

Attachment D-2014 Patient Record Form (PRF)

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

NAMCS | **FAQ** | Exit/F10 | Practice | Care_Visits | WorkForce | EHR/EMR | Rev_Cont | NewPat_Comp | Pat_Appts

SW: 1

◆ Enter 1 to start a new PRF/Pick a PRF TE: 1

Currently there are 0 PRFs

OMB No. 0920-0234 Exp. Date 12/31/2014

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1. Enter PRFs
 2. Exit/Done with PRFs

Next PRF

00120800 Pick_PRF 10:35:10 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 49/73

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NAMCS FAQ Exit/F10 Practice Care_Visits WorkForce EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagno

1 of 1 PRF's MRN: NAMCS PATIENT INFORMATION

<p>◆ Enter Office Number</p> <p><input type="text" value="1. 104 Ocean View Circle"/></p>	<p>◆ Age</p> <p><input type="text"/></p>	<p>? [F1] ◆ Race (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. White <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 5. American Indian or Alaska Native</p> <p><input type="checkbox"/> 3. Asian <input type="checkbox"/></p>
<p>◆ Enter the patient's medical record number</p> <p><input type="text"/></p>	<p>◆ Enter time period <input type="radio"/> 1. Years <input type="radio"/> 3. Days</p> <p><input type="text"/></p> <p><input type="radio"/> 2. Months</p>	<p>? [F1] ◆ Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 4. Workers' compensation</p> <p><input type="checkbox"/> 2. Medicare <input type="checkbox"/> 5. Self-pay or other</p> <p><input type="checkbox"/> 3. Medicaid or CHIP or other state-based program <input type="checkbox"/> 6. No charge /Charity program</p> <p><input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown</p>
<p>◆ Date of visit (Format MM/DD/YYYY)</p> <p><input type="text"/></p>	<p>◆ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male</p> <p><input type="text"/></p>	<p>? [F1] ◆ Ethnicity</p> <p><input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 3. Current</p> <p><input type="radio"/> 2. Not Hispanic or Latino <input type="radio"/> 4. Unknown</p> <p><input type="text"/></p>
<p>◆ Patient's 5-digit zip code. (Enter "1" if homeless)</p> <p><input type="text"/></p>	<p>◆ Is patient pregnant?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p><input type="text"/></p>	<p>? [F1] ◆ Tobacco Use</p> <p><input type="radio"/> 1. Not current, never <input type="radio"/> 3. Current</p> <p><input type="radio"/> 2. Not current, former <input type="radio"/> 4. Unknown</p> <p><input type="text"/></p>
<p>◆ Date of birth (Format MM/DD/YYYY)</p> <p><input type="text"/></p>	<p>◆ Specify Gestation - Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus</p> <p><input type="text"/></p>	
	<p>◆ Last menstrual period - Month/Day/Year</p> <p><input type="text"/></p>	

00120800 OFFICE_NUM 10:35:37 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NAMCS FAQ Exit/F10 Practice Care_Visits WorkForce EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagno

1 of 1 PRF's MRN: NAMCS Biometrics/Vital signs

<p>? [F1] ◆ Height (feet)</p> <p><input type="text"/></p>	
<p>? [F1] ◆ Height (inches)</p> <p><input type="text"/></p>	<p>? [F1] ◆ Height (centimeters)</p> <p><input type="text"/></p>
<p>? [F1] ◆ Weight (pounds)</p> <p><input type="text"/></p>	<p>? [F1] ◆ Weight (kilograms)</p> <p><input type="text"/></p>
<p>? [F1] ◆ Weight (ounces)</p> <p><input type="text"/></p>	<p>? [F1] ◆ Weight (gm)</p> <p><input type="text"/></p>
<p>? [F1] ◆ Temperature</p> <p><input type="text"/></p>	<p>◆ Temperature type <input type="radio"/> 1. Celsius <input type="radio"/> 2. Fahrenheit</p> <p><input type="text"/></p>
<p>◆ Blood Pressure - SYSTOLIC Refers to the top number of the blood pressure measurement. If multiple measurements are taken, record the last measurement.</p> <p><input type="text"/></p>	<p>◆ Blood pressure - DIASTOLIC Refers to the bottom number of the blood pressure measurement. If multiple measurements are taken, record the last measurement. Enter 998 for P, PALP, DOPP, or DOPPLER</p> <p><input type="text"/></p>

00120800 HTFT 10:41:35 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NAMCS FAQ Exit/F10 Practice Care_Visits WorkForce EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagno

1 of 1 PRF's MRN: NAMCS Reason for Visit

? [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.

