#### Attachment H:

#### National Ambulatory Medical Care Survey 2012: Patient Record Form

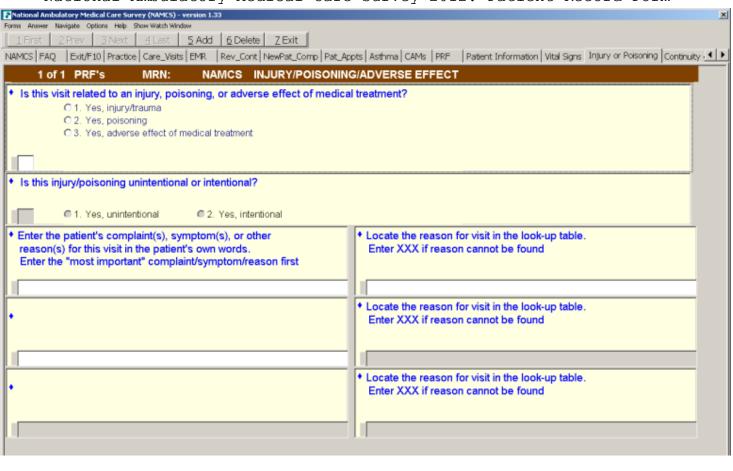
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OMB No. 0920-0234: Approval expires 03/31/2013

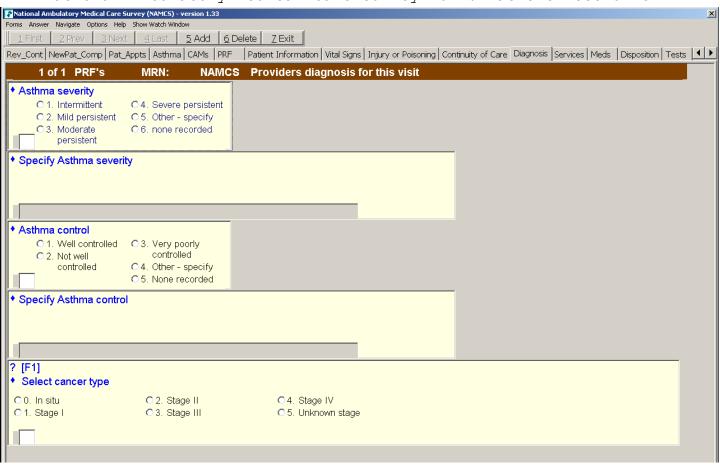
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Forms Answer Navigate Options Help Show Watch Window						
1 First 2 Prev 3 Next 4 Last 5 Add 6	Delete Z Exit					
NAMCS FAQ Exit/F10 Practice Care_Visits EMR Rev	_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF	Patient Information Vital Signs Injury or Poisoning Continuity				
1 of 1 PRF's MRN: NAMC	S PATIENT INFORMATION					
Enter Office Number     C 1. 1      Enter the patient's medical record number	Age     C 1. Years C 3. Days     C 2. Months      Sex C 1. Female     C 2. Male	◆ Race (Enter all that apply, separate with commas)         □ 1. White □ 2. Black/ African-American □ 3. Asian       □ 4. Native Hawaiian/ Other Pacific Islander □ Islander         □ 3. Asian       □ 5. American Indian/ Alaska Native				
Date of visit (arrival) (Format MM/DD/YYYY)     Patient's 5 digit zip code.	• Is patient pregnant?  1. Yes 2. No	Expected source(s) of payment for THIS VISIT.     (Enter all that apply, separate with commas)				
(Enter "1" if homeless)	Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus	□ 1. Private Insurance □ 5. Self-pay □ 2. Medicare □ 6. No charge /Charity □ 3. Medicaid □ 7. Other □ 4. Worker's □ 8. Unknown compensation				
	Last menstrual period - Month/Day/Year					
	◆ Ethnicity C 1. Hispanic or Latino C 2. Not Hispanic or Latino	Tobacco Use C 1. Not current C 2. Current				

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÷		<u> Delete Z Exit</u>	1
	NAMCS FAQ Exit/F10 Practice Care_Visits EMR Re	ev_Cont   NewPat_Comp   Pat_Appts   Asthma   CAMs   PRF   Patient Information   Vital Signs	Injury or Poisoning   Continuity -
	1 of 1 PRF's MRN: NAM	CS Vital signs	
	Height (feet)	Height (centimeters)	
	Height (inches)		
	A Mariable (a sunda)	A DAG inte (till amount)	
	◆ Weight (pounds)	◆ Weight (kilograms)	
	Weight (ounces)	Weight (gm)	
	veight (dunces)	**************************************	
	Temperature	Temperature type	
		€ 1. Celsius	
		C 2. Fahrenheit	
		Blood pressure - DIASTOLIC	
	Blood Pressure - SYSTOLIC	Refers to the bottom number of the	
	Refers to the top number of the	blood pressure measurement.	
	_blood pressure measurement.	Enter 998 for P, PAL, DOPP, or DOPPLER	
		, ,	

