

NHAMCS OPD Screen Shots

OMB No. 0920-0278; Exp. Date: _____

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National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition

1 of 1 PRF's MRN: NHAMCS-100(OPD) PATIENT INFORMATION

<p>♦ Enter patient's first name</p> <input style="width: 90%;" type="text"/>	<p>♦ Age</p> <input style="width: 80%;" type="text"/>	<p>♦ Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. Private Insurance</p> <p><input type="checkbox"/> 2. Medicare</p> <p><input type="checkbox"/> 3. Medicaid or CHIP</p> <p><input type="checkbox"/> 4. Worker's compensation</p> <p><input type="checkbox"/> 5. Self-pay</p> <p><input type="checkbox"/> 6. No charge /Charity</p> <p><input type="checkbox"/> 7. Other</p> <p><input type="checkbox"/> 8. Unknown</p>
<p>♦ Enter patient's middle name</p> <input style="width: 90%;" type="text"/>	<p>♦ Enter time period <input type="radio"/> 1. Days <input type="radio"/> 3. Years</p> <p><input type="radio"/> 2. Months</p>	<p>♦ Tobacco Use</p> <p><input type="radio"/> 1. Not current</p> <p><input type="radio"/> 2. Current</p> <p><input type="radio"/> 3. Unknown</p>
<p>♦ Enter patient's last name</p> <input style="width: 90%;" type="text"/>	<p>♦ Sex <input type="radio"/> 1. Female</p> <p><input type="radio"/> 2. Male</p>	
<p>♦ Enter the patient's medical record number</p> <input style="width: 90%;" type="text"/>	<p>♦ Is patient pregnant? <input type="radio"/> 1. Yes</p> <p><input type="radio"/> 2. No</p>	<p>♦ Race (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. White</p> <p><input type="checkbox"/> 2. Black or African American</p> <p><input type="checkbox"/> 3. Asian</p> <p><input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 5. American Indian or Alaska Native</p>
<p>♦ Date of visit (arrival) (Format MM/DD/YYYY)</p> <input style="width: 80%;" type="text"/>	<p>♦ Ethnicity <input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino</p>	
<p>♦ Patient's 5 digit zip code. (Enter "1" if homeless)</p> <input style="width: 80%;" type="text"/>	<p>♦ Date of birth</p> <input style="width: 80%;" type="text"/>	

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1 of 1 PRF's MRN: NHAMCS-100(OPD) INJURY/POISONING/ADVERSE EFFECT

♦ Is this visit related to any of the following?

1. Unintentional injury/poisoning
 2. Intentional injury/poisoning
 3. Injury/poisoning - unknown intent
 4. Adverse effect of medical/surgical care or adverse effect of medicinal drug
 5. None of the above

♦ Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit in the patient's own words. Enter the "most important" complaint/symptom/reason first Enter the "most important" complaint/symptom/reason first

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Continuity of care

♦ Is this clinic the patient's primary care provider?

1. Yes 2. No 3. Unknown

♦ Was patient referred for this visit?

1. Yes 2. No 3. Unknown

♦ Has the patient been seen in this clinic before?

1. Yes, established patient 2. No, new patient

♦ How many past visits in the last 12 months? (Exclude this visit)

♦ Major reason for this visit

1. New problem (<3 mos. onset) 5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)
 2. Chronic problem, routine
 3. Chronic problem, flare-up
 4. Pre/Post surgery

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Providers diagnosis for this visit

♦ As specifically as possible, list diagnoses related to this surgery or procedure
 ♦ List PRIMARY diagnoses first

♦ Locate the diagnosis in the look-up table. Enter "XXX" if diagnosis cannot be found

♦ Locate the diagnosis in the look-up table. Enter "XXX" if diagnosis cannot be found

♦ Regardless of the diagnoses previously entered, does the patient now have -
 Enter all that apply, separate with commas

