Attachment CC:

2012 NAMCS Re-abstraction Study: Patient Record Form

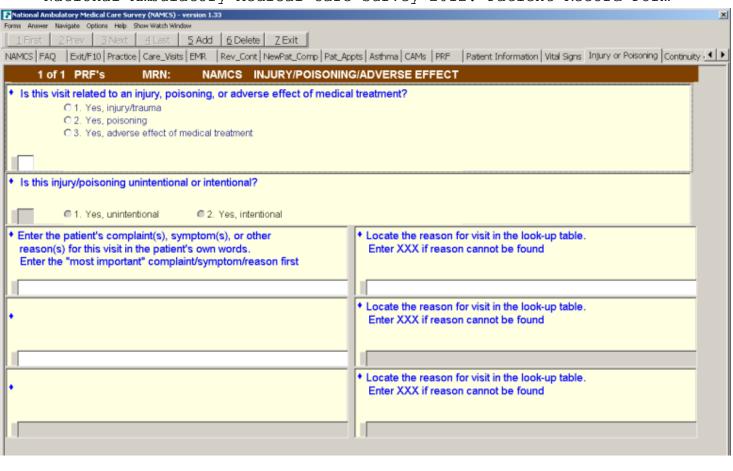
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OMB No. 0920-0234: Approval expires 03/31/2013

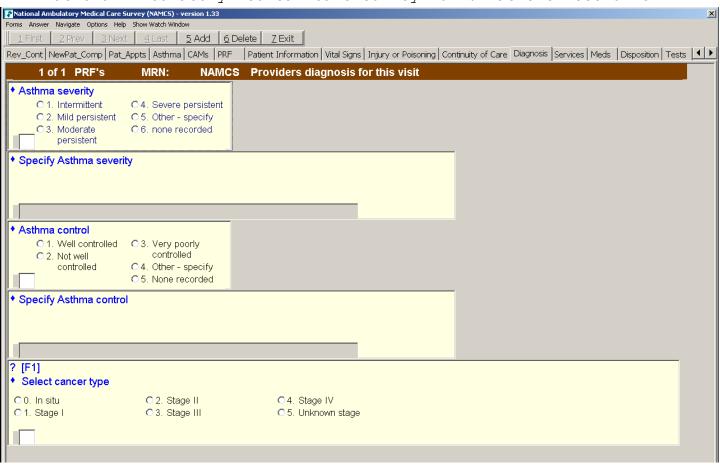
National Ambulatory Medical Care Survey (NAMCS) - version 1.33						
Forms Answer Navigate Options Help Show Watch Window						
1 First 2 Prev 3 Next 4 Last 5 Add 6	Delete Z Exit					
NAMCS FAQ Exit/F10 Practice Care_Visits EMR Rev	_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF	Patient Information Vital Signs Injury or Poisoning Continuity				
1 of 1 PRF's MRN: NAMC	S PATIENT INFORMATION					
• Enter Office Number C 1. 1	◆ Age ◆ Enter time period	◆ Race (Enter all that apply, separate with commas) □ 1. White □ 2. Black/ African-American □ 3. Asian □ 4. Native Hawaiian/ Other Pacific Islander □ 3. Asian □ 5. American Indian/ Alaska Native				
Enter the patient's medical record number Date of visit (arrival) (Format MM/DD/YYYY)	• Is patient pregnant? • 1. Yes • 2. No	Expected source(s) of payment for				
Patient's 5 digit zip code. (Enter "1" if homeless) -	Specify Gestation - Gestation week refers to the number of weeks plus 2 that the	THIS VISIT. (Enter all that apply, separate with commas) 1. Private Insurance 5. Self-pay 2. Medicare 6. No charge /Charity 3. Medicaid 7. Other				
Date of birth	offspring has spent developing in the uterus	□ 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 Total Tobacco Use C 3. Unknown				

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	Forms Answer Navigate Options Help Show Watch Window		
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ļ	NAMCS FAQ Exit/F10 Practice Care_Visits EMR Re	v_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF Patient Information Vital Signs Injury or Poisoning Contin	uity 💆
	1 of 1 PRF's MRN: NAMO	CS Vital signs	
	Height (feet)	Height (centimeters)	
	A Llaight (inches)		
	Height (inches)		
	Weight (pounds)	Weight (kilograms)	
	Weight (ounces)	Weight (gm)	
	110.9.1. (01000)	1.03.11(3.11)	
	Temperature	Temperature type	
		C 1. Celsius	
		C 2. Fahrenheit	
		A Pland wassers DIACTOLIC	
	Blood Pressure - SYSTOLIC	Blood pressure - DIASTOLIC 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	
		1 -	