? [F1] ♦ Enter 0 for None/No more

? [F1] ♦ Enter 0 for None/No more

? [F1] ♦ Enter 0 for None/No more

? [F1] ♦ Enter 0 for None/No more

? [F1] ♦ Enter 0 for None/No more

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

♦ Locate the reason for visit in the look-up table. Enter XXX if reason cannot be found

00120800 VRFV1 10:41:57 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/2

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

? [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)

00120800 MAJOR 10:53:11 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 2/2

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

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NAMCS FAQ Exit/F10 Practice Care_Visits WorkForce EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagno

1 of 1 PRF's MRN: NAMCS Injury

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

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

? [F1] ♦ Did the injury/trauma or poisoning occur within 72 hours prior to the date and time of this visit?

1. Yes
 2. No
 3. Unknown
 4. Not Applicable

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

1. Unintentional 3. Unknown
 2. Intentional

♦ Describe the place and circumstances that preceded the event.
 Examples:

1. Injury/trauma (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider)
2. Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting)
3. Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)

00120800 INJURY 10:42:10 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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NAMCS FAQ Exit/F10 Practice Care_Visits WorkForce EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagno

1 of 1 PRF's MRN: NAMCS Continuity of care

? [F1] ♦ Are you the patient's primary care physician?

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 practice before?

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

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

00120800 PRMCARE 10:43:14 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 1 PRF's MRN: NAMCS Provider's diagnosis for this visit

? [F1] ♦ As specifically as possible, list diagnoses related to this visit including chronic conditions. List PRIMARY diagnoses first

? [F1] ♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1] ♦ Enter 0 if no other diagnoses

? [F1] ♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1] ♦ Enter 0 if no other diagnoses

? [F1] ♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1] ♦ Enter 0 if no other diagnoses

? [F1] ♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

? [F1] ♦ Enter 0 if no other diagnoses

? [F1] ♦ As specifically as possible, list diagnoses related to this visit, including chronic conditions. Enter "XXX" if diagnosis cannot be found

00120800 VDIAG1 10:43:36 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/2

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 1 PRF's MRN: NAMCS Provider's diagnosis for this visit

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

<input type="checkbox"/> 1. Alcohol misuse, abuse, or dependence	<input type="checkbox"/> 8. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> 15. Diabetes mellitus (DM), Type unspecified
<input type="checkbox"/> 2. Substance abuse or dependence	<input type="checkbox"/> 9. Chronic kidney disease (CKD)	<input type="checkbox"/> 16. History of pulmonary embolism (PE) or deep vein thrombosis (DVT)
<input type="checkbox"/> 3. Alzheimer's disease/Dementia	<input type="checkbox"/> 10. End-stage renal disease (ESRD)	<input type="checkbox"/> 17. HIV Infection/AIDS
<input type="checkbox"/> 4. Arthritis	<input type="checkbox"/> 11. Congestive heart failure (CHF)	<input type="checkbox"/> 18. Hyperlipidemia
<input type="checkbox"/> 5. Asthma	<input type="checkbox"/> 12. Depression	<input type="checkbox"/> 19. Hypertension
<input type="checkbox"/> 6. Cancer	<input type="checkbox"/> 13. Diabetes mellitus (DM), Type 1	
<input type="checkbox"/> 7. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)	<input type="checkbox"/> 14. Diabetes mellitus (DM), Type 2	

♦ Asthma severity

<input type="radio"/> 1. Intermittent	<input type="radio"/> 4. Severe persistent
<input type="radio"/> 2. Mild persistent	<input type="radio"/> 5. Other - specify
<input type="radio"/> 3. Moderate persistent	<input type="radio"/> 6. none recorded

♦ Specify Asthma severity

♦ Asthma control

<input type="radio"/> 1. Well controlled	<input type="radio"/> 3. Very poorly controlled
<input type="radio"/> 2. Not well controlled	<input type="radio"/> 4. Other - specify
<input type="radio"/> 5. None recorded	

♦ Specify Asthma control

00120800 PATIENT_HAVE 10:56:55 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 2/2

Injury | Continuity of Care | **Diagnosis** | Services | Meds | Disposition | Tests | CPT

ter all that apply, separate with commas

- 20. Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)
- 21. Obesity
- 22. Obstructive sleep apnea (OSA)
- 23. Osteoporosis
- 24. None of the above

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 1 PRF's MRN: NAMCS Services

? [F1] Services Enter all examinations, blood tests, imaging, other tests, non-medication treatment and health education ORDERED or PROVIDED.

