



# National Ambulatory Medical Care Survey

## 2010 Patient Record Folio

WEEK OF –		<b>FROM</b>				<b>TO</b>			
		Month <input type="text"/> <input type="text"/>		Day <input type="text"/> <input type="text"/>		Month <input type="text"/> <input type="text"/>		Day <input type="text"/> <input type="text"/>	
SURVEY WEEK		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	<b>Total</b>
Complete a Patient Record for patient <input type="text"/> <b>SW</b> and every <input type="text"/> <b>TE</b> nth patient thereafter.	Number of patient visits								
	Number of records completed								
Please return the entire Folio with <b>both the completed and blank forms</b> at the completion of the survey week. Thank you!									

**Notice** – Public reporting burden for this collection of information is estimated to average 9 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).



## GENERAL INSTRUCTIONS

**See card in pocket for instructions on how to complete Patient Record.**

### REPORTING DATES

Your reporting dates are:

Monday,

through Sunday,

### PATIENT SIGN-IN SHEET

Record the name of every patient seen during the Reporting Period on a Sign-In Sheet maintained by your office. Record each patient in the order registered by the receptionist or seen by the provider. If two or more patients are seen during a single provider visit, the patients should be listed in the sequence registered or the sequence seen. It is important to record every patient visit including those not seen by the provider but attended to by the staff. Patients who visit the provider more than once during the Reporting Period should be recorded on the Sign-In Sheet at each visit.

### PATIENT RECORD

Follow the Sampling Pattern below to determine for which visit(s) a Patient Record should be completed.

START WITH

TAKE EVERY

The START WITH designates the FIRST PATIENT for whom a Patient Record should be completed. The TAKE EVERY designates every patient thereafter for whom a Patient Record should be completed. For example, for a Start With of 2 and Take Every of 3, a Patient Record will be completed for the second patient listed on the office Sign-In Sheet and every third patient listed thereafter (e.g., 2, 5, 8, etc.). It is essential that the Take Every Number is extended each day from one Sign-In Sheet to another. For example, if your office uses a new Sign-In Sheet each day, then the Take Every Number has to be extended from the last patient visit selected on Monday to the new list on Tuesday. If a single Sign-In Sheet is used during the entire Reporting Period, then the Take Every Number needs to be extended as new patient names are added to the list.

**Please refer to the NAMCS-26 Instruction Book for more detailed information on the sampling pattern.**

### DEFINITIONS

For purposes of this study:

1. An *ambulatory patient* is an individual presenting for personal health services, not currently admitted to any health care institution on the premises. **Include** patients the physician sees; and patients the physician does not see but who receive care from a physician assistant, nurse, nurse practitioner, etc. **Exclude** persons who visit only for administrative reasons, such as to complete an insurance form; patients who do not seek care or services (e.g., pick up a prescription or leave a specimen); persons currently admitted as inpatients to the hospital (**nursing home patients should be included, however**); and telephone/e-mail contacts with patients.
2. A *visit* is a direct, personal exchange between an ambulatory patient and a provider or medical staff member under a provider's direction for the purpose of seeking care and rendering personal health services.
3. Offices are premises that providers identify as locations for their ambulatory practices, customarily including consulting, examination, or treatment spaces their patients associate with the particular provider.

### DISPOSITION OF MATERIALS

As each Patient Record is completed, place it in the pocket of the folio. At the end of each day, scan all forms to be sure they are properly completed, verify that the total number of completed Patient Records equals the number appearing on the last completed Patient Record. At the end of the Reporting Period, detach patient's name, return all Patient Records and all unused materials to the field representative as arranged. (**DO NOT RETURN THE DETACHED PAGES OF THE PATIENT RECORD THAT CONTAIN THE PATIENT'S NAME**).

### FIELD REP

In case of questions or difficulty, please call the Field Representative collect:

Name

Phone Number



**14. LABORATORY TEST RESULTS**

Item number (a)	Were the following laboratory tests drawn within 12 months of this visit? (b)	Most recent result (c)	Date most recent result was drawn (mm/dd/yyyy) (d)
1	Total Cholesterol 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months – <i>Skip to next item</i>	<input type="text"/> mg/dl	<input type="text"/> / <input type="text"/> / <input type="text"/>
2	High density lipoprotein (HDL) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months – <i>Skip to next item</i>	<input type="text"/> mg/dl	<input type="text"/> / <input type="text"/> / <input type="text"/>
3	Low density lipoprotein (LDL) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months – <i>Skip to next item</i>	<input type="text"/> mg/dl	<input type="text"/> / <input type="text"/> / <input type="text"/>
4	Triglycerides 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months – <i>Skip to next item</i>	<input type="text"/> mg/dl	<input type="text"/> / <input type="text"/> / <input type="text"/>
5	Glycohemoglobin A1c (HgbA1c) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months – <i>Skip to next item</i>	<input type="text"/> % of Hgb	<input type="text"/> / <input type="text"/> / <input type="text"/>
6	Fasting blood glucose (FBG) 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found within 12 months	<input type="text"/> mg/dl	<input type="text"/> / <input type="text"/> / <input type="text"/>