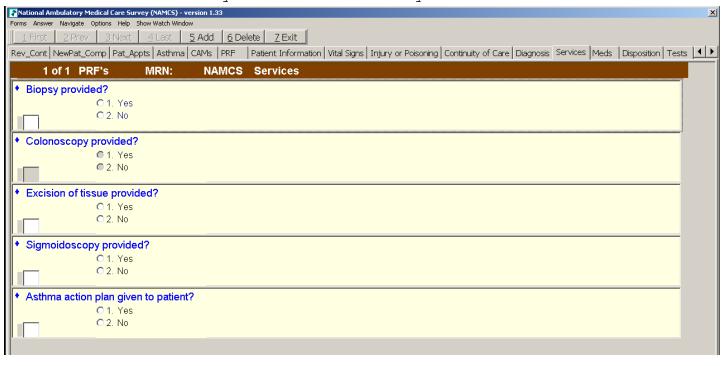


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Forms Answer Navigate Options Help Show Watch Window							
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit							
FAQ	atient Information Vital Signs Injury or Poisoning Co	ontinuity of Care 🚺					
1 of 1 PRF's MRN: NAMCS Continuity of care							
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 prenata well-baby, screening, insurance, general exams)							

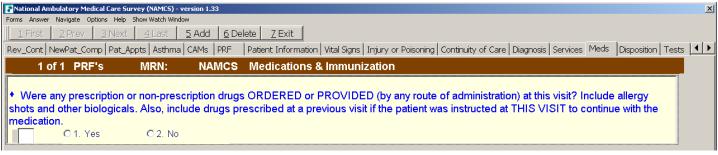
National Ambulatory Medical Care Survey (NAMCS) - version 1.33	<u>x</u>					
Forms Answer Navigate Options Help Show Watch Window						
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit						
Rev_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF Patient Information Vital S	igns Injury or Poisoning Continuity 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 FixIIIIAIX I diagnoses ilist						
	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						

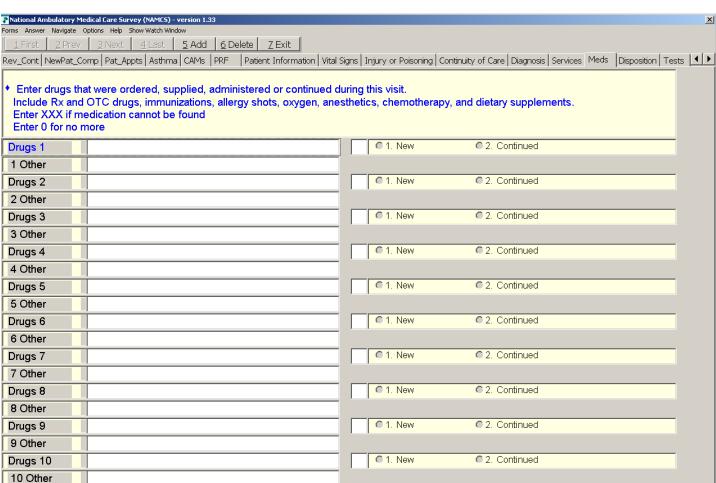


National Ambulatory Medical Care Survey (NAMCS) - version 1.33						
Forms Answer Navigate Options Help Show Watch W	Vindow					
<u>1 First 2 Prev 3 Next 4 Last</u>	<u>5</u> Add <u>6</u> Delete <u>7</u> Exit					
Rev_Cont NewPat_Comp Pat_Appts Asthr	ma CAMs PRF Patient Information Vit	al Signs Injury or Poisoning Continuity of Ca	re 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				



7 National Ambulatory Medical Care Survey (NAMCS) - version 1.33
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 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
Enter '0' if no other exam/test/services provided
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Specify other exam/test/service
Enter '0' if no other exam/test/services provided
Ellier of the data examples 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.45 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	vith commas 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)