<input type="checkbox"/> 1. NO SERVICES	<input type="checkbox"/> 18. Culture, blood	<input type="checkbox"/> 39. Echocardiogram	<input type="checkbox"/> 59. Upper gastrointestinal endoscopy/EGD
<input type="checkbox"/> 2. Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)	<input type="checkbox"/> 19. Culture, throat	<input type="checkbox"/> 40. Ultrasound	Treatments
<input type="checkbox"/> 3. Breast	<input type="checkbox"/> 20. Culture, urine	<input type="checkbox"/> 41. Mammography	<input type="checkbox"/> 60. Cast/splint/wrap
<input type="checkbox"/> 4. Depression screening	<input type="checkbox"/> 21. Culture, other	<input type="checkbox"/> 42. MRI	<input type="checkbox"/> 61. Complementary and alternative medicine (CAM)
<input type="checkbox"/> 5. Domestic violence screening	<input type="checkbox"/> 22. Glucose, serum	<input type="checkbox"/> 43. X-ray	<input type="checkbox"/> 62. Durable medical equipment
<input type="checkbox"/> 6. Foot	<input type="checkbox"/> 23. Gonorrhea test	<input type="checkbox"/> 44. Audiometry	<input type="checkbox"/> 63. Home health care
<input type="checkbox"/> 7. Neurologic	<input type="checkbox"/> 24. HbA1c (Glycohemoglobin)	Procedures	<input type="checkbox"/> 64. Mental health counseling, excluding psychotherapy
<input type="checkbox"/> 8. Pelvic	<input type="checkbox"/> 25. Hepatitis testing/Hepatitis panel	<input type="checkbox"/> 45. Biopsy	<input type="checkbox"/> 65. Occupational therapy
<input type="checkbox"/> 9. Rectal	<input type="checkbox"/> 26. HIV test	<input type="checkbox"/> 46. Cardiac stress test	<input type="checkbox"/> 66. Physical therapy
<input type="checkbox"/> 10. Retinal/ Eye Exam	<input type="checkbox"/> 27. HPV DNA test	<input type="checkbox"/> 47. Colonoscopy	<input type="checkbox"/> 67. Psychotherapy
<input type="checkbox"/> 11. Skin	<input type="checkbox"/> 28. Lipid profile	<input type="checkbox"/> 48. Cryosurgery (cryotherapy)/ Destruction of tissue	<input type="checkbox"/> 68. Radiation therapy
<input type="checkbox"/> 12. Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)	<input type="checkbox"/> 29. Liver enzymes/Hepatic function panel	<input type="checkbox"/> 49. EKG/ECG	<input type="checkbox"/> 69. Wound care
Laboratory tests	<input type="checkbox"/> 30. PAP test	<input type="checkbox"/> 50. Electroencephalogram (EEG)	Health education/Counseling
<input type="checkbox"/> 13. Basic metabolic panel	<input type="checkbox"/> 31. Pregnancy/HCG test	<input type="checkbox"/> 51. Electromyogram (EMG)	<input type="checkbox"/> 70. Alcohol abuse counseling
<input type="checkbox"/> 14. CBC	<input type="checkbox"/> 32. PSA (prostate specific antigen)	<input type="checkbox"/> 52. Excision of tissue	<input type="checkbox"/> 71. Asthma
<input type="checkbox"/> 15. Chlamydia test	<input type="checkbox"/> 33. Rapid strep test	<input type="checkbox"/> 53. Fetal monitoring	<input type="checkbox"/> 72. Asthma action plan given to patient
<input type="checkbox"/> 16. Comprehensive metabolic panel	<input type="checkbox"/> 34. TSH/Thyroid panel	<input type="checkbox"/> 54. Peak flow	<input type="checkbox"/> 73. Diabetes education
<input type="checkbox"/> 17. Creatinine /Renal function panel	<input type="checkbox"/> 35. Urinalysis	<input type="checkbox"/> 55. Sigmoidoscopy	<input type="checkbox"/> 74. Diet/Nutrition
	<input type="checkbox"/> 36. Vitamin D test	<input type="checkbox"/> 56. Spirometry	<input type="checkbox"/> 75. Exercise
	Imaging	<input type="checkbox"/> 57. Tonometry	
	<input type="checkbox"/> 37. Bone mineral density	<input type="checkbox"/> 58. Tuberculosis skin testing/PPD	
	<input type="checkbox"/> 38. CT scan		

00120800 DIAG_SERVICE 10:43:59 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/3

Diagnosis Services Meds Disposition Tests CPT

Education ORDERED or PROVIDED.