<input type="checkbox"/> 1. Arthritis	<input type="checkbox"/> 4. Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)	<input type="checkbox"/> 5. Chronic renal failure	<input type="checkbox"/> 9. Diabetes	<input type="checkbox"/> 13. Obesity
<input type="checkbox"/> 2. Asthma	<input type="checkbox"/> 6. Congestive heart failure	<input type="checkbox"/> 7. COPD	<input type="checkbox"/> 10. Hyperlipidemia	<input type="checkbox"/> 14. Osteoporosis
<input type="checkbox"/> 3. Cancer	<input type="checkbox"/> 8. Depression	<input type="checkbox"/> 11. Hypertension	<input type="checkbox"/> 12. Ischemic heart disease	<input type="checkbox"/> 15. None of the above

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Providers diagnosis for this visit

♦ Asthma severity

<input type="radio"/> 1. Intermittent	<input type="radio"/> 4. Severe persistent
<input type="radio"/> 2. Mild persistent	<input type="radio"/> 5. Other
<input type="radio"/> 3. Moderate persistent	<input type="radio"/> 6. None recorded

♦ Specify Asthma severity

♦ Asthma control

<input type="radio"/> 1. Well controlled	<input type="radio"/> 3. Very poorly controlled
<input type="radio"/> 2. Not well controlled	<input type="radio"/> 4. Other
<input type="radio"/> 5. None recorded	

♦ Specify Asthma control

? [F1]
 ♦ Select cancer type

<input type="radio"/> 0. In situ	<input type="radio"/> 2. Stage II	<input type="radio"/> 4. Stage IV
<input type="radio"/> 1. Stage I	<input type="radio"/> 3. Stage III	<input type="radio"/> 5. Unknown stage

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Vital signs

♦ Height (feet) <input type="text"/>	♦ Height (inches) <input type="text"/>
♦ Height (centimeters) <input type="text"/>	
♦ Weight (pounds) <input type="text"/>	♦ Weight (ounces) <input type="text"/>
♦ Weight (kilograms) <input type="text"/>	♦ Weight (gm) <input type="text"/>
♦ Temperature <input type="text"/>	♦ Temperature type <input type="radio"/> 1. Celsius <input type="radio"/> 2. Fahrenheit
♦ Blood Pressure - SYSTOLIC <input type="text"/>	♦ Blood pressure - DIASTOLIC Enter 998 for P, PAL, DOPP, or DOPPLER <input type="text"/>

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Services

? [F1]

♦ Services
Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

<input type="checkbox"/> 1. NO SERVICES Examinations <input type="checkbox"/> 2. Breast <input type="checkbox"/> 3. Depressing screening <input type="checkbox"/> 4. Foot <input type="checkbox"/> 5. General physical exam <input type="checkbox"/> 6. Neurologic <input type="checkbox"/> 7. Pelvic <input type="checkbox"/> 8. Rectal <input type="checkbox"/> 9. Retinal <input type="checkbox"/> 10. Skin Blood tests <input type="checkbox"/> 11. CBC <input type="checkbox"/> 12. Glucose <input type="checkbox"/> 13. HgbA1c (Glycohemoglobin) <input type="checkbox"/> 14. Lipid profile <input type="checkbox"/> 15. PSA (prostate specific antigen)	<input type="checkbox"/> 16. Imaging Bone mineral density <input type="checkbox"/> 17. CT scan <input type="checkbox"/> 18. Echocardiogram <input type="checkbox"/> 19. Other ultrasound <input type="checkbox"/> 20. Mammography <input type="checkbox"/> 21. MRI <input type="checkbox"/> 22. X-ray Other tests and procedures <input type="checkbox"/> 23. Audiometry <input type="checkbox"/> 24. Biopsy <input type="checkbox"/> 25. Cardiac stress test <input type="checkbox"/> 26. Colonoscopy <input type="checkbox"/> 27. Chlamydia test <input type="checkbox"/> 28. EKG/ECG <input type="checkbox"/> 29. Electroencephalogram (EEG) <input type="checkbox"/> 30. Electromyogram (EMG) <input type="checkbox"/> 31. Excision of tissue	<input type="checkbox"/> 32. Fetal monitoring <input type="checkbox"/> 33. HIV test <input type="checkbox"/> 34. HPV DNA test <input type="checkbox"/> 35. PAP test <input type="checkbox"/> 36. Peak flow <input type="checkbox"/> 37. Pregnancy/HCG test <input type="checkbox"/> 38. Sigmoidoscopy <input type="checkbox"/> 39. Spirometry <input type="checkbox"/> 40. Tonometry <input type="checkbox"/> 41. Urinalysis Non-medication treatment <input type="checkbox"/> 42. Cast/splint/wrap <input type="checkbox"/> 43. Complementary and alternative medicine (CAM) <input type="checkbox"/> 44. Durable medical equipment <input type="checkbox"/> 45. Home health care <input type="checkbox"/> 46. Mental health counseling <input type="checkbox"/> 47. Physical therapy	<input type="checkbox"/> 48. Psychotherapy <input type="checkbox"/> 49. Radiation therapy <input type="checkbox"/> 50. Wound care Health education /counseling <input type="checkbox"/> 51. Asthma <input type="checkbox"/> 52. Diet/Nutrition <input type="checkbox"/> 53. Exercise <input type="checkbox"/> 54. Family planning/Contraception <input type="checkbox"/> 55. Growth/Development <input type="checkbox"/> 56. Injury prevention <input type="checkbox"/> 57. Stress management <input type="checkbox"/> 58. Tobacco use/Exposure <input type="checkbox"/> 59. Weight reduction Other services not listed <input type="checkbox"/> 60. Other service
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1 of 1 PRF's MRN: NHAMCS-100(OPD) Services

