Flint Medical Chart Abstraction Form

Form Approved

OMB No. 0923-0051

Exp. Date 03/31/2018

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review: \_\_\_ / \_\_\_ / \_\_\_\_ Data entered: \_\_\_ / \_\_\_ / \_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID: \_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Demographics**

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ **Sex:**  □ Male □ Female □ N/A **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM DD YYYY **Ethnicity:** □ Hispanic □ Not Hispanic

**Insurance:** **Race:** (check all that apply)

□ Private □ Medicare/Medicaid/Government program□ American Indian/ Alaskan Native □ Asian □ Black

□ None □ N/A □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Native Hawaiian/ Pacific Islander □ White

**Visit Information**

**Date of Visit:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Time of arrival: \_\_\_\_:\_\_\_\_ □ am □ pm

MM DD YYYY

**Chief Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial Vital Signs:** Height: \_\_\_\_\_\_\_\_\_ □ cm □ in Weight: \_\_\_\_\_\_\_\_ □ kg □ lb

Temp (°F): \_\_\_\_\_\_\_\_ Heart Rate: \_\_\_\_\_\_\_ Respiratory Rate: \_\_\_\_\_\_\_ BP (mmHg): \_\_\_\_\_\_ / \_\_\_\_\_\_\_

**Current Signs and Symptoms** (check all that apply)

Location Onset Date End Date Size(in)

□ Rash □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Hives □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Raised bumps □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Itchy Skin □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Painful Skin □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Eczema □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Psoriasis □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Erythema/Redness □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Numbness/Tingling □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

□ Hair Loss/Alopecia Description: \_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

(*e.g. patchy, strands, etc)* (*e.g. right side, crown, hairline etc)*

□ Tooth loss Quantity: \_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

□ Fever \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

□ Diarrhea \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

□ Eye Irritation \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

Notes/other symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History** (check all that apply)

□ Asthma □ Congestive heart failure **Current Medications:**

□ Shortness of Breath □ COPD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Pregnant □ Breastfeeding □ Depression \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Wheezing □ Stress Screening: \_\_\_\_\_\_\_\_\_\_ **Medications Prescribed as a Result of Visit**:

□ Diabetes □ Tobacco use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Allergies: \_\_\_\_\_\_\_\_\_\_ □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Hypertension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 15 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 Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

**Skin History** (check all that apply)

Location Onset Date End Date Size(in)

□ Rash □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Hives □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Raised bumps □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Itchy Skin □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Painful Skin □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Eczema □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Psoriasis □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Erythema/Redness □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_ \_\_\_\_\_

□ Numbness/Tingling □ Face □ Arms □ Legs □ Feet □ Neck □ Other\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

□ Hair Loss/Alopecia Quantity: \_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_ \_\_/\_\_/\_\_\_

Notes/other skin history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Diagnosis/Treatment/Recommendations**

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment/Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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