**Attachment D3:** 2015 Patient Record form (NAMCS-30), Proposed Changes table

**Changes to the NAMCS Patient Record Form (PRF) from 2014 to 2015**

Proposed changes are indicated in **RED**; variable names are in [ ].

* **Remove LMP question from the form [LMP]**
* Modified Tobacco use question and added sub-question

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| --- | --- |
| **Old Answer list**  **Tobacco Use**   * Never smoker * Former smoker * Current smoker * Unknown | **New** Answer list   * Not current * Current * Unknown |
|  | **New Question**  **If Not current:**  **Prior tobacco use?**   1. **Never** 2. **Former** 3. **Unknown** |

* Modified-Major Reason for this Visit [MAJOR]

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| --- | --- |
| **Old** Answer list   * New problem (<3 mos. onset) * Chronic problem, routine * Chronic problem, flare-up * Pre surgery * Post surgery * Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams) | **New** Answer list   * New problem (<3 mos. onset) * Chronic problem, routine * Chronic problem, flare-up * Pre**-**surgery * Post**-**surgery * Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams) |

* Modified-Injury/Poisoning/Adverse Effect Questions [INJURY]

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| --- | --- |
| **Old**   * Is this visit related to an injury, poisoning, or adverse effect of medical treatment?  1. Yes, injury 2. Yes, poisoning 3. Yes, adverse effect of medical/surgical care or adverse effect of medicinal drug 4. No 5. Unknown | **New**   * Is this visit related to an injury/**trauma**, **overdose**/poisoning, or adverse effect of medical/**surgical** treatment?  1. Yes, injury**/trauma** 2. Yes, **overdose/**poisoning 3. Yes, adverse effect of medical **or** surgical **treatment** or adverse effect of medicinal drug 4. No 5. Unknown |
| **Old**   * Did the injury or poisoning occur within 72 hours prior to the date and time of this visit?  1. Yes 2. No 3. Unknown 4. No applicable | **New**   * Did the injury/**trauma**, **overdose**/poisoning, or **adverse effect** occur within 72 hours prior to the date and time of this visit?  1. Yes 2. No 3. Unknown 4. No applicable |
| **Old**   * Is this injury or poisoning intentional or unintentional?   + - 1. Intentional       2. Unintentional (e.g., accidental)       3. Intent unclear | **New**   * Is this injury**/trauma or overdose**/ poisoning intentional or unintentional?  1. Intentional 2. Unintentional (e.g., accidental) 3. Intent unclear |
|  | **New**  **What was the intent of the injury/trauma or overdose/poisoning?**  **Suicide attempt with intent to die**  **Intentional self-harm without intent to die**  **Unclear if suicide attempt or intentional self-harm without intent to die**  **Intentional harm inflicted by another person (e.g., assault, poisoning)**   1. **(5) Intent unclear** |

* Modified-Primary care [PRIMCARE]

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| **Old**   * Are you the patient's primary care physician?  1. Yes 2. No 3. Unknown | **New**   * Are you the patient's primary care **provider**?  1. Yes 2. No 3. Unknown |

* Modified-Checkbox list of patient’s underlying chronic conditions [PAT\_HAVE]

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| --- | --- |
| **Regardless of the diagnoses previously entered, does the patient now have** - | |
| *Mark all that apply.* |  |
| **Old** | **New** |
| Alcohol misuse, abuse, or dependence | Alcohol misuse, abuse, or dependence |
| Alzheimer's disease/Dementia | Alzheimer's disease/Dementia |
| Arthritis | Arthritis |
| Asthma | Asthma |
| --- | **Autism Spectrum Disorder** |
| Cancer | Cancer |
| Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA) | Cerebrovascular disease/**history of** stroke (CVA) or transient ischemic attack (TIA) |
| Chronic kidney disease (CKD) | Chronic kidney disease (CKD) |
| Chronic obstructive pulmonary disease (COPD) | Chronic obstructive pulmonary disease (COPD) |
| Congestive heart failure (CHF) | Congestive heart failure (CHF) |
| Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI) | Coronary artery disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI) |
| Depression | Depression |
| Diabetes mellitus (DM), Type I | Diabetes mellitus (DM), Type I |
| Diabetes mellitus (DM), Type II | Diabetes mellitus (DM), Type II |
| Diabetes mellitus (DM), Type unspecified | Diabetes mellitus (DM), Type unspecified |
| End-stage renal disease (ESRD) | End-stage renal disease (ESRD) |
| History of pulmonary embolism (PE) or deep vein thrombosis (DVT) | History of pulmonary embolism (PE) or deep vein thrombosis (DVT) **or venous thromboembolism (VTE)** |
| HIV Infection/AIDS | HIV Infection/AIDS |
| Hyperlipidemia | Hyperlipidemia |
| Hypertension | Hypertension |
| Obesity | Obesity |
| Obstructive sleep apnea (OSA) | Obstructive sleep apnea (OSA) |
| Osteoporosis | Osteoporosis |
| Substance abuse or dependence | Substance abuse or dependence |
| None of the above | None of the above |

* Modified-Services Ordered or Provided [DIAG\_SERVICE]

Enter all examinations, laboratory tests, imaging, other procedures or other treatment and health education or counseling ORDERED or PROVIDED.

* NO SERVICES

**Examinations/Screenings:**

* Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)
* Breast
* Depression screening
* Domestic violence screening
* Foot
* Neurologic
* Pelvic
* Rectal
* Retinal/ Eye **~~Exam~~**
* Skin
* Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)

**Laboratory tests:**

* Basic metabolic panel **(BMP)**
* CBC
* Chlamydia test
* Comprehensive metabolic panel **(CMP)**
* Creatinine /Renal function panel
* Culture, blood
* Culture, throat
* Culture, urine
* Culture, other
* Glucose, serum
* Gonorrhea test
* HbA1c (Glycohemoglobin)
* Hepatitis testing/Hepatitis panel
* HIV test
* HPV DNA test
* Lipid profile
* Liver enzymes/Hepatic function panel
* PAP test
* Pregnancy/HCG test
* PSA (prostate specific antigen)
* Rapid strep test
* TSH/Thyroid panel
* Urinalysis
* Vitamin D test

**Procedures:**

* Audiometry
* Biopsy
* Cardiac stress test
* Colonoscopy
* Cryosurgery (cryotherapy)/ Destruction of tissue
* EKG/ECG
* Electroencephalogram (EEG)
* Electromyogram (EMG)
* Excision of tissue
* Fetal monitoring
* Peak flow
* Sigmoidoscopy
* Spirometry
* Tonometry
* Tuberculosis skin testing/PPD
* Upper gastrointestinal endoscopy/EGD
  + **Provided**
* Modified- Tests [LAB\_TEST]

|  |  |
| --- | --- |
| **Old**   * Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to visit?  1. Enter 1 to Continue | **New**  Deleted |