Attachment S: Outpatient Department Patient Record form

Ambulatory Component, National Hospital Care Survey

OMB No. 0920-0212 Exp. Date: XX/XX/XXXX

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AU | FAQ | Exit/F10 | Patient Info 1 | Patient Info 2 | Vital Signs | Injury Reason | Continuity of Care | Diagnosis | Services | Meds | Disposition | Tests

2 of 2 PRF's MRN: CDC-100(opd) PATIENT INFORMATION

♦ Enter the patient's name

♦ Is the patient's Social Security Number documented?
○ 1. Yes ○ 2. No

♦ Enter the patient's Social Security Number
___-__-____

? [F1] ♦ Is the patient's Control Number documented?
○ 1. Yes ○ 2. No

♦ Enter the patient's Control Number

♦ Is the patient's address documented?
○ 1. Yes ○ 2. No

♦ What is the patient's address?
Enter the number and street.

♦ Enter the second line of the address

♦ Enter the city

♦ Enter the state

♦ Patient's 5-digit zip code. (Enter "1" if homeless)

? [F1] ♦ Is the patient's Medical Record Number documented?
○ 1. Yes ○ 2. No

♦ Enter the patient's Medical Record Number.

? [F1] ♦ Is the patient's Medicare Health Insurance Benefit/Claim Number documented?
○ 1. Yes ○ 2. No

♦ Enter the patient's Medicare Health Insurance Benefit/Claim Number.

? [F1] ♦ Is the National Provider Identifier - Attending documented?
○ 1. Yes ○ 2. No

♦ Enter the National Provider Identifier - Attending.

? [F1] ♦ Is the National Provider Identifier - Operating documented?
○ 1. Yes ○ 2. No

♦ Enter the National Provider Identifier - Operating.

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2 of 2 PRF's MRN: CDC-100(OPD) PATIENT INFORMATION

♦ Date of visit (Format MM/DD/YYYY)

♦ Date of birth. Enter mm/dd/yyyy.

♦ Age

♦ Enter time period
- 1. Years
- 2. Months
- 3. Days

♦ Sex
- 1. Female
- 2. Male

♦ Is patient pregnant?
- 1. Yes
- 2. No

♦ Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus

♦ Last menstrual period - Month/Day/Year

? [F1] ♦ Ethnicity
- 1. Hispanic or Latino
- 2. Not Hispanic or Latino

? [F1] ♦ Race
(Enter all that apply, separate with commas)
- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native

? [F1] ♦ 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

? [F1] ♦ Tobacco Use
- 1. Not current
- 2. Current
- 3. Unknown

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2 of 2 PRF's MRN: CDC-100(OPD) Vital signs

? [F1]
• Height (feet)

? [F1]
• Height (centimeters)

? [F1]
• Weight (pounds)

? [F1]
• Weight (kilograms)

? [F1]
• Weight (ounces)

? [F1]
• Weight (gm)

? [F1]
• Temperature

• Temperature type
1. Celsius
2. Fahrenheit

• Blood Pressure - SYSTOLIC
Refers to the top number of the blood pressure measurement.

• Blood pressure - DIASTOLIC
Refers to the bottom number of the blood pressure measurement.
Enter 998 for P, PALP, DOPP, or DOPPLER

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2 of 2 PRF's MRN: CDC-100(OPD) Injury/Reason

? [F1] ♦ Is this visit related to an injury, overdose, poisoning, or adverse effect of medical or surgical treatment?

- ○ 1. Yes, injury/trauma
- ○ 2. Yes, poisoning
- ○ 3. Yes, adverse effect of medical or surgical treatment
- ○ 4. No
- ○ 5. Unknown

♦ Is this injury/overdose/poisoning unintentional or intentional?

- ○ 1. Unintentional
- ○ 2. Intentional
- ○ 3. Unknown

? [F1]

♦ 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.
Locate the reason for visit in the look-up table.
Enter XXX if reason cannot be found. Enter 0 if no other complaints.
NEC is "not elsewhere classified", NOS is "not otherwise specified".

