Form Approved
OMB No. 0923-0051
Exp. Date 03/31/2018

Flint Medical Chart Abstraction Form

Reviewer Name: ___________________________ Date of Review: ___ / ___ / ____ Data entered: ___ / ___ / ____
Facility: ____ ID: _________

Patient Name: ____ Patient Phone Number______________

Address: Street: ______________________________ City: _____________________ State: _____ Zip: ______________

Patient Demographics

DOB: ____ / ____ / ________ (MM / DD / YYYY) **Sex:** ◻ Male ◻ Female ◻ N/A **Occupation:** ____________________________________

Ethnicity: ◻ Hispanic ◻ Not Hispanic

Insurance:
◻ Private ◻ Medicare/Medicaid/Government program
◻ None ◻ N/A ◻ Other: ____________________

Race: (check all that apply)
◻ American Indian/ Alaskan Native ◻ Asian ◻ Black
◻ Native Hawaiian/ Pacific Islander ◻ White

Visit Information

Date of Visit: ____ / ____ / ______ (MM / DD / YYYY) Time of arrival: ____:____ ◻ am ◻ pm

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
◻ Shortness of Breath
◻ Pregnant ◻ Breastfeeding
◻ Wheezing
◻ Diabetes
◻ Allergies: __________
◻ Hypertension

◻ Congestive heart failure
◻ COPD
◻ Depression
◻ Stress Screening: __________
◻ Tobacco use: ________________
◻ Other: ____________________
____

Current Medications:
____
____

Medications Prescribed as a Result of Visit:
____
____

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: ____

____

Diagnosis/Treatment/Recommendations

Diagnosis: ____

Treatment/Recommendations:

____

____

____

____