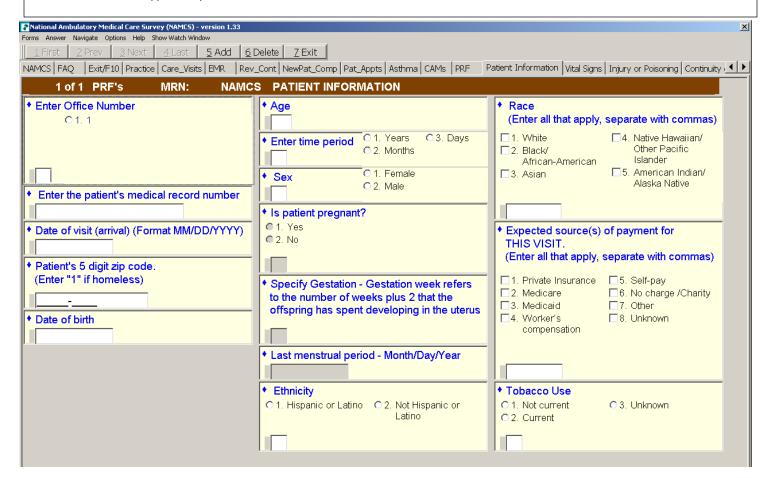
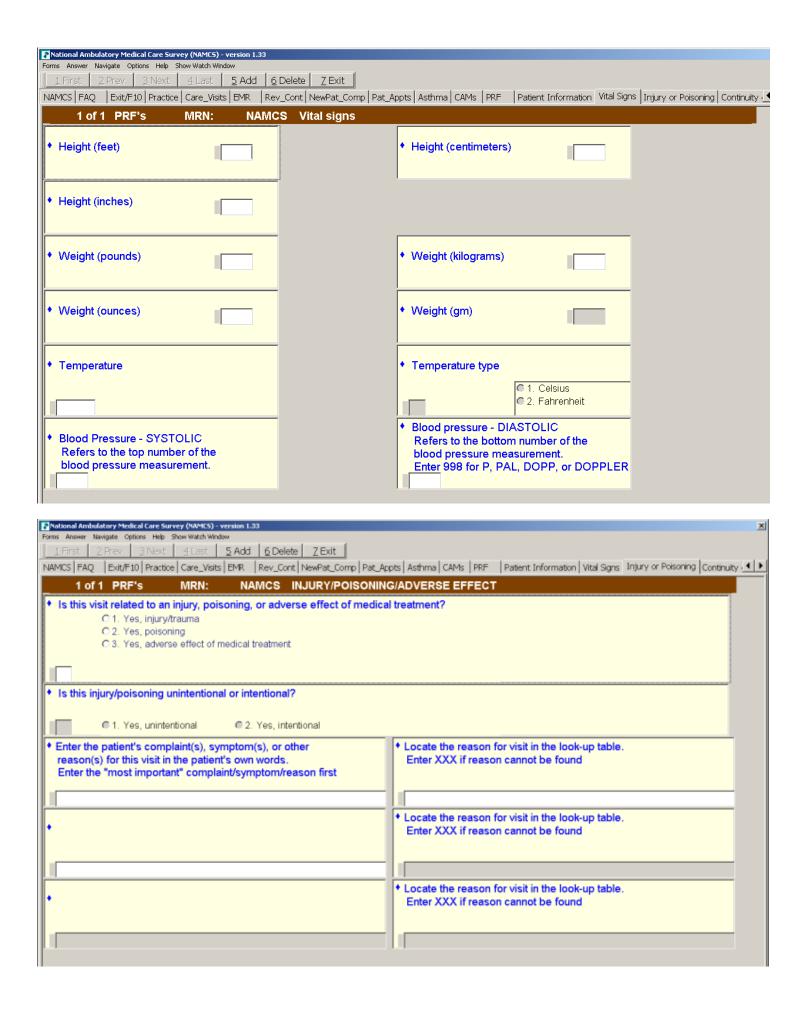
Attachment BB- National Ambulatory Medical Care Survey 2012: Patient Record Form - CPT Code Pretest