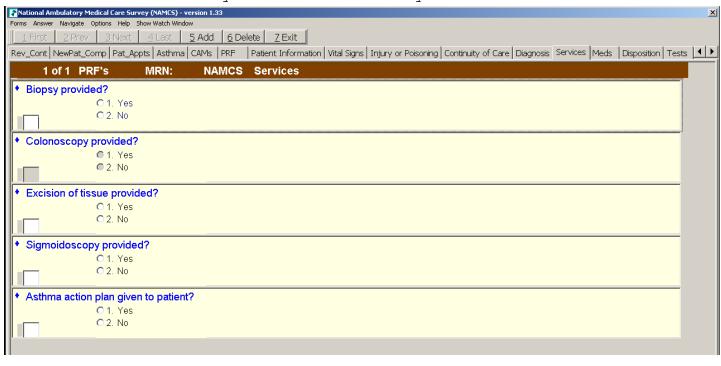


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Forms Answer Navigate Options Help Show Watch Window						
<u>1 First</u> <u>2 Prev</u> <u>3 Next</u> <u>4 Last</u> <u>5 Add</u> <u>6 Delete</u> <u>7 Exit</u>						
FAQ Exit/F10 Practice Care_Visits EMR Rev_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF Patient Information Vital Sign	ns   Injury or Poisoning Continuity of Care					
1 of 1 PRF's MRN: NAMCS Continuity of care						
Are you the patient's primary care physician?						
C 1. Yes C 2. No C 3. Unknown						
Was patient referred for this visit?						
© 1. Yes © 2. No © 3. Unknown						
Has the patient been seen in your practice before?						
C 1. Yes, established patient C 2. No, new patient						
How many past visits to this clinic in the last 12 months? (Exclude this visit)						
Major reason for this visit						
C 1. New problem (<3 mos. onset) C 2. Chronic problem, routine C 3. Chronic problem, flare-up C 4. Pre/Post surgery  C 5. Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)						

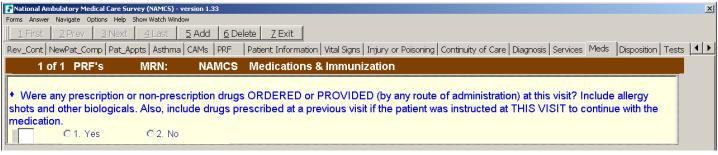
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Forms Answer Navigate Options Help Show Watch Window						
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit						
Rev_Cont   NewPat_Comp   Pat_Appts   Asthma   CAMs   PRF   Patient Information   Vital S	igns   Injury or Poisoning   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests					
1 of 1 PRF's MRN: NAMCS Providers diagnos	is for this visit					
As specifically as possible, list diagnoses related	◆ Locate the diagnosis in the look-up table.					
to this visit including chronic conditions.	Enter "XXX" if diagnosis cannot be found					
List PRIMARY diagnoses first	Litter XXX II diagnosis calliot be found					
List FixiniArx Fullagrioses inst						
	Locate the diagnosis in the look-up table.					
◆ Enter 0 if no other diagnoses	Enter "XXX" if diagnosis cannot be found					
	Locate the diagnosis in the look-up table.					
Enter 0 if no other diagnoses	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						
☐1. Arthritis ☐5. Chronic obstructive ☐11. H	ypertension					
□ 2. Asthma pulmonary disease (COPD) □ 12. Iso						
□3. Cancer □6. Chronic renal failure □13. Ot	besity					
	steoporosis					
	one of the above					
(Tin)						
(TIA) 10. Hyperlipidemia						