Most Important	
Look-Up 1	
Other: 1.	
Look-Up 2	
Other: 2.	
Look-Up 3	

♦ Press Enter to Continue.
Includes:

Excludes:

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2 of 2 PRF's MRN: CDC-100(OPD) Continuity of care

? [F1]
- Is this clinic the patient's primary care provider?

○ 1. Yes ○ 2. No ○ 3. Unknown

? [F1]
- Was patient referred for this visit?

○ 1. Yes ○ 2. No ○ 3. Unknown

? [F1]
- Has the patient been seen in this clinic before?

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

? [F1]
- How many past visits to this clinic in the last 12 months?
(Exclude this visit) Enter F5 if data is not available.

? [F1]
- Major reason for this visit

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

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3 of 3 PRF's MRN: CDC-100(OPD) Provider's diagnosis for this visit

? [F1]

♦ As specifically as possible, list diagnoses related to this visit including chronic conditions.

List PRIMARY diagnosis first

Primary:

? [F1]

♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions.

Enter "XXX" if diagnosis cannot be found.
NEC is "not elsewhere classified", NOS is "not otherwise specified".

♦Enter the ICD9 Code.
Enter 0 if None.

Look-Up Diag.

Other 1

Look-Up Diag.

ICD9 Code

Other 2

Look-Up Diag.

ICD9 Code

? [F1] ♦ Regardless of the diagnoses previously entered, does the patient now have -
Enter all that apply, separate with commas

- 1. Arthritis
- 2. Asthma
- 3. Cancer
- 4. Cerebrovascular disease/History of stroke or transient ischemic attack (TIA)
- 5. Chronic obstructive pulmonary disease (COPD)
- 6. Chronic renal failure
- 7. Congestive heart failure
- 8. Depression
- 9. Diabetes
- 10. Hyperlipidemia
- 11. Hypertension
- 12. Ischemic heart disease
- 13. Obesity
- 14. Osteoporosis
- 15. None of the above
- 16. Not documented

♦ Asthma severity

- 1. Intermittent
- 2. Mild persistent
- 3. Moderate persistent
- 4. Severe persistent

♦ Specify Asthma severity

♦ Asthma control

- 1. Well controlled
- 2. Not well controlled
- 3. Very poorly controlled
- 4. Other - specify
- 5. None recorded

♦ Specify Asthma control

? [F1]

♦ Select cancer type

- 0. In situ
- 1. Stage I
- 2. Stage II
- 3. Stage III
- 4. Stage IV
- 5. Unknown stage

Delete: Cancer type

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Asthma Severity responses 5 and 6.

♦ Asthma severity
- 3. Moderate persistent
- 4. Severe persistent
- 5. Other - specify
- 6. None recorded

♦ Specify Asthma severity

♦ Asthma control
- 1. Well controlled
- 2. Not well controlled
- 3. Very poorly controlled
- 4. Other - specify
- 5. None recorded

♦ Specify Asthma control

? [F1]
♦ Select cancer type
- 0. In situ
- 1. Stage I
- 2. Stage II
- 3. Stage III
- 4. Stage IV
- 5. Unknown stage

Delete: Cancer type

Blaise 4.8 Data Entry - C:\Users\agnew_t\Desktop\NHCS_Test\AU\Main\AU

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AU | FAQ | Exit/F10 | Patient Info 1 | Patient Info 2 | Vital Signs | Injury Reason | Continuity of Care | Diagnosis | Services | Meds | Disposition | Tests | Lookback

1 of 3 PRF's MRN: CDC-100(OPD) Services

? [F1]
♦ Services
Enter all examinations, 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. HbA1c (Glycohemoglobin)
- 14. Lipid profile

Imaging
- 16. Bone mineral density
- 17. CT scan
- 18. Echocardiogram
- 19. Other ultrasound
- 20. Mammography
- 21. MRI
- 22. X-ray

Other tests and procedures
- 23. Audiometry
- 24. Biopsy
- 25. Cardiac stress test
- 26. Chlamydia test
- 27. Colonoscopy
- 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 therapy
- 50. Wound care

