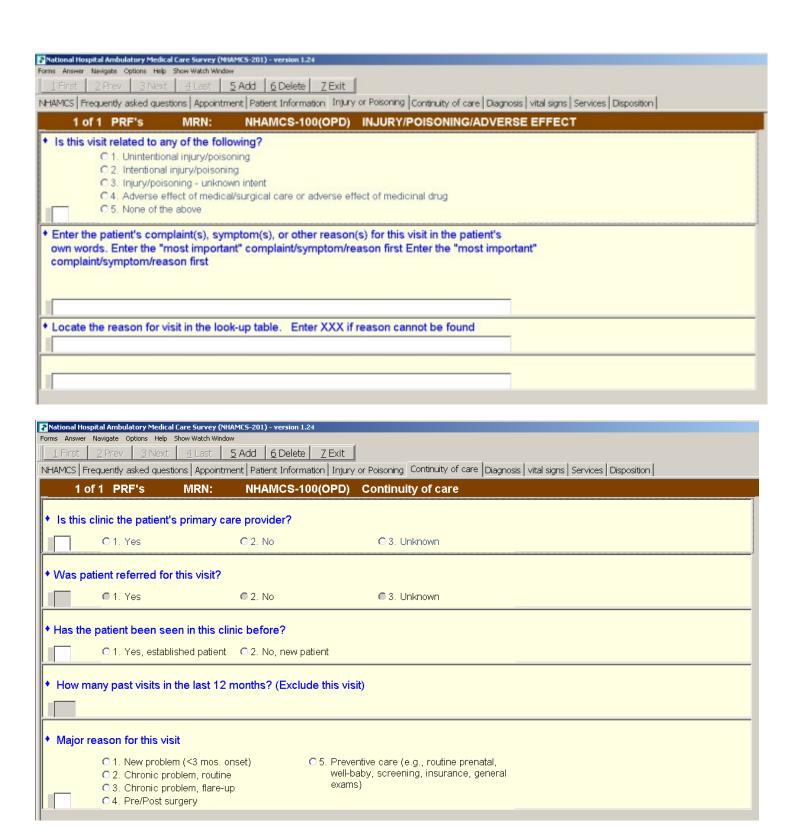
NHAMCS OPD Screen Shots

OMR No. (0920-0278:	Eyn	Date:

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

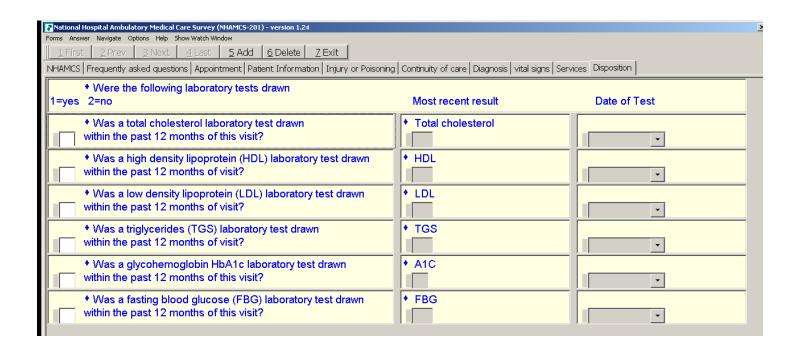
Notice – Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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 (0920-0278).

NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis Vital signs Services Disposition					
I of 1 PRF's MRN: NHAM Enter patient's first name Enter patient's middle name Enter patient's last name Enter the patient's medical record number Date of visit (arrival) (Format MM/DD/YYYY) Patient's 5 digit zip code. (Enter "1" if homeless) Date of birth	Age Enter time period	Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas) 1. Private Insurance 2. Medicare 3. Medicaid or CHIP 4. Worker's compensation 5. Self-pay 6. No charge /Charity 7. Other 8. Unknown * Tobacco Use 0.1. Not current 0.2. Current 0.3. Unknown			