♦ Biopsy provided?
 1. Yes
 2. No

♦ Colonoscopy provided?
 1. Yes
 2. No

♦ Excision of tissue provided?
 1. Yes
 2. No

♦ Sigmoidoscopy provided?
 1. Yes
 2. No

♦ Asthma action plan given to patient?
 1. Yes
 2. No

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1 of 1 PRF's MRN: NHAMCS-100(OPD) Providers

♦ Enter all providers seen at this visit, separate with commas

1. Physician 5. Mental health provider
 2. Physician assistant 6. Other
 3. Nurse practitioner/Midwife 7. None
 4. RN/LPN

♦ Enter time spent, in minutes, with provider

Enter 0 if no provider seen

♦ Visit Disposition (Enter all that apply, separate with commas)

1. Refer to other physician 4. Other
 2. Return at specified time
 3. Refer to ER /Admit to hospital

National Hospital Ambulatory Medical Care Survey (NHAMCS-2011) - version 1.24

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♦ Were the following laboratory tests drawn 1=yes 2=no		
	Most recent result	Date of Test
<input type="checkbox"/> ♦ Was a total cholesterol laboratory test drawn within the past 12 months of this visit?	<input type="checkbox"/> ♦ Total cholesterol	<input type="text"/>
<input type="checkbox"/> ♦ Was a high density lipoprotein (HDL) laboratory test drawn within the past 12 months of visit?	<input type="checkbox"/> ♦ HDL	<input type="text"/>
<input type="checkbox"/> ♦ Was a low density lipoprotein (LDL) laboratory test drawn within the past 12 months of visit?	<input type="checkbox"/> ♦ LDL	<input type="text"/>
<input type="checkbox"/> ♦ Was a triglycerides (TGS) laboratory test drawn within the past 12 months of visit?	<input type="checkbox"/> ♦ TGS	<input type="text"/>
<input type="checkbox"/> ♦ Was a glycohemoglobin HbA1c laboratory test drawn within the past 12 months of this visit?	<input type="checkbox"/> ♦ A1C	<input type="text"/>
<input type="checkbox"/> ♦ Was a fasting blood glucose (FBG) laboratory test drawn within the past 12 months of this visit?	<input type="checkbox"/> ♦ FBG	<input type="text"/>

OPD Lookback

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♦ Collect the following data for each prior visit in the previous 12 months.

Collect up to 10 prior visits, starting with the oldest. (Exclude telephone calls, emails, and faxes).

