**Attachment D3:** 2016 Patient Record form (NAMCS-30), Proposed Changes table

**Changes to the NAMCS Patient Record Form (PRF) from 2015 to 2016**

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

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

|  |  |
| --- | --- |
| **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 |
| **---** | **Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)** |
| 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) |
| **---** | **Hepatitis B** |
| **---** | **Hepatitis C** |
| 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.

**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**/panel**
* Liver enzymes/Hepatic function panel
* PAP test
* Pregnancy/HCG test
* PSA (prostate specific antigen)
* Rapid strep test
* TSH/Thyroid panel
* Urinalysis **(UA) or urine dipstick**
* Vitamin D test

Health Education/ Counseling

* Alcohol misuse counseling
* Asthma **education**
* Asthma action plan given to patient
* Diabetes education
* Diet/Nutrition
* Exercise
* Family planning/ Contraception
* Genetic counseling
* Growth/ Development
* Injury prevention
* STD prevention
* Stress management
* Substance abuse counseling
* Tobacco use/ Exposure
* Weight reduction

|  |  |  |  |
| --- | --- | --- | --- |
| DISPOSITION | | | |
| ***Mark (X) all that apply.*** | | | |
|  | Return to referring physician**/provider** |  | Return at unspecified time |
|  | Refer to other physician**/provider** |  | Return as needed (p.r.n.) |
|  | Return in less than 1 week |  | Refer to ER/Admit to hospital |
|  | Return in 1 week to less than 2 months |  | Other |
|  | Return in 2 months or greater |  |  |

* Modified- Heading Change [LAB\_TEST]

|  |  |
| --- | --- |
| **Old**   1. Date of Test | **New**  **Date of Blood Draw (MM/DD/YY)** |