**Patient Information**

<table>
<thead>
<tr>
<th>Patient medical record No.</th>
<th>Age</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Race</th>
<th>Expected source(s) of payment for THIS VISIT – Mark (X) all that apply.</th>
<th>Tobacco use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Private insurance</td>
<td>Medicare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</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. **Major reason for this visit**
   - New problem (<3 mos. onset)
   - Chronic problem, routine
   - Chronic problem, flare-up
   - Pre-surgery
   - Post-surgery
   - Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

2. **INJURY**
   - Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?
     - Yes
       - Injury/trauma
       - Overdose/poisoning or adverse effect
     - No

3. **DIAGNOSIS**
   - Has the patient been seen in this practice before?
     - Yes, re-established patient
     - Yes, new patient
     - No
   - How many past visits to this practice in the last 12 months?
     - 1
     - 2
     - 3
     - 4
     - 5
     - More than 5
   - What is the patient’s primary care provider?
     - Yes
     - No
   - Was patient referred for this visit?
     - Yes
     - No
   - Has the patient been seen in this practice before?
     - Yes
     - No
   - How many past visits to this practice in the last 12 months?
     - 1
     - 2
     - 3
     - 4
     - 5
     - More than 5
   - What is the diagnosis related to this visit including chronic conditions?
     - Primary diagnosis
     - Other
     - Other
   - If applicable:
     - Asthma severity
     - Control
     - None recorded
     - Well controlled
     - Poorly controlled
     - Other

4. **CONTINUITY OF CARE**
   - Is the patient under the care of a specialist?
     - Yes
     - No
   - Has the patient been seen in this practice before?
     - Yes
     - No
   - How many past visits to this practice in the last 12 months?
     - 1
     - 2
     - 3
     - 4
     - 5
     - More than 5
   - What is the diagnosis related to this visit including chronic conditions?
     - Primary diagnosis
     - Other
     - Other
   - If applicable:
     - Asthma severity
     - Control
     - None recorded
     - Well controlled
     - Poorly controlled
     - Other

5. **BIOMETRICS/VITAL SIGNS**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Temperature</th>
<th>Blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ft</td>
<td>lb</td>
<td>°F</td>
<td>mmHg</td>
</tr>
</tbody>
</table>

6. **Assurance of confidentiality**

- We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes.
- NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 36B(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347).
- In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

- CDC estimates the average public reporting burden for this collection of information as 1 minute per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information.
- We apply.

- The information that you provide is a voluntary submission that is used to compile national data to monitor public health and healthcare. It will be limited to the person(s) specified on the form and will be kept confidential. It may be shared with other federal agencies.

- CDC is required to collect this information. We will use your information to implement public health activities and programs.

- Under Section 308(d) of the Public Health Service Act (42 U.S.C. 264m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347), every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

- AIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

- CDC is required to collect this information. We will use your information to implement public health activities and programs.

- Under Section 308(d) of the Public Health Service Act (42 U.S.C. 264m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347), every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

- AIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.

- CDC is required to collect this information. We will use your information to implement public health activities and programs.

- Under Section 308(d) of the Public Health Service Act (42 U.S.C. 264m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA, Title 5 of Public Law 107-347), every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about you.
Up to 18 CPT codes can be listed. Enter Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.

Examinations/Screenings: No services listed.

Laboratory tests: No services listed.

MEDICATIONS & IMMUNIZATIONS

PROVIDERS

TIME SPENT WITH PROVIDER

TESTS

CPT CODES