

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 -	
<i>Mark all that apply.</i>	
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.	
<input type="checkbox"/> Return to referring physician/ provider	<input type="checkbox"/> Return at unspecified time
<input type="checkbox"/> Refer to other physician/ provider	<input type="checkbox"/> Return as needed (p.r.n.)
<input type="checkbox"/> Return in less than 1 week	<input type="checkbox"/> Refer to ER/Admit to hospital
<input type="checkbox"/> Return in 1 week to less than 2	<input type="checkbox"/> Other
<input type="checkbox"/> Return in 2 months or greater	

- Modified- Heading Change [LAB TEST]

<u>Old</u>	<u>New</u>
1. Date of Test	Date of Blood Draw (MM/DD/YY)