

NOTE: Due to automation the following items are entered into the system during the abstraction process through the PRF module and are not represented by a paper form.

Added items:

- ◆ Enter patient's medical record number
- ◆ Is patient pregnant?
 - 1 Yes
 - 2 No

Modifications 2011 version in BLACK, new is in RED:

Zip code: __/__/__/__

Zip code: __/__/__/__ + __/__/__/__

Enter "1" for zip code if Patient's homeless (if patient's zip code is unavailable)

Regardless of the diagnoses written in 5a, does the patient now have – *Mark (x) all that apply.*

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

Regardless of the diagnoses written in 5a, does the patient now have – *Mark (x) all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> 1 Arthritis | <input type="checkbox"/> 4 Stage III |
| <input type="checkbox"/> 2 Asthma | <input type="checkbox"/> 5 Stage IV |
| Asthma severity: | <input type="checkbox"/> 6 Unknown |
| <input type="checkbox"/> 1 Intermittent | <input type="checkbox"/> 4 Cerebrovascular disease/ History of stroke or transient ischemic attack (TIA) |
| <input type="checkbox"/> 2 Mild persistent | <input type="checkbox"/> 5 Chronic obstructive pulmonary disease (COPD) |
| <input type="checkbox"/> 3 Moderate persistent | <input type="checkbox"/> 6 Chronic renal failure |
| <input type="checkbox"/> 4 Severe persistent | <input type="checkbox"/> 7 Congestive heart failure |
| <input type="checkbox"/> 5 Other – Specify _____ | <input type="checkbox"/> 8 Depression |
| <input type="checkbox"/> 6 None recorded | <input type="checkbox"/> 9 Diabetes |
| Asthma control: | <input type="checkbox"/> 10 Hyperlipidemia |
| <input type="checkbox"/> 1 Well controlled | <input type="checkbox"/> 11 Hypertension |
| <input type="checkbox"/> 2 Not well controlled | <input type="checkbox"/> 12 Ischemic heart disease |
| <input type="checkbox"/> 3 Very poorly controlled | <input type="checkbox"/> 13 Obesity |
| <input type="checkbox"/> 4 Other – Specify _____ | <input type="checkbox"/> 14 Osteoporosis |
| <input type="checkbox"/> 5 None recorded | <input type="checkbox"/> 15 None of the above |
| <input type="checkbox"/> 3 Cancer | |
| <input type="checkbox"/> 1 In situ | |
| <input type="checkbox"/> 2 Stage I | |
| <input type="checkbox"/> 3 Stage II | |

The below sections from 2011 (7, 8, and 9) were combined into services section for 2012 (see red):

7. Diagnostic/Screening Services:

Mark (x) all ordered or provided at visit:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 NONE | <input type="checkbox"/> 14 Mammography | <input type="checkbox"/> 24 Bioposy –
Specify: _____ |
| Examinations: | <input type="checkbox"/> 15 MRI | <input type="checkbox"/> 25 Chlamydia Test |
| <input type="checkbox"/> 2 Breast | <input type="checkbox"/> 16 Other imaging | <input type="checkbox"/> 26 EKG/ECG |
| <input type="checkbox"/> 3 Foot | Blood tests: | <input type="checkbox"/> 27 HIV Test |
| <input type="checkbox"/> 4 Pelvic | <input type="checkbox"/> 17 CBC (complete
blood test | <input type="checkbox"/> 28 HPV DNA Test |
| <input type="checkbox"/> 5 Rectal | <input type="checkbox"/> 18 Glucose | <input type="checkbox"/> 29 Pap test |
| <input type="checkbox"/> 6 Retinal | <input type="checkbox"/> 19 HgbA1c
(glycohemoglobin) | <input type="checkbox"/> 30 Pregnancy/HCG
test |
| <input type="checkbox"/> 7 Skin | <input type="checkbox"/> 20 Lipids/
Cholesterol | <input type="checkbox"/> 31 Urinalysis (UA) |
| <input type="checkbox"/> 8 Depression
Screening | <input type="checkbox"/> 21 PSA (prostate
specific antigen) | <input type="checkbox"/> 32 Other exam/test
/service:
Specify_____ |
| Imaging: | <input type="checkbox"/> 22 Other blood test | |
| <input type="checkbox"/> 9 X-ray | Scope: | |
| <input type="checkbox"/> 10 Bone mineral
density | <input type="checkbox"/> 23 Scope procedure
-- (e.g., | |
| <input type="checkbox"/> 11 CT scan | | |
| <input type="checkbox"/> 12 Echocardiogram | | |
| <input type="checkbox"/> 13 Other ultrasound | | |