National Hospital Ambulatory Medical Care Survey	y (NHAMCS-201) - version 1.24		
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	intment Patient Information Injury or Poison		Services Disposition
1 of 1 PRF's MRN:	NHAMCS-100(OPD) Vital s	igns	
Height (feet)		Height (inches)	
Height (centimeters)			
Weight (pounds)		Weight (ounces)	
Weight (kilograms)		• Weight (gm)	
Temperature		◆ Temperature type	
		© 2. Fahreni	heit
Blood Pressure - SYSTOLIC		Blood pressure - DIASTOLIC Enter 998 for P, PAL, DOPP, or DOPPLER	
_			
forms Answer Navigate Options Help Show Watch W			
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			Services Disposition
1 of 1 PRF's MRN:	NHAMCS-100(OPD) Servi	ces	
? [F1]			
Services Enter all examinations, blood test	e imaging other tests non-medica	tion treatment and health education	OPDERED or PROVIDED
Enter all examinations, blood test	s, imaging, other tests, non-medica	mon treatment and nealth education	ORDERED OF PROVIDED.
☐1. NO SERVICES	□ 16. <u>Imaging</u>	□32. Fetal monitoring	□48. Psychotherapy
Examinations	Bone mineral density	33. HIV test	49. Radiation therapy
□ 2. Breast□ 3. Depressing screening	☐ 17. CT scan ☐ 18. Echocardiogram	34. HPV DNA test	50. Wound care
4. Foot	19. Other ultrasound	35. PAP test	Health education /counseling
5. General physical exam	20. Mammography	☐ 36. Peak flow ☐ 37. Pregnancy/HCG test	52. Diet/Nutrition
6. Neurologic	21. MRI	_	53. Exercise
7. Pelvic	□ 22. X-ray	☐ 38. Sigmoidoscopy ☐ 39. Spirometry	54. Family planning/Contraception
☐8. Rectal	Other tests and procedures	40. Tonometry	55. Growth/Development
□9. Retinal	☐ 23. Audiometry	41. Urinalysis	☐ 56. Injury prevention
☐ 10. Skin	☐24. Biopsy	Non-medication treatment	□ 57. Stress management
Blood tests	25. Cardiac stress test	☐ 42. Cast/splint/wrap	□ 58. Tobacco use/Exposure
11. CBC	26. Colonoscopy	☐ 43. Complementary and alternative	☐ 59. Weight reduction
12. Glucose	27. Chlamydia test	medicine (CAM)	Other services not listed
13. HgbA1c (Glycohemoglobin)	28. EKG/ECG	44. Durable medical equipment	60. Other service
☐ 14. Lipid profile ☐ 15. PSA (prostate specific antigen)	29. Electroencephalogram (EEG)	☐ 45. Home health care ☐ 46. Mental health counseling	
or (produce specific dialgett)	☐ 31. Excision of tissue	☐ 47. Physical therapy	

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National Hospital Ambulatory Medical Care Survey (NHAMC5-201) - version 1.24 orms Answer Navigate Options Help Hide Watch Window
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HAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Meds Disposition
1 of 1 PRF's MRN: NHAMCS-100(OPD) Services
Biopsy provided?
O1. Yes
C 2. No
Colonoscopy provided?
O 1. Yes O 2. No
• Excision of tissue provided?
C 1. Yes C 2. No
Sigmoidoscopy provided?
O 1. Yes
© 2. No
Asthma action plan given to patient?
O 1. Yes
C 2. No
National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.24
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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
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OPD Lookback

