NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2015 OUTPATIENT DEPARTMENT PATIENT RECORD

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:
   - Other:
2. Other:
   - Other:
3. Other:
   - Other:
4. Other:
   - Other:

INJURY
Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?
- Yes, injury/trauma
- Yes, overdose/poisoning
- Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
- No
- Unknown

Did the injury/trauma, overdose/poisoning or adverse effect occur within 72 hours prior to the date and time of this visit?
- Yes
- No
- Unknown
- Not Applicable

For adverse effect Sketch to Count

Was the intent of the injury/trauma or overdose/poisoning?
- Intentional
- Unintentional
- Intent unclear

Injury or any adverse effect of medication/surgical treatment – Describe the place and circumstances that preceded the event. Examples: 1 = Injury (e.g., patient fell while walking downstairs 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
Is this clinic the patient’s primary care provider?
- Yes
- No
- Unknown

If yes, was patient referred for this visit?
- Yes
- No
- Unknown

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

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 I
14. Diabetes mellitus (DM), Type II
15. Diabetes mellitus (DM), Type unspecified
16. End-stage renal disease (ESRD)
17. History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
18. HIV infection/AIDS
19. Hyperlipidemia
20. Hypertension
21. Obesity
22. Obstructive sleep apnea (OSA)
23. Osteoporosis
24. Substance abuse or dependence
25. None of the above

Complififh Asthma box is marked. Asthma severity:
- Intermittent
- Mild persistent
- Moderate persistent
- Very persistent
- Other – Specify

Asthma control:
- None recorded
- Poor control
- Well controlled
- Very well controlled
- Other – Specify

None recorded

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**DIAGNOSTICS**

### Examinations/Screener:
- Glucose, serum
- Culture, other
- Foot
- Neurologic
- Pelvic
- Rectal
- Retinal/Eye
- Skin
- Substance abuse screening

### Laboratory tests:
- Basic metabolic panel (BMP)
- CBC
- Chlamydia test
- Comprehensive metabolic panel (CMP)
- Creatinine/Renal function panel
- Culture, blood
- Culture, throat
- Culture, other
- Glucose, serum
- Gonorrhea test
- HIV test
- HPV DNA test

### Procedures:
- 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
- X-ray

### Imaging:
- Bone mineral density
- CT scan
- Echocardiogram
- Ultrasound
- Mammography

### Medications & Immunizations:

#### Providers
- Mark (X) all providers seen at this visit.
- Physician
- Physician assistant
- Nurse practitioner/ Midwife
- RN/LPN
- Mental health provider
- Other
- None

#### Disposition
- Mark (X) all that apply.
- Returning to referring physician
- Refer to other physician
- Return in less than 1 week
- Return in 1 week to less than 2 months
- Return in 2 months or greater
- Return at unspecified time
- Return as needed (p.r.n.)
- Refer to ER/Admit to hospital
- Other

### 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 Type</th>
<th>Most Recent Result</th>
<th>Date of Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total Cholesterol</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>2 High density lipoprotein (HDL)</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>3 Low density lipoprotein (LDL)</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>4 Triglycerides (TGs)</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>5 Hemoglobin (HbA1c)</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>6 Blood glucose (BG)</td>
<td>201</td>
<td>Month</td>
</tr>
<tr>
<td>7 Serum creatinine</td>
<td>201</td>
<td>Month</td>
</tr>
</tbody>
</table>