Health education /counseling
- 51. Asthma
- 52. Asthma action plan given to patient
- 53. Diet/Nutrition

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3 of 3 PRF's MRN: CDC-100(OPD) Services

? [F1]

♦ Services

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

- ☐ 14. Lipid profile
- ☐ 15. PSA (prostate specific antigen)
- ☐ 16. **Imaging** Bone mineral density
- ☐ 17. CT scan
- ☐ 18. Echocardiogram
- ☐ 19. Other ultrasound
- ☐ 20. Mammography
- ☐ 21. MRI
- ☐ 22. X-ray

Other tests and procedures

- ☐ 23. Audiometry
- ☐ 24. Biopsy
- ☐ 25. Cardiac stress test
- ☐ 26. Chlamydia test
- ☐ 27. Colonoscopy
- ☐ 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 therapy
- ☐ 50. Wound care

Health education /counseling

- ☐ 51. Asthma
- ☐ 52. Asthma action plan given to patient
- ☐ 53. Diet/Nutrition
- ☐ 54. Exercise
- ☐ 55. Family planning/Contraception
- ☐ 56. Growth/Development
- ☐ 57. Injury prevention
- ☐ 58. STD prevention
- ☐ 59. Stress management
- ☐ 60. Tobacco use/Exposure
- ☐ 61. Weight reduction

Other services not listed

- ☐ 62. Other service

♦ 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

♦ Specify other exam/test/service

Enter '0' if no other exam/test/services provided

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? [F1]

- Enter drugs that were ordered, supplied, administered or continued during this visit.
  Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements.

  Enter XXX if medication cannot be found
  Enter 0 for no more

	Drug	Drug Lookup	New/Continued
[1]			
[2]			
[3]			
[4]			
[5]			
[6]			
[7]			
[8]			
[9]			
[10]			

- Was this a new or continued medication?

○ 1. New
○ 2. Continued

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3 of 3 PRF's MRN: CDC-100(OPD) Providers and Disposition

? [F1]

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

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

? [F1]

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

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

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3 of 3 PRF's MRN: CDC-100(OPD) Tests

? [F1] • Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit?

Reference Time: 11/30/2001 - 0/0/0

1. Enter 1 to Continue

		Most recent result	Date of Test
? [F1]	• Total cholesterol? (1 = yes 2 = none found)	• Total cholesterol mg/dl	
? [F1]	• High density lipoprotein (HDL)? (1 = yes 2 = none found)	• HDL mg/dl	
? [F1]	• Low density lipoprotein (LDL)? (1 = yes 2 = none found)	• LDL mg/dl	
? [F1]	• Triglycerides (TGS) ? (1 = yes 2 = none found)	• TGS mg/dl	
? [F1]	• HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	• A1C %	
? [F1]	• Fasting blood glucose (FBG) ? (1 = yes 2 = none found)	• FBG mg/dl	

	Most recent result	Date of test
Add: Serum creatinine	Serum creatinine	
1 = yes 2 = none found	_____ mg/dL	_____________

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AU | FAQ | Exit/F10 | Patient Info 1 | Patient Info 2 | Vital Signs | Injury Reason | Continuity of Care | Diagnosis | Services | Meds | Disposition | Tests | Lookback

• 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: 2/20/2011 - 2/20/2012

Reference Time: 2/20/2011 - 2/20/2012

• Date of visit (Format MM/DD/YYYY)

Enter 999 for no other visits

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- Was the patient pregnant at the time of the visit?

1. Yes
2. No

- Smoke cigarettes

1. Not current
2. Current
3. Unknown

- 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

- 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

- 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

- Height (feet)

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Modify: 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 65?