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Collect the following data for	or each prior visit in the previous 12 months.	
Collect up to 10 prior visits, st	tarting with the oldest. (Exclude telephone calls, en	nails, and faxes).
Reference Time: 5/4/2010) - 5/4/2011	
1. Enter 1 to Continue		
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	Reference Time: 5/4/2010 - 5/4/2011	
Date of visit (Format MM/E)DAYYYY	
Date of visit (Format MIM/L	(אווטל	
Enter 999 for no other visits		
Visit Date	Weight - Lbs	Allergic
Pregnant	Weight - Oz	Meds Allergic 1
Smoke	Weight - Kg	Meds Allergic 2
Diagnosis	Weight - Gm	Meds Allergic 3
	BP - Systolic	Meds Allergic 4
Family History	BP - Diastolic	Meds Allergic 5
- Male	Services	
II :		Meds Allergic 6
- Female	Health Ed	Meds Allergic 7
	Plan	Meds Allergic 8
Height - Feet	Plan - BP	
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	Plan - Referral	

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◆ Smoke cigar	rettes					
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C 2. Current						
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Pregnant		Weight - Oz		Meds Allergic 1		
Smoke		Weight - Kg		Meds Allergic 2		
Diagnosis		Weight - Gm		Meds Allergic 3		
	_	BP - Systolic		Meds Allergic 4		
Family History		BP - Diastolic		Meds Allergic 5		
- Male		Services		Meds Allergic 6		
- Female		Health Ed		Meds Allergic 7		
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Does the pat	tient now have					
Enter all that ap	oply, separate with commas					
1. NONE			7. Ischemic heart dise	ease		
	or diagona /biotory of atralya or tra	nsient ischemic attack i		2430		
2. Cerebrovascul	ar disease/filstory of stroke of tra		()			
3. Congestive hea	•		· · · · · · · · ·			
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3. Congestive hea	art failure (CHF)		,			
☐ 3. Congestive hea☐ 4. Diabetes☐ 5. Hypertension	art failure (CHF)	Weight - Lbs		Allergic		
3. Congestive head 4. Diabetes 5. Hypertension 6. Hyperlipidemia	art failure (CHF)			Allergic Meds Allergic 1		
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3. Congestive her 4. Diabetes 5. Hypertension 6. Hyperlipidemia Visit Date Pregnant Smoke Diagnosis Family History - Male	art failure (CHF)	Weight - Lbs Weight - Oz Weight - Kg Weight - Gm BP - Systolic BP - Diastolic Services		Meds Allergic 1 Meds Allergic 2 Meds Allergic 3 Meds Allergic 4 Meds Allergic 5 Meds Allergic 6 Meds Allergic 7		
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3. Congestive her 4. Diabetes 5. Hypertension 6. Hyperlipidemia Visit Date Pregnant Smoke Diagnosis Family History - Male - Female Height - Feet	art failure (CHF)	Weight - Lbs Weight - Oz Weight - Kg Weight - Gm BP - Systolic BP - Diastolic Services Health Ed Plan Plan - BP		Meds Allergic 1 Meds Allergic 2 Meds Allergic 3 Meds Allergic 4 Meds Allergic 5 Meds Allergic 6 Meds Allergic 7		

