### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient medical record No.</td>
<td></td>
</tr>
<tr>
<td>Date of visit</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>1 Years, 2 Months, 3 Days</td>
</tr>
<tr>
<td>Sex</td>
<td>Female – Is patient pregnant?</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic or Latino, Not Hispanic or Latino</td>
</tr>
<tr>
<td>Race – Mark (X) all that apply</td>
<td>White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native</td>
</tr>
<tr>
<td>Expected source(s) of payment for THIS VISIT – Mark (X) all that apply</td>
<td>Private insurance, Medicare, Medicaid or CHIP or other state-based program, Workers’ compensation, Self-pay, No charge/Charity, Other, Unknown</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Not current, Current, Unknown, Prior tobacco use Never, Former, Unknown</td>
</tr>
</tbody>
</table>

### BIOMETRICS/VITAL SIGNS

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>ft, cm</td>
</tr>
<tr>
<td>Weight</td>
<td>lb, kg</td>
</tr>
<tr>
<td>Temperature</td>
<td>°C, °F</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Systolic, Diastolic</td>
</tr>
</tbody>
</table>

### 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

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

For adverse effect SKIP to Cause

<table>
<thead>
<tr>
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<th>Options</th>
</tr>
</thead>
</table>

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

- Intentional
- Unintentional (e.g. accidental)
- Intent unknown

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

### CONTINUTY OF CARE

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

### 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. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
6. Autism spectrum disorder
7. Bladder cancer
8. Cerebrovascular disease/History of stroke (CVT) or transient ischemic attack (TIA)
9. Chronic kidney disease (CKD)
10. Chronic obstructive pulmonary disease (COPD)
11. Congestive heart failure (CHF)
12. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
13. Depression
14. Diabetes mellitus (DM), Type 1
15. Diabetes mellitus (DM), Type 2
16. Diabetes mellitus (DM), Type unspecified
17. End-stage renal disease (ESRD)
18. Hepatitis B
19. Hepatitis C
20. History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
21. HIV Infection/AIDS
22. Hyperlipidemia
23. Hypertension
24. Obesity
25. Obstetric sleep apnea (OSA)
26. Osteoporosis
27. Substance abuse or dependence
28. 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. Well controlled
2. Not well controlled
3. Very poorly controlled
4. Other – Specify

6. None recorded

7. None recorded
### Examinations/Screenings:

- Glucose, serum
- Culture, other
- Culture, throat
- Culture, urine
- Chlamydia test
- Comprehensive metabolic panel (CMP)
- Creatinine/ Renal function panel
- Blood glucose (BG)
- Uric acid
- 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:

- Basic metabolic panel (BMP)
- CBC
- Chlamydia test
- Comprehensive metabolic panel (CMP)
- Creatinine/ Renal function panel
- Culture, throat
- Culture, blood
- Culture, other
- Glucose, serum
- Gonorrhea test
- HbA1c (Glycohemoglobin)
- Hepatitis testing/panel
- HIV test
- HPV DNA test

### Procedures:

- Biopsy
- Bone mineral density
- CT scan
- Echo cardogram
- Other ultrasound
- Mamography
- MRI
- X-ray
- Audiometry
- Colonoscopy
- Colonoscopy provided?

### Imaging:

- Bone mineral density
- CT scan
- Echo cardogram
- Other ultrasound
- Mamography
- MRI
- X-ray

### Procedures:

- Colonoscopy
- Colonoscopy provided?

### Treatments:

- Cast/splint/wrap
- Complementary and alternative medicine (CAM)
- Durable medical equipment
- Home health care
- Mental health counseling, excluding psychotherapy
- Occupational therapy
- Physical therapy
- Psychotherapy
- Radiation therapy
- Wound care

### Medications & Immunizations:

<table>
<thead>
<tr>
<th>No.</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alcohol abuse counseling</td>
</tr>
<tr>
<td>2</td>
<td>Asthma education</td>
</tr>
<tr>
<td>3</td>
<td>Asthma action plan given to patient</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes education</td>
</tr>
<tr>
<td>5</td>
<td>Diet/Nutrition</td>
</tr>
<tr>
<td>6</td>
<td>Exercise</td>
</tr>
<tr>
<td>7</td>
<td>Family planning/Contraception</td>
</tr>
<tr>
<td>8</td>
<td>Genetic counseling</td>
</tr>
<tr>
<td>9</td>
<td>Growth/Development</td>
</tr>
<tr>
<td>10</td>
<td>Injury prevention</td>
</tr>
<tr>
<td>11</td>
<td>STD prevention</td>
</tr>
<tr>
<td>12</td>
<td>Stress management</td>
</tr>
<tr>
<td>13</td>
<td>Substance abuse counseling</td>
</tr>
<tr>
<td>14</td>
<td>Tobacco use/Exposure</td>
</tr>
<tr>
<td>15</td>
<td>Weight reduction</td>
</tr>
</tbody>
</table>

### Other Services not listed:

- Other service – Specify (if none selected) |

### VISIT DISPOSITION:

- Enter current Provider – Select

### Time Spent with Provider:

- Five Minutes

### Date of Blood Draw:

- Month Day Year
- 2011

### CPT Codes:

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