

Attachment C

2016 NHAMCS Outpatient Department Patient Record Form (PRF) Changes

Proposed changes are indicated in **RED**.

- Modified-Checkbox list of patient’s underlying chronic conditions

“Conditions” Section	
PATIENT_HAVE:	
Regardless of the diagnoses previously entered, does the patient now have -	
<i>Mark all that apply.</i>	
<u>Old</u>	<u>New</u>
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	Autism spectrum disorder
...	Attention deficit disorder (ADD)/ Attention deficit hyperactivity disorder (ADHD)
Cancer	Cancer
Cardiac surgery history	Cardiac surgery history
Cerebrovascular disease/History of 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 heart disease (CAD), ischemic heart disease (IHD) or history of myocardial infarction (MI)	Coronary heart 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), deep vein thrombosis (DVT), or venous thromboembolism (VTE)	History of pulmonary embolism (PE), 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 - Injury Question

“Injury” Section	
INJURY72:	
<p><u>Old</u> 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-Not applicable</p>	<p><u>New</u> 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-Not applicable</p>

- Modified-Checkbox list of Diagnostics

“Diagnostics” Section	
DIAG_SERVICE:	

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
- 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/**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

Imaging:

- Bone mineral density
- CT scan
- Echocardiogram
- Other** ultrasound
- Mammography
- MRI
- X-ray

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)

Treatments:

- Cast/splint/wrap
- Complementary and alternative medicine (CAM)
- Durable medical equipment
- Home health care
- Mental health counseling, excluding psychotherapy
- Occupational therapy
- Physical therapy
- Psychotherapy
- Radiation therapy
- Wound care

Health education/Counseling:

- Alcohol abuse 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

Other services not listed:

- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____
- Other service - Specify _____

- Modified-Visit disposition

“Visit disposition” Section	
VISIT_DISP:	
<p><u>Old</u> Mark (X) all that apply.</p> <ol style="list-style-type: none"> 1. Returning to referring physician 2. Refer to other physician 3. Return in less than 1 week 4. Return in 1 week to less than 2 months 5. Return in 2 months or greater 6. Return at unspecified time 7. Return as needed (p.r.n.) 8. Refer to ER/Admit to hospital 9. Other 	<p><u>New</u> Mark (X) all that apply</p> <ol style="list-style-type: none"> 1. Returning to referring physician/provider 2. Refer to other physician/provider 3. Return in less than 1 week 4. Return in 1 week to less than 2 months 5. Return in 2 months or greater 6. Return at unspecified time 7. Return as needed (p.r.n.) 8. Refer to ER/Admit to hospital 9. Other

- Modified-Tests

“Tests” Section	
LAB_TEST:	
CHOLDATE-SERUMDATE:	
<p><u>Old</u> Date of Test</p>	<p><u>New</u> Date of blood draw</p>