Reference Time: 5/4/2010 - 5/4/2011

1. Enter 1 to Continue

Intro 1

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Reference Time: 5/4/2010 - 5/4/2011

♦ Date of visit (Format MM/DD/YYYY)

Enter 999 for no other visits

Visit Date	<input type="text"/>	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant	<input type="checkbox"/>	Weight - Oz	<input type="text"/>	Meds Allergic 1	<input type="checkbox"/>
Smoke	<input type="checkbox"/>	Weight - Kg	<input type="text"/>	Meds Allergic 2	<input type="checkbox"/>
Diagnosis	<input type="text"/>	Weight - Gm	<input type="text"/>	Meds Allergic 3	<input type="checkbox"/>
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	<input type="checkbox"/>
- Male	<input type="checkbox"/>	BP - Diastolic	<input type="text"/>	Meds Allergic 5	<input type="checkbox"/>
- Female	<input type="checkbox"/>	Services	<input type="text"/>	Meds Allergic 6	<input type="checkbox"/>
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	<input type="checkbox"/>
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	<input type="checkbox"/>
Height -	<input type="text"/>	Plan - BP	<input type="text"/>		
		Plan - Chol	<input type="text"/>		
		Plan - BG	<input type="text"/>		
		Plan - Referral	<input type="text"/>		

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♦ Smoke cigarettes

1. Not current
 2. Current
 3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	<input type="text"/>	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	<input type="text"/>	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="text"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	<input type="text"/>	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="text"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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♦ Does the patient now have

Enter all that apply, separate with commas

1. NONE
 2. Cerebrovascular disease/history of stroke or transient ischemic attack (TIA)
 3. Congestive heart failure (CHF)
 4. Diabetes
 5. Hypertension
 6. Hyperlipidemia
 7. Ischemic heart disease

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	<input type="text"/>	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="text"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	<input type="text"/>	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="text"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD)...

...in a father, son, or brother less than age 55

1. Yes 2. No 3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	<input type="checkbox"/>	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="checkbox"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
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♦ Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD)...

...in a mother, daughter, or sister less than age 55?

1. Yes 2. No 3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	<input type="checkbox"/>	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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♦ Blood pressure - DIASTOLIC

Enter 998 for P, PAL, DOPP, or DOPPLER

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
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♦ Services

Enter all that apply, separate with commas

1. NONE
 2. Lipids/cholesterol
 3. HgbA1c (Glycohemoglobin A1c)
 4. Fasting blood glucose (FBG)
 5. Creatinine
 6. Potassium
 7. Sodium
 8. AST/ALT
 9. Basic metabolic panel
 10. Comprehensive metabolic panel (CMP)

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	<input type="text"/>	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	<input type="text"/>	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	<input type="text"/>	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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♦ Health education/counseling

Enter all that apply, separate with commas

1. NONE
 2. Diet/Nutrition-Reduce fat/Cholesterol
 3. Diet/Nutrition-Reduce salt/sodium
 4. Weight or caloric reduction
 5. Exercise
 6. Smoking cessation

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed		Meds Allergic 7	
Height - Inches		Plan		Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
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♦ Assessment and plan

Enter all that apply, separate with commas

1. NONE
 2. Blood pressure assessment and plan
 3. Cholesterol assessment and plan
 4. Blood glucose assessment and plan
 5. Referral

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan		Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback

♦ Assessment and plan - blood pressure

Enter all that apply, separate with commas

1. Controlled
 2. Elevated or uncontrolled
 3. Medication being titrated
 4. Ambulatory/home blood pressure monitoring normal
 5. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History		BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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♦ Assessment and plan - cholesterol

Enter all that apply, separate with commas

1. Controlled
 2. Elevated or uncontrolled
 3. Medication being titrated
 4. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History		BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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♦ Assessment and plan - blood glucose

Enter all that apply, separate with commas

1. Controlled 3. Medication being titrated
 2. Elevated or uncontrolled 4. Patient nonadherence

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Assessment and plan - referral

Enter all that apply, separate with commas

1. Nurse management
 2. Nutritionist
 3. Smoking-cessation program
 4. Weight loss program
 5. Other physician, including primary care provider

Visit Date	1/1/2011	Weight - Lbs		Allergic	<input type="checkbox"/>
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic		Meds Allergic 4	
- Male	3	BP - Diastolic		Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet		Health Ed	1	Meds Allergic 7	
Height - Inches		Plan	2,3,4,5	Meds Allergic 8	
Height -		Plan - BP			
		Plan - Chol			
		Plan - BG			
		Plan - Referral			

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Is patient allergic to any medication, e.g., bleeding from aspirin?