- Height (inches)

- Height (centimeters)

- Weight (pounds)

- Weight (ounces)

- Weight (kilograms)

- Weight (gm)

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- Blood Pressure - Systolic refers to the top number of the blood pressure measurement

- Blood pressure - Diastolic refers to the bottom number of the blood pressure measurement

  Enter 998 for P, PALP, DOPP, or DOPPLER

- Blood tests

Enter all that apply, separate with commas

☐ 1. NONE
☐ 2. Lipids/cholesterol
☐ 3. HbA1c (Glycohemoglobin)
☐ 4. Fasting blood glucose (FBG)
☐ 5. Creatinine
☐ 6. Potassium
☐ 7. Sodium
☐ 8. AST/ALT
☐ 9. Basic metabolic panel
☐ 10. Comprehensive metabolic panel (CMP)

- 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

- 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

- Assessment and plan - blood pressure

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

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♦ Assessment and plan - cholesterol

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

♦ Assessment and plan - blood glucose

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

♦ 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

♦ Is patient allergic to any medications?

- 1. Yes
- 2. No
- 3. Unknown

♦ Has the patient had any adverse reactions to any medications e.g., bleeding from aspirin?

- 1. Yes
- 2. No
- 3. Unknown

Date of visit: 01/23/2012

♦ Enter drugs that were ordered, supplied, administered, or continued during this visit. Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and diety supplements

Enter 0 for no more

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Date of visit: 01/23/2012

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

Enter 0 for no more

♦ New or continued

○ 1. New
○ 2. Continued

♦ Same dose, increase, or decrease

○ 1. Same dose
○ 2. Dose increased
○ 3. Dose decreased

♦ Now you will be collecting laboratory test results for certain tests performed on the day of the sampled visit or during the 15 months before the sampled visit (2/20/2012).

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

Reference Time: 11/17/2010 - 2/20/2012

♦ Was a total cholesterol test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

Reference Time: 11/17/2010 - 2/20/2012

◉ 1. Yes
○ 2. None found

♦ Total cholesterol result mg/dL (Start with the oldest test)

Enter '999' for no more

♦ Month, day and four-digit year of cholesterol result.

Enter F5 if data is not available

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- Was a high density lipoprotein (HDL) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

  Reference Time: 11/17/2010 - 2/20/2012

◉ 1. Yes
○ 2. None found

- Total high density lipoprotein (HDL) result mg/dL (Start with the oldest test)

  Enter '999' for no more

- Month, day and four-digit year of high density lipoprotein (HDL) result.

  Enter F5 if data is not available

- Was a low density lipoprotein (LDL) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

  Reference Time: 11/17/2010 - 2/20/2012

◉ 1. Yes
○ 2. None found

- Total low density lipoprotein (LDL) result mg/dL (Start with the oldest test)

  Enter '999' for no more

- Month, day and four-digit year of low density lipoprotein (LDL) result.

  Enter F5 if data is not available

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- Was a triglycerides test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

  Reference Time: 11/17/2010 - 2/20/2012

◉ 1. Yes
○ 2. None found

- Total triglycerides result mg/dL (Start with the oldest test)

  Enter '999' for no more

- Month, day and four-digit year of triglycerides result.

  Enter F5 if data is not available

- Was a HbA1c (glycohemoglobin) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

  Reference Time: 11/17/2010 - 2/20/2012

◉ 1. Yes
○ 2. None found

- Total HbA1c (glycohemoglobin) result % (Start with the oldest test)

  Enter '99' for no more

- Month, day and four-digit year of HbA1c (glycohemoglobin) result.

  Enter F5 if data is not available

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- Was a fasting blood glucose (FBG) test performed on the day of the sampled visit or during the 15 months before 2/20/2012?

  Reference Time: 11/17/2010 - 2/20/2012

1. Yes
2. None found

- Total fasting blood glucose result mg/dL (Start with the oldest test)

  Enter '999' for no more

- Month, day and four-digit year of fasting blood glucose (FBG) result.

  Enter F5 if data is not available

Add:

Was a serum creatinine test performed on the day of the sampled visit or during the 15 months before xx/xx/201x?

1 = Yes   2 = None found

Serum creatinine result mg/dL (Start with the oldest test)

Month, day and four-digit year of serum creatinine result.