- 76. Family planning/Contraception
- 77. Genetic counseling
- 78. Growth/Development
- 79. Injury prevention
- 80. STD prevention
- 81. Stress management
- 82. Substance abuse counseling
- 83. Tobacco use/Exposure
- 84. Weight reduction

Other services not listed

- 85. Other service

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

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
- Specify other exam/test/service
 Enter '0' if no other exam/test/services provided

00121000 OTHER_SP 3:42:44 PM 8-27-2013 RP: 04/18-24 RESP NAME: Joe E Naamalum SW: 1 TE: 1 2/3

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

- Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit?
 Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered, or continued during this visit.
 Include drugs prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication.

1. Yes
 2. No

Drugs Ordered

00120800 NOMED 10:44:53 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/3

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

Was this a new or continued medication?

1. New 2. Continued 3. Discontinued

	Drug	Drug Lookup	New/Continued
[1]	asprin	ASPERBUF	1
[2]			
[3]			
[4]			
[5]			
[6]			
[7]			
[8]			
[9]			
[10]			
[11]			
[12]			
[13]			
[14]			
[15]			

00120800 NCMED 10:46:26 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 2/3

National Ambulatory Medical Care Survey (NAMCS) - Ver 3.06 8/8/2013

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 1 PRF's MRN: NAMCS Providers and Disposition Laboratory Tests

? [F1] Enter all providers seen at this visit, separate with commas

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

? [F1] Enter estimated time spent with physician

Enter 0 if no provider seen

? [F1] Visit Disposition (Enter all that apply, separate with commas)

1. Return to referring physician 6. Return-time not specified
 2. Refer to other physician 7. Return as needed (p.r.n.)
 3. Return at specified time-less than 1 week 8. Refer to ER/Admit to hospital
 4. Return at specified time-1 week to less than 2 months 9. Other
 5. Return at specified time-2 months or greater

00120800 PROV_SEEN 10:46:57 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

1 of 1 PRF's MRN: NAMCS 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: 4/20/2010 - 4/20/2011

1. Enter 1 to Continue

	Most recent result	Date of Test
? [F1] ♦ Total cholesterol? (1 = yes 2 = none found)	♦ Total cholesterol <input type="text"/> mg/dL	<input type="text"/>
? [F1] ♦ High density lipoprotein (HDL)? (1 = yes 2 = none found)	♦ HDL <input type="text"/> mg/dL	<input type="text"/>
? [F1] ♦ Low density lipoprotein (LDL)? (1 = yes 2 = none found)	♦ LDL <input type="text"/> mg/dL	<input type="text"/>
? [F1] ♦ Triglycerides (TGs) ? (1 = yes 2 = none found)	♦ TGs <input type="text"/> mg/dL	<input type="text"/>
? [F1] ♦ HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	♦ A1C <input type="text"/> %	<input type="text"/>
? [F1] ♦ Fasting blood glucose (FBG) ? (1 = yes 2 = none found)	♦ Blood glucose <input type="text"/> mg/dL	<input type="text"/>
? [F1] ♦ Serum creatinine? (1 = yes 2 = none found)	♦ Serum creatinine <input type="text"/> mg/dL	<input type="text"/>

00120800 LAB_TEST 10:47:20 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/1

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EHR/EMR Rev_Cont NewPat_Comp Pat_Appts Patient Information Biometrics/Vital signs Reason for visit Injury Continuity of Care Diagnosis Services Meds Disposition Tests CPT

♦ What is the other CPT?

	CPT Lookup	Other CPT
[1]	20100	
[2]	86677	
[3]	XXX	write-in CPT
[4]		
[5]		
[6]		
[7]		
[8]		
[9]		
[10]		
[11]		
[12]		
[13]		
[14]		
[15]		

00120800 CPTOTH 10:48:59 AM 8-27-2013 RP: 04/18-24 RESP NAME: John Conte SW: 1 TE: 1 1/2