1. Yes 2. No 3. Unknown

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	<input type="text"/>
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	
- Female	3	Services	1	Meds Allergic 6	
Height - Feet	<input type="text"/>	Health Ed	1	Meds Allergic 7	
Height - Inches	<input type="text"/>	Plan	2,3,4,5	Meds Allergic 8	
Height -	<input type="text"/>	Plan - BP	<input type="text"/>		
		Plan - Chol	<input type="text"/>		
		Plan - BG	<input type="text"/>		
		Plan - Referral	<input type="text"/>		

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♦ Enter medication(s) patient is allergic or intolerant to

Visit Date	1/1/2011	Weight - Lbs	<input type="text"/>	Allergic	1
Pregnant		Weight - Oz	<input type="text"/>	Meds Allergic 1	<input type="text"/>
Smoke	3	Weight - Kg	<input type="text"/>	Meds Allergic 2	<input type="text"/>
Diagnosis	1	Weight - Gm	<input type="text"/>	Meds Allergic 3	<input type="text"/>
Family History	<input type="checkbox"/>	BP - Systolic	<input type="text"/>	Meds Allergic 4	<input type="text"/>
- Male	3	BP - Diastolic	<input type="text"/>	Meds Allergic 5	<input type="text"/>
- Female	3	Services	1	Meds Allergic 6	<input type="text"/>
Height - Feet	<input type="text"/>	Health Ed	1	Meds Allergic 7	<input type="text"/>
Height - Inches	<input type="text"/>	Plan	2,3,4,5	Meds Allergic 8	<input type="text"/>
Height -	<input type="text"/>	Plan - BP	<input type="text"/>		
		Plan - Chol	<input type="text"/>		
		Plan - BG	<input type="text"/>		
		Plan - Referral	<input type="text"/>		

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Date of visit: 1/1/2011

♦ List all prescription and over-the-counter (OTC) medications and immunizations ordered, administered, or continued during this visit.

Enter 0 for no more

	Meds/Immunizations	New/Continued	Dose
[1]	<input type="text"/>	<input type="checkbox"/>	
[2]			
[3]			
[4]			
[5]			
[6]			
[7]			
[8]			
[9]			
[10]			
[11]			
[12]			
[13]			
[14]			
[15]			

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♦ Now you will be collecting laboratory test results for certain tests performed within the 15 months before the sampled visit (5/4/2011).

Collect up to 15 results for each type of test, starting with the oldest.

Reference Time: 1/29/2010 - 5/4/2011

1. Enter 1 to Continue

Intro for Tests

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a total cholesterol test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes

2. No / not found

Cholesterol

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Total cholesterol result (Start with the oldest test)

Enter '999' for no more

	Visit Date	Reference Time	Chol Results	Chol Date
[1]	5/4/2011	1/29/2010	<input type="text"/>	<input type="text"/>
[2]				
[3]				
[4]				
[5]				
[6]				
[7]				
[8]				
[9]				
[10]				
[11]				
[12]				
[13]				
[14]				
[15]				

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♦ Was a high density lipoprotein (HDL) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes
 2. No / not found

HDL

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a low density lipoprotein (LDL) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes
 2. No / not found

LDL

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a triglycerides test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes
 2. No / not found

TGS

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a glycohemoglobin A1c (HbgA1c) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes

2. No / not found

A1C

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NHAMCS | Frequently asked questions | Appointment | Patient Information | Injury or Poisoning | Continuity of care | Diagnosis | vital signs | Services | Disposition | Lookback

♦ Was a fasting blood glucose (FBG) test performed within the 15 months before 5/4/2011?

Reference Time: 1/29/2010 - 5/4/2011

1. Yes

2. No / not found

FBG