8. Health Education

Mark (x) all ordered or provided at visit:

- | | |
|--|---|
| <input type="checkbox"/> 1 NONE | <input type="checkbox"/> 7 Injury
prevention |
| <input type="checkbox"/> 2 Asthma
education | <input type="checkbox"/> 8 Stress
Management |
| <input type="checkbox"/> 3 Diet/Nutritiion | <input type="checkbox"/> 9 Tobacco use/
Exposure |
| <input type="checkbox"/> 4 Exercise | <input type="checkbox"/> 10 Weight
reduction |
| <input type="checkbox"/> 5 Family planning/
contraception | <input type="checkbox"/> 11 Other |
| <input type="checkbox"/> 6 Growth/
Development | |

9. Non-Medication Treatment

- 1 NONE
- 2 Complementary and alternative medicine (CAM)
- 3 Durable medical equipment
- 4 Home health care
- 5 Physical Therapy
- 6 Radiation Therapy
- 7 Speech/ Occupational Therapy
- 8 Psychotherapy
- 9 Other mental health counseling
- 10 Excision of tissue
- 11 Wound Care
- 12 Cast
- 13 Splint or wrap

◆ SERVICES

ENTER all examination, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

1 NO SERVICES

Examinations:

- 2 Breast
- 3 Depression screening
- 4 Foot
- 5 General physical exam
- 6 Neurologic
- 7 Pelvic
- 8 Rectal
- 9 Retinal
- 10 Skin

Blood Tests:

- 11 CBC
- 12 Glucose
- 13 HgbA1c (Glycohemoglobin)
- 14 Lipid Profile
- 15 PSA (prostate specific antigen)

Imaging:

- 16 Bone mineral density
- 17 CT scan
- 18 Echocardiogram
- 19 Other ultrasound
- 20 Mammography
- 21 MRI

22 X-Ray and procedures

Other tests and procedures:

- 23 Audiometry
- 24 Biopsy
 - 1 Provided
- 25 Cardiac stress test
- 26 Chlamydia test
- 27 Colonoscopy
 - 1 Provided
- 28 EKG/ECG
- 29 Electroencephalogram (EEG)
- 30 Electromyogram (EMG)
- 31 Excision of tissue
- 32 Fetal monitoring
- 33 HIV Test
- 34 HPV DNA Test
- 35 Pap test
- 36 Peak flow
- 37 Pregnancy/HCG test
- 38 Sigmoidoscopy
- 39 Spirometry
- 40 Tonometry
- 41 Urinalysis

Non-medication treatment:

- 42 Cast/splint/wrap

43 Complementary and alternative medicine (CAM)

- 44 Durable medical equipment
- 45 Home health care
- 46 Mental health counseling, excluding psychotherapy
- 47 Physical Therapy
- 48 Psychotherapy
- 49 Radiation
- 50 Wound Care

Health Education

- 51 Asthma education
- 52 Diet/Nutrition
- 53 Exercise
- 54 Family planning/contraception
- 55 Growth/Development
- 56 Injury prevention
- 57 Stress Management
- 58 Tobacco use/Exposure
- 59 Weight reduction

Other

- 60 Other