### NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

#### 2017 OUTPATIENT DEPARTMENT PATIENT RECORD

**Form Approved: OMB No. 0920-0278; Expiration date 02/28/2018**

**NHAMCS-174**

**1-27-2017**

**Height** ft in

**Date of visit**

**Date of birth**

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

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

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

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient medical record No.</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 Hispanic or Latino</td>
<td>5 Not current</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Not Hispanic or Latino</td>
<td>4 Current</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected sources(s) of payment for THIS VISIT – Mark (X) all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Private insurance</td>
</tr>
<tr>
<td>2 Medicare</td>
</tr>
<tr>
<td>3 Medicaid or CHIP or other state-based program</td>
</tr>
<tr>
<td>4 Workers’ compensation</td>
</tr>
<tr>
<td>5 Self-pay</td>
</tr>
<tr>
<td>6 No charge/Charity</td>
</tr>
<tr>
<td>7 Other</td>
</tr>
<tr>
<td>8 Unknown</td>
</tr>
</tbody>
</table>

### BIOMERICS/VITAL SIGNS

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Temperature</th>
<th>Blood pressure if multiple measurements are taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>in OR</td>
<td>gm</td>
<td>°C OR F</td>
<td>Systolic/Diastolic</td>
</tr>
</tbody>
</table>
DIAGNOSTICS

Diagnostic Services – Mark (X) all Examinations/Screenings, Laboratory tests, Imaging, Procedures, Treatments, Health education/Counseling, and Other services ORDERED OR PROVIDED.

1. □ NO SERVICES

Examinations/Screenings:
- ☐ Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)
- ☐ Breast
- ☐ Depressions screening
- ☐ Domestic violence screening
- ☐ Foot
- ☐ Neurologic
- ☐ Pelvic
- ☐ Dental
- ☐ Retinal/Eye
- ☐ Skin
- ☐ Substance abuse screening (includes NIDA/NM ASSIST, CAGE-ABD, DAST-10)

Laboratory tests:
- ☐ Basic metabolic panel (BMP)
- ☐ CBC
- ☐ Chlamydia test
- ☐ Comprehensive metabolic panel (CMP)
- ☐ Creatinine/Renal function panel
- ☐ Culture, blood
- ☐ Culture, throat
- ☐ Culture, urine
- ☐ Culture, other
- ☐ Glucose, serum
- ☐ Gonorrhea test
- ☐ HBsAg (Glycohemoglobin)
- ☐ Hepatitis testing/panel
- ☐ 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

Imaging:
- ☐ ECG
- ☐ X-ray
- ☐ CT scan
- ☐ MRI
- ☐ Mammography
- ☐ Ultrasound

Procedures:
- ☐ Biopsy
- ☐ Colonoscopy
- ☐ Flexible sigmoidoscopy
- ☐ Hemoglobin
- ☐ Hematocrit
- ☐ Serum creatinine
- ☐ 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

Tests:
- ☐ Electrocardiogram (EKG/ECG)
- ☐ Electroencephalogram (EEG)
- ☐ Electromyogram (EMG)
- ☐ Excision of tissue
- ☐ Excision of tissue provided?
- ☐ Glucose, serum
- ☐ Hemoglobin
- ☐ Hematocrit
- ☐ Serum creatinine
- ☐ Lipid profile/panel
- ☐ Liver enzymes/Hepatic function panel
- ☐ Pap test
- ☐ Pregnancy/HCG test
- ☐ PSA (prostate specific antigen)
- ☐ Rapid strep test
- ☐ TSH/Thyroid panel
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CPT CODES

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