SAMPLE
NATIONAL AMBULATORY MEDICAL CARE SURVEY
2015 PATIENT RECORD

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PATIENT INFORMATION

Patient medical record No.

Date of visit

Month Day Year

Date of birth

Month Day Year

Sex

1 Female

2 Male

Ethnicity

1 Hispanic or Latino

2 Not Hispanic or Latino

Race – Mark (X) all that apply.

1 White

2 Black or African American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian or Alaska Native

Expected source(s) of payment for THIS VISIT – Mark (X) all that apply.

1 Private insurance

2 Medicare

3 Medicaid or CHIP or other state-based program

4 Workers’ compensation

5 Self-pay

6 No charge/Charity

7 Other

8 Unknown

Tobacco use

1 Not current

2 Current

3 Former

4 Unknown

Prior tobacco use

1 Never

2 Former

3 Unknown

BIOMETRICS/VITAL SIGNS

Height

cm

Weight

lb

oz

Temperature

˚C

Blood pressure – if multiple measurements are taken, record the last measurement.

Systolic

1

2

3

Diastolic

50

55

60

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’s history for additional reasons.

Major reason for this visit

1 New problem (<3 mos. onset)

2 Chronic problem, routine

3 Chronic problem, flare-up

4 Pre-surgery

5 Post-surgery

6 Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

INJURY

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

1 Yes, injury/trauma

2 Yes, overdose/poisoning

3 Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug

4 No

5 Unknown

Is this injury/trauma, overdose/poisoning intentional or unintentional?

1 Intentional

2 Unintentional (e.g., accidental)

3 Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?

1 Suicide attempt with intent to die

2 Intentional self-harm without intent to die

3 Unclear if suicide attempt or intentional self-harm without intent to die

4 Intentional harm inflicted by another person (e.g., assault, poisoning)

5 Intent unclear

Causes of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment – Describe the place and circumstances that preceded the injury, poisoning, or adverse effect.

1 Fall or other accidental mechanism

2 Vehicle-related (e.g., automobile, motorcycle)

3 Motorcycle-related (e.g., motorcycle, bicycle)

4 Vehicle/other accidental mechanism

5 Other

INFORMATION

Are you the patient’s primary care provider?

1 Yes – SKIP to

2 No

3 Unknown

Was patient referred for this visit?

1 Yes

2 No

3 Unknown

Has the patient been seen in this practice before?

1 Yes, established patient – How many past visits to this practice in the last 12 months? (Exclude this visit.)

2 No, new patient

DIAGNOSIS

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 Autism spectrum disorder

6 Cancer

7 Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)

8 Chronic kidney disease (CKD)

9 Chronic obstructive pulmonary disease (COPD)

10 Congestive heart failure (CHF)

11 Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)

12 Depression

13 Diabetes mellitus (DM), Type 1

14 Diabetes mellitus (DM), Type 2

15 Diabetes mellitus (DM), Type unspecified

16 End-stage renal disease (ESRD)

17 History of pulmonary embolism (PE), or deep vein thrombosis (DVT), or venous thromboembolism (VTE)

18 HIV Infection/AIDS

19 Hyperlipidemia

20 Hypertension

21 Obesity

22 Obstructive sleep apnea (OSA)

23 Osteoarthritis

24 Substance abuse or dependence

25 None of the above

Complete if Asthma box is marked.

Asthma severity: 1 Intermittent

2 Mild persistent

3 Moderate persistent

4 Severe persistent

5 Other – Specify

Asthma control:

1 None recorded

2 Not controlled

3 Well controlled

4 Very poorly controlled

5 Other – Specify

None recorded
Enter Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. Up to 18 CPT codes can be listed.