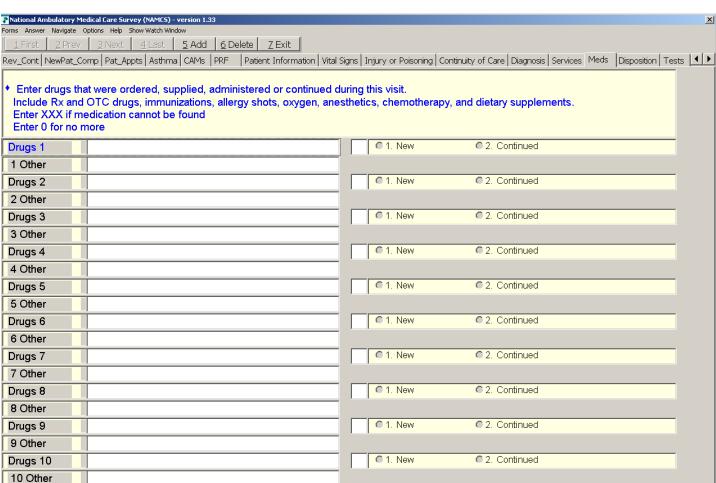


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Forms Answer Navigate Options Help Show Watch Window							
<u>1 First 2 Prev 3 Next 4 Last</u>	<u>5</u> Add <u>6</u> Delete <u>7</u> Exit						
Rev_Cont NewPat_Comp   Pat_Appts   Asthma   CAMs   PRF   Patient Information   Vital Signs   Injury or Poisoning   Continuity of Care   Diagnosis   Services   Meds   Disposition   Tests 💶 🕨							
1 of 1 PRF's MRN:	NAMCS Services						
? [F1]							
* Services							
	ts imaging other tests non-medic	ation treatment and health education	ORDERED or PROVIDED				
Enter all examinations, prood test	to, imaging, other tests, non-medici	adon a camena and near a cadada	TORDERED OF TROVIDED.				
☐1. NO SERVICES	☐ 16. <u>Imaging</u>	☐32. Fetal monitoring	□47. Physical therapy				
<u>Examinations</u>	Bone mineral density	□33. HIV test	☐ 48. Psychotherapy				
☐ 2. Breast	□ 17. CT scan	☐ 34. HPV DNA test	□49. Radiation therapy				
☐ 3. Depressing screening	☐ 18. Echocardiogram	☐35. PAP test	□50. Wound care				
□4. Foot	19. Other ultrasound	☐36. Peak flow	Health education /counseling				
☐ 5. General physical exam	20. Mammography	□37. Pregnancy/HCG test	□ 51. Asthma				
☐ 6. Neurologic	□21. MRI	□38. Sigmoidoscopy	☐ 52. Diet/Nutrition				
☐7. Pelvic	22. X-ray	39. Spirometry	□53. Exercise				
☐8. Rectal	Other tests and procedures  23. Audiometry	1 40. Toriorneu y	☐ 54. Family planning/Contraception				
□9. Retinal	23. Addiometry	☐ 41. Urinalysis	☐ 55. Growth/Development				
☐ 10. Skin Blood tests	☐ 25. Cardiac stress test	Non-medication treatment  42. Cast/splint/wrap	☐ 56. Injury prevention ☐ 57. Stress management				
□11. CBC	26. Chlamydia test	☐ 42. Cast/spiirit/wrap ☐ 43. Complementary and alternative	57. Stress management				
□ 12. Glucose	27. Colonoscopy	medicine (CAM)	59. Weight reduction				
☐ 13. HgbA1c (Glycohemoglobin)	☐ 28. Electroencephalogram (EEG)	☐ 44. Durable medical equipment	Other services not listed				
☐ 14. Lipid profile	□ 29. EKG/ECG	☐45. Home health care	□ 60. Other service				
☐ 15. PSA (prostate specific antigen)	□ 30. Electromyogram (EMG)	☐46. Mental health counseling,					
	☐31. Excision of tissue	excluding psychotherapy					



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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete Z Exit
Rev_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF Patient Information Vital Signs Injury or Poisoning Continuity of Care Diagnosis Services Meds Disposition Tests
1 of 1 PRF's MRN: NAMCS Services
Specify other exam/test/service
Specify other exam/test/service
Enter '0' if no other exam/test/services provided
Specify other exam/test/service
Enter '0' if no other exam/test/services provided
Specify other exam/test/service
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Enter '0' if no other exam/test/services provided
Specify other exam/test/service
Enter '0' if no other exam/test/services provided





## Attachment H:

National	Ambulatory	Medical	Care	Survey	2012:	Patient	Record	Form	
National Ambulatory Medical Care Sufferns Answer Navigate Options Help  1 First 2 Prev 3 Next  Rev_Cont NewPat_Comp Pat_A	Show Watch Window           4 Last         5 Add         6 C	Potiont Information	on Witel Circu	Injury or Dair	og Continuit	F Caro   Disamasia   Ca	uruigogo   P.4. de   F	lienceition T	×
1 of 1 PRF's	ppts Astrima CAMS PRF MRN: NAMCS		on   Vitai Signs	Injury or Poisonir	ng   Continuity o	r Care   Diagnosis   Se	ervices   Ivieas   L	ispositori   Tests	
The interval providers seem  1. Physician 2. Physician assistant 3. Nurse practitioner/Midw 4. RN/LPN  Enter time spent, in mir  Enter 0 if no provider seem  Visit Disposition (Enterview of the physician of th	n at this visit, separate of   □ 5. Mental health pro □ 6. Other  infe □ 7. None  nutes, with provider  n  er all that apply, separa	<b>vith commas</b> vider							
National Ambulatory Medical Care Software Navigate Options Help	Show Watch Window	Delete Z Exit							X
Rev_Cont   NewPat_Comp   Pat_4  1 of 1 PRF's  * Was blood for the	Appts Asthma CAMs PRF MRN: NAMCS ne following laboratory uring the 12 months pri	Patient Information  Providers  tests drawn on the			ng Continuity o	f Care   Diagnosis   Se	ervices   Meds   [	isposition Tests	
				cent result		Date of Test			
Total cholestero (1 = yes 2 = nor  High density lipo (1 = yes 2 = nor	ne found) oprotein (HDL)?			Total choles mg/c  HDL mg/c	I				
Low density lipo	protein (LDL)?		-	LDL					

mg/dl

mg/dl

• TGS

• A1C

• FBG mg/dl

(1 = yes 2 = none found)

Triglycerides (TGS) ? (1 = yes 2 = none found)

\* HbA1c Glycohemoglobin ? (1 = yes 2 = none found)

• Fasting blood glucose (FBG) ? (1 = yes 2 = none found)