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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 father, son, or brother less than age 55						
iii a laulei, soli, oi bioulei less ulali age 55						
C 1. Yes	C 1. Yes C 3. Unknown					
◯ 2. No						
Visit Date	1/1/2011	Weight - Lbs	Allergic			
Pregnant		Weight - Oz	Meds Allergic 1			
Smoke	3	Weight - Kg	Meds Allergic 2			
Diagnosis	1	Weight - Gm	Meds Allergic 3			
Diagnosis	l'					
	_	BP - Systolic	Meds Allergic 4			
Family History		BP - Diastolic	Meds Allergic 5			
- Male		Services	Meds Allergic 6			
- Female		Health Ed	Meds Allergic 7			
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Visit Date	1/1/2011	Weight - Lbs	Allergic			
Pregnant	_	Weight - Oz	Meds Allergic 1			
Smoke	3	Weight - Kg	Meds Allergic 2			
Diagnosis	1	Weight - Gm	Meds Allergic 3			
	_	BP - Systolic	Meds Allergic 4			
Family History		BP - Diastolic	Meds Allergic 5			
- Male	3	Services 1	Meds Allergic 6			
- Female	3	Health Ed 1	Meds Allergic 7			
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NHAMICS Frequently	asked questions Appo	ointment Patient Information Injury or Poisonir	ng Continuity of care Diagnosis Vital signs Services D	sposition Lookback
Assessmer	nt and plan - blood	alucose		
Enter all that a	pply, separate with	n commas		
☐ 1. Controlled ☐ 2. Elevated or ur	a controlled		☐ 3. Medication being titrated ☐ 4. Patient nonadherence	
2. Lievaled of di	icorili olled		1 4. Patient nonaunerence	
Visit Date	1/1/2011	Weight - Lbs	Allergic	
Pregnant		Weight - Oz	Meds Allergic 1	
Smoke	3	Weight - Kg	Meds Allergic 2	
Diagnosis	1	Weight - Gm	Meds Allergic 3	
		BP - Systolic	Meds Allergic 4	
Family History		BP - Diastolic	Meds Allergic 5	
- Male	3	Services 1	Meds Allergic 6	
- Female	3	Health Ed 1	Meds Allergic 7	
- remale	3			
Unioka Foot		Plan 2,3,4	4,5 Meds Allergic 8	
Height - Feet		Plan - BP		
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Enter all that a	pply, separate with	n commas		
1. Nurse manage	ement			
2. Nutritionist3. Smoking-cess	ation program			
4. Weight loss pr				
□ 5. Other physicia	an, including primary	care provider		
Visit Date	1/1/2011	Weight - Lbs	Allergic	
Pregnant		Weight - Oz	Meds Allergic 1	
Smoke	3	Weight - Kg	Meds Allergic 2	
Diagnosis	1	Weight - Gm	Meds Allergic 3	
		BP - Systolic	Meds Allergic 4	
Family History		BP - Diastolic	Meds Allergic 5	
- Male	3	Services 1	Meds Allergic 6	
- Female	3	Health Ed 1	Meds Allergic 7	
- i elliale	3			
I I a i a la la Caracte		Plan 2,3,4	4,5 Meds Allergic 8	
Height - Feet		Plan - BP		
Height - Inches		Plan - Chol		
Height -		Plan - BG		
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National Hospital Ambulatory Medical Care Survey (NHAMCS-201) - version 1.27					
Forms Answer Navigate Options Help Hide Watch Window					
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit					
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 aspring?					
C 1. Yes C 3. Unknown					
C 2. No					
Visit Date	1/1/2011	Weight - Lbs		Allergic	
Pregnant		Weight - Oz		Meds Allergic 1	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
		BP - Systolic		Meds Allergic 4	
Family History		BP - Diastolic		Meds Allergic 5	
- Male	3	Services	1	Meds Allergic 6	
- Female	3	Health Ed	1	Meds Allergic 7	
- i emale	3	Plan	2,3,4,5	Meds Allergic 8	
Height Feet		Plan - BP	2,3,4,5	Weds Allergic 6	
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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete Z Exit					
NHAMCS Frequently asked questions Appointment Patient Information Injury or Poisoning Continuity of care Diagnosis vital signs Services Disposition Lookback					
Enter medication(s) patient is allergic or intolerant to					
• Enter medica	ition(s) patient is allergic or int	olerant to			
Visit Date	1/1/2011	Weight - Lbs		Allergic	1
Pregnant	17172011	Weight - Oz		Meds Allergic 1	
		_		\	
Smoke	3	Weight - Kg		Meds Allergic 2	
Diagnosis	1	Weight - Gm		Meds Allergic 3	
		BP - Systolic		Meds Allergic 4	
Family History		BP - Diastolic		Meds Allergic 5	
- Male	3	Services	1	Meds Allergic 6	
- Female	3	Health Ed	1	Meds Allergic 7	
		Plan	2,3,4,5	Meds Allergic 8	
Height - Feet		Plan - BP			
Height - Inches		Plan - Chol			
Height -		Plan - BG			
		Plan - Referral			

