE
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2014 OUTPATIENT DEPARTMENT PATIENT RECORD

PATIENT INFORMATION

Patient medical record No. 

Date of visit 

Sex 

1 Female – Is patient pregnant? 

2 Yes – Specify gestation week 

OR 

LMP 

Month Day Year 

Date of birth 

Month Day Year 

Ability to speak English 

1 Yes 

2 No 

3 Unknown 

Ethnicity 

1 Hispanic or Latino 

4 Severe persistent 

2 Not Hispanic or Latino 

3 Moderate persistent 

5 None recorded 

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

1 Private insurance 

4 Medicare 

7 Medicaid or CHIP or other state-based program 

10 Workers’ compensation 

13 Self-pay 

16 No charge/Charity 

19 Other 

22 Unknown 

Tobacco use 

1 Never smoked 

4 Former smoker 

7 Current smoker 

10 Unknown 

BIOMETRICS/VITAL SIGNS

Height 

Weight 

Blood pressure 

Blood pressure 

Systolic Diastolic 

Temperature 

Blood pressure 

℃ F 

Height 

in or cm 

Weight 

lb / kg or oz 

If multiple measurements are taken, record the last measurement.

REASON FOR VISIT

List the first 5 reasons for visit (i.e., symptoms, problems, issues, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons. 

(1) Most important:

(2) Other:

(3) Other:

(4) Other:

(5) Other:

INJURY/POISONING

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

1 Yes, injury 

2 Yes, poisoning 

3 Yes, adverse effect of medical/surgical care or adverse effect of medicinal drug 

4 No 

5 Unknown of Care 

Is this injury or poisoning intentional or unintentional? 

1 Intentional 

2 Unknown (e.g., accidental) 

3 Intent unclear 

Cause of injury, poisoning, or adverse effect – Describe the place and circumstances that preceded the event. Examples: 1. Injury – patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider. 2. Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting). 3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

CONTINUITY OF CARE

DIAGNOSIS

Was patient referred for this visit? 

1 Yes 

2 No 

3 Unknown 

Has the patient been seen in this clinic before? 

1 Yes, established patient – How many past visits to this clinic in the last 12 months? 

2 No, new patient 

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

(1) Primary diagnosis:

(2) Other:

(3) Other:

(4) Other:

(5) Other:

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

1 Alcohol misuse, abuse or dependence 

2 Alzheimer’s disease/Dementia 

3 Arthritis 

4 Asthma 

5 Cancer 

6 Congenital malformations/deformities 

7 Chronic kidney disease (CKD) 

8 Chronic obstructive pulmonary disease (COPD) 

9 Congestive heart failure (CHF) 

10 Coronary artery disease (CAD) 

11 Depression 

12 Diabetes mellitus (DM), Type I 

13 Diabetes mellitus (DM), Type II 

14 Diabetes mellitus (DM), Type unspecified 

15 End-stage renal disease (ESRD) 

16 History of pulmonary embolism (PE) or deep vein thrombosis (DVT) 

17 HIV infection/AIDS 

18 Hypertension 

19 Hypothyroidism 

20 Obesity 

21 Osteoporosis 

22 Substance abuse or dependence 

23 Tobacco use 

24 None of the above 

Asthma severity: 

1 Intermittent 

2 Mild persistent 

3 Moderate persistent 

4 Severe persistent 

5 Other – Specify 

Asthma control: 

1 Well controlled 

2 Not well controlled 

3 Very poorly controlled 

4 Other – Specify 

5 None recorded 

2014 OPD

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 NGHS 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).
Enter all examinations/screenings, laboratory tests, imaging, procedures, treatments, health education/counseling, and other services not listed ORDERED OR PROVIDED.

1: NO SERVICES

Examinations/Screenings:
- Glucose, serum
- Culture, other
- Culture, throat
- Neurologic
- Pelvic
- Rectal
- Retinal/eye exam
- Skin
- Subcutaneous tissue screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)
- Basic metabolic panel
- CBC
- Comprehensive metabolic panel
- Creatinine/renal function panel
- Culture, blood
- Culture, throat
- Culture, urine
- Culture, other
- Glucose, serum
- Gonorrhea test
- HsA1c (Glycohemoglobin)
- Hepatitis testing/hepatitis panel
- Lipid profile
- Liver enzymes/hepatic function panel
- Pap test
- Pregnancy/HCG test
- PSA (prostate specific antigen)
- Rapid strep test
- TSH/Thyroid panel
- Urinalysis
- Vitamin D test
- Bone mineral density
- CT scan
- Echocardiogram
- Ultrasound
- Mammography
- MRI
- X-ray

Procedures:
- Audiometry
- Biopsy
- Biopsy provided?
- Cardiac stress test
- Colonoscopy
- Colonoscopy provided?
- Cyrotherapy/cryosurgery

Imaging:
- EKG/ECG
- Destruction of tissue
- Cryosurgery (cryotherapy)
- MRI
- Ultrasound
- Echocardiogram
- CT scan
- Bone mineral density
- Ultrasound
- Mammography
- MRI
- X-ray

Medications & immunizations

<table>
<thead>
<tr>
<th>Date of test</th>
<th>Most recent result</th>
<th>Tests drawn on the day of the sampled visit or during the 12 months prior to the visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 23, 2014</td>
<td>mg/dL</td>
<td>Total Cholesterol 1 Yes 2 None found&lt;br&gt;2014-06-23 mg/dL</td>
</tr>
</tbody>
</table>