**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>Patient medical record No.</th>
<th>Age</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Date of visit</td>
<td></td>
<td>Race – Mark (X) all that apply:</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
<td>Yes – Specify gestation week – Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intentional harm inflicted by another</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unintentional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Specified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intentional self-harm without intent to die</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unclear if suicide attempt or intentional self-harm without intent to die</td>
</tr>
</tbody>
</table>

**REASON FOR VISIT**

List the first 5 reasons for visit (i.e., complaint(s), symptom(s), problem(s), concern(s) of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history or history of present illness (HPI) for additional reasons.

1. Most important
2. Other:
3. Other:
4. Other:
5. Other:

**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

Did the injury/trauma, overdose/poisoning, or adverse effect occur within 72 hours prior to the date and time of this visit?

1. Yes
2. No
3. Unknown

For adverse effect SKIP to Cause of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment – Describe the place and circumstances that preceded the event. Examples: 1 – Injury (e.g., patient fell while walking down stairs at home and scraped 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 the patient’s primary care provider?

1. Yes
2. No
3. Unknown

Was patient referred for this visit?

1. Yes
2. No
3. Unknown

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. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
3. Asthma
4. Autism spectrum disorder
5. Cancer
6. Cardiovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
7. Chronic kidney disease (CKD)
8. Chronic obstructive pulmonary disease (COPD)
9. Congestive heart failure (CHF)
10. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
11. Depression
12. Diabetes mellitus (DM), Type I
13. Diabetes mellitus (DM), Type II
14. End-stage renal disease (ESRD)
15. Hepatitis B
16. Hepatitis C
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. Osteoporosis
23. Substance abuse or dependence
24. Other

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. Poorly controlled
2. Well controlled
3. Very poorly controlled
4. Other – Specify
5. None recorded
### DIAGNOSTICS

#### Examinations/Screenings:
- Lipid profile/panel
- Liver enzymes/Hepatic function panel
- Pap test
- Pregnancy/HCG test
- PSA (prostate specific antigen)
- Rapid strep test
- TSH/Thyroid panel
- Urinalysis (UA) or urine dipstick
- Vitamin D test

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

#### Procedures:
- Biopsy
- Colposcopy
- Colonoscopy provided?
- Cryosurgery (cryotherapy)/Excision of tissue provided?
- Dental care
- Destruction of tissue
- Electromyogram (EMG)
- Electroencephalogram (EEG)
- Electromyogram (EMG)
- Excision of tissue
- Excision of tissue provided?
- Glucose, serum
- Glucose, urine
- Hemoglobin (HbA1c) (Glycohemoglobin)
- HIV test
- HPV DNA test
- Lipid profile/panel
- Liver enzymes/Hepatic function panel
- Pap test
- Pregnancy/HCG test
- PSA (prostate specific antigen)
- Rapid strep test
- TSH/Thyroid panel
- Urinalysis (UA) or urine dipstick
- Vitamin D test

#### Laboratory tests:
- Alcohol misuse screening
- Breast
- Depression screening
- Domestic violence screening
- Foot
- Neurologic
- Pelvic
- Dental
- Retinal/Eye
- Skin
- Substance abuse screening
- Wound care

#### Medications & Immunizations

#### Health education/Counseling:
- Alcohol abuse counseling
- Asthma education
- Asthma action plan given to patient
- Diabetes education
- Diet/Nutrition
- Exercise
- Family planning/Contraception
- Genetic counseling
- Growth/Development
- Injury prevention
- STD prevention
- Stress management
- Substance abuse counseling
- Tobacco use/Exposure
- Weight reduction

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

### MEDICATIONS & IMMUNIZATIONS

#### PROVIDERS

#### DISPOSITION

- Return to referring physician/provider
- Refer to other physician/provider
- 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</th>
<th>Most recent result</th>
<th>Date of blood draw</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>High density lipoprotein (HDL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Low density lipoprotein (LDL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Triglycerides (TGs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>HbA1c (Glycohemoglobin) (A1C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Blood glucose (BG)</td>
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</tr>
<tr>
<td></td>
<td>Yes</td>
<td>mg/dL</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Serum creatinine</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>μmol/L</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### CPT CODES

Enter Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. Up to 18 CPT codes can be listed.