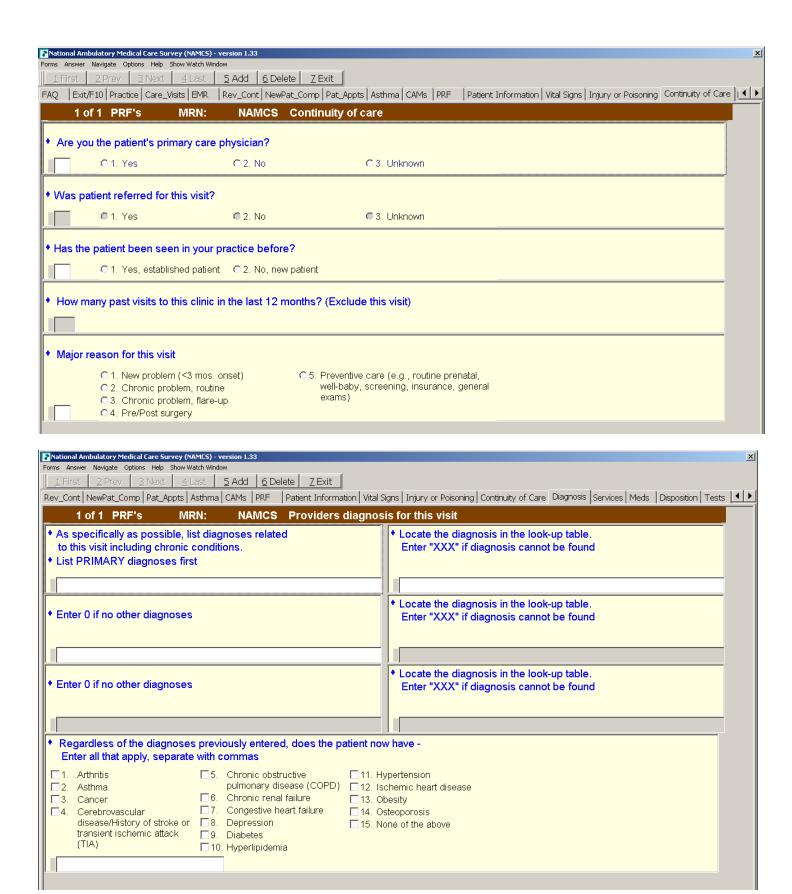
NOTICE: Public reporting burden of this collection of information is estimated to average 14 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Information Collection Review Office: 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0234).

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 the 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).

