a. Date of visit
- Month
- Day
- Year
b. Sex
- Female
- Male
c. Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
   - White
   - Black/African American
   - Asian
   - Native Hawaiian/Other Pacific Islander
   - American Indian/Alaska Native

2. INJURY/PoISONING/ADVERSE EFFECT

3. REASON FOR VISIT

4. CONTINUITY OF CARE

5. PROVIDER’S DIAGNOSIS FOR THIS VISIT

6. VITAL SIGNS

7. DIAGNOSTIC/SCREENING SERVICES

8. HEALTH EDUCATION

9. NON-MEDICATION TREATMENT

10. MEDICATIONS & IMMUNIZATIONS

11. PROVIDERS

12. VISIT DISPOSITION