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



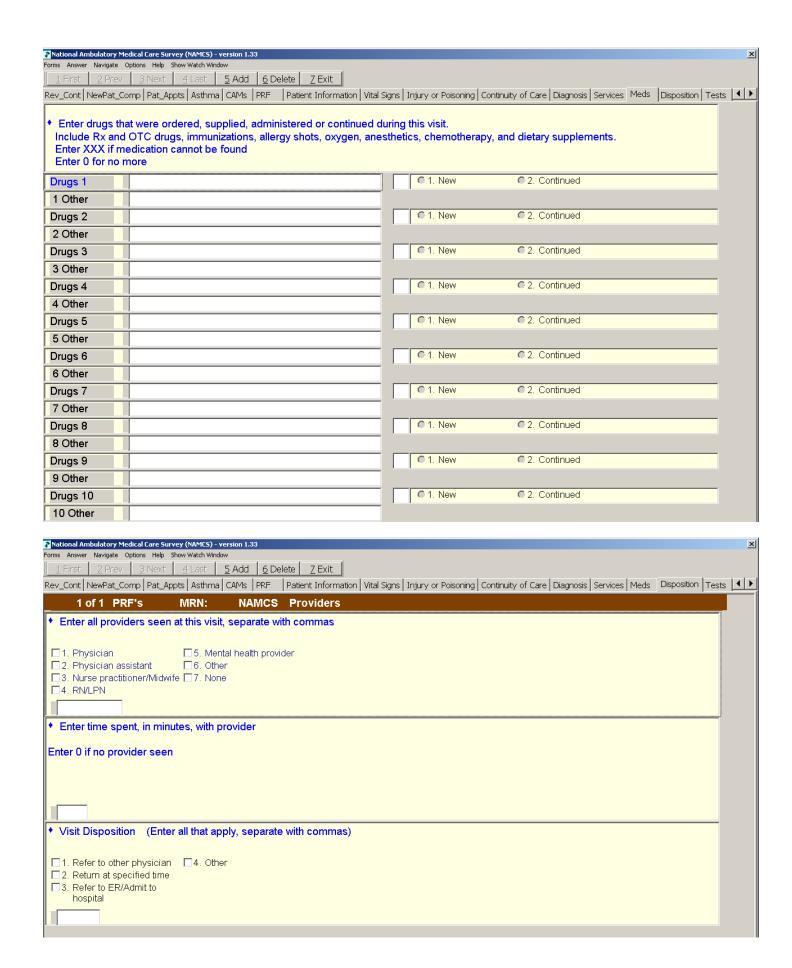




Forms Answer Navigate Options Help Show Watch Window	
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit	1 4 5
Rev_Cont NewPat_Comp Pat_Appts Asthma CAMs PRF Patient Information Vital Signs Injury or Poisoning Continuity of Care Diagnosis Services Meds Disposition Tests	
1 of 1 PRF's MRN: NAMCS Providers diagnosis for this visit	
◆ Asthma severity C 1. Intermittent C 2. Mild persistent C 3. Moderate persistent C 6. none recorded	
Specify Asthma severity	
Asthma control	
C 1. Well controlled C 3. Very poorly C 2. Not well controlled	
C 2. Not well controlled controlled C 4. Other - specify	
C 5. None recorded	
Specify Asthma control	
? [F1]	
Select cancer type	
O 0. In situ O 2. Stage II O 4. Stage IV	
O 1. Stage I O 3. Stage III O 5. Unknown stage	

National Ambulatory Medical Care Survey (NAMCS) - version 1.33		×
Forms Answer Navigate Options Help Show Watch W			
1 First 2 Prev 3 Next 4 Last	<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			
Enter all examinations, blood test	ts, imaging, other tests, non-medica	ation treatment and health educatior	ORDERED or PROVIDED.
☐1. NO SERVICES	□16. <u>Imaging</u>	□ 32. Fetal monitoring	□47. Physical therapy
Examinations	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	☐40. Tonometry	☐ 54. Family planning/Contraception
□9. Retinal	☐ 23. Audiometry	□41. Urinalysis	☐ 55. Growth/Development
□ 10. Skin	☐ 24. Biopsy	Non-medication treatment	☐ 56. Injury prevention
Blood tests	☐ 25. Cardiac stress test	42. Cast/splint/wrap	☐ 57. Stress management
□11. CBC	☐ 26. Chlamydia test	☐43. Complementary and alternative	☐ 58. Tobacco use/Exposure
☐ 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) ☐ 31. Excision of tissue	☐ 46. Mental health counseling, excluding psychotherapy	
	□ 31. Excision of tissue	excluding psychlotherapy	
N			

National Ambulatory Medical Care Survey (NAMC5) - version 1.33 Forms Answer Navigate Options Help Show Watch Window	X
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	
Biopsy provided? C1. Yes	
C 2. No	
Colonoscopy provided?	
© 1. Yes © 2. No	
V 2. NO	
Excision of tissue provided?	
C 1. Yes	
C 2. No	
Sigmoidoscopy provided?	
C 1. Yes	
C 2. No	
A Author and a said and a said and	
Asthma action plan given to patient?	
C 2. No	
**National Ambulatory Medical Care Survey (NAMCS) - version 1.33 Forms Answer Navigate Options Help Show Watch Window	X
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
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	
A Consideration was broadly and a	
Specify other exam/test/service Enter '0' if no other exam/test/services provided	
Enter of this other examples provided	
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	4 ▶
1 of 1 PRF's MRN: NAMCS Medications & Immunization	
- 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
◆ Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit? Include allergy	
shots and other biologicals. Also, include drugs prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the	
medication.	
O 1. Yes O 2. No	



National Ambulatory Medical Care Survey (NAMCS) - version 1.33		×			
1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete Z Exit					
	I Complete the Complete to the	N.			
	Signs Injury or Poisoning Continuity of Care Diagnosis Services Meds Disposition Tests				
1 of 1 PRF's MRN: NAMCS Providers					
Was blood for the following laboratory tests drawn on the day sampled visit or during the 12 months prior to the visit?	of the				
C 1. Enter 1 to Continue					
Most recent result Date of Test					
Total cholesterol? (1 = yes 2 = none found)	◆ Total cholesterol mg/dl				
* High density lipoprotein (HDL)? (1 = yes 2 = none found)	+ HDL mg/dl				
Low density lipoprotein (LDL)? (1 = yes 2 = none found)	+ LDL mg/dl				
* Triglycerides (TGS) ? (1 = yes 2 = none found)	+ TGS mg/dl				
* HbA1c Glycohemoglobin ? (1 = yes 2 = none found)	+ A1C %				
* Fasting blood glucose (FBG) ? (1 = yes 2 = none found)	+ FBG mg/dl				
	7-				

Please indicate all CPT codes associated with the current visit:

1//	6///	11///
2///	7///	12///
3///	8//	13///
4///	9//	14///
5///	10///	15///

□ No CPT codes associated with the current visit.