

CONTINUITY OF CARE

Are you the patient's primary care provider? PRIMCARE

- 1 Yes
 2 No
 3 Unknown

Was patient referred for this visit? REFER

- 1 Yes
 2 No
 3 Unknown

Has the patient been seen in this practice before? SENBEFOR

- 1 Yes, established patient
How many past visits in the last 12 months?
 (Exclude this visit.)

PASTVIS

Visits

Enter F5 if unknown

- 2 No, new patient

PROVIDER'S DIAGNOSIS FOR THIS VISIT

As specifically as possible, list all diagnoses related to this visit, including chronic conditions.

Primary: 1. **VDIAG1 / VDIAG1_LKUP**

Other: 2. **VDIAG2 / VDIAG2_LKUP**

Other: 3. **VDIAG3 / VDIAG3_LKUP**

Other: 4. **VDIAG4 / VDIAG4_LKUP**

Other: 5. **VDIAG5 / VDIAG5_LKUP**

CONDITIONS

Regardless of the diagnoses previously entered, does the patient now have – Mark (X) all that apply. PAT_HAV

- 1 Alcohol misuse, abuse, or dependence
 2 Alzheimer's disease/Dementia
 3 Arthritis
 4 Asthma

Asthma severity:

ASTH_SEV

- 1 Intermittent
 2 Mild persistent
 3 Moderate persistent
 4 Severe persistent
 5 Other – Specify

ASTH_SEV_SP

- 6 None recorded

- 5 Attention deficit disorder (ADD)/ Attention hyperactivity deficit disorder (ADHD/)

Asthma control:

ASTH_CON91

- 1 Well controlled
 2 Not well controlled
 3 Very poorly controlled
 4 Other – Specify

ASTH_CON_SP

- 5 None recorded

- 6 Autism spectrum disorder
 7 Cancer
 8 Cerebrovascular disease/History of stroke (CVA) or transient ischemic attack (TIA)
 9 Chronic kidney disease (CKD)
 10 Chronic obstructive pulmonary disease (COPD)
 11 Congestive heart failure (CHF)
 12 Coronary artery disease (CAD), ischemic heart disease (IHD), or history of myocardial infarction (MI)
 13 Depression
 14 Diabetes mellitus (DM), Type I
 15 Diabetes mellitus (DM), Type II

- 16 Diabetes mellitus (DM), Type unspecified
 17 End-stage renal disease (ESRD)
 18 Hepatitis B
 19 Hepatitis C
 20 History of pulmonary embolism (PE), deep vein thrombosis (DVT), or venous thromboembolism (VTE)
 21 HIV infection/AIDS
 22 Hyperlipidemia
 23 Hypertension
 24 Obesity
 25 Obstructive sleep apnea (OSA)
 26 Osteoporosis
 27 Substance abuse or dependence
 28 None of the above

SERVICES

Enter all examinations/screenings, laboratory tests, imaging, procedures, treatment, health education/counseling, and other services not listed ORDERED OR PROVIDED. DIAG_SERVICE

1 <input type="checkbox"/> NO SERVICES	Laboratory Tests (cont.)	Laboratory Tests (cont.)	Procedures (cont.)	Treatments (cont.)	Other services not listed
Examinations/Screenings	16 <input type="checkbox"/> CMP (Comprehensive metabolic panel)	34 <input type="checkbox"/> TSH/Thyroid panel	54 <input type="checkbox"/> Peak flow	68 <input type="checkbox"/> Radiation therapy	85 <input type="checkbox"/> Other service – Specify
2 <input type="checkbox"/> Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)	17 <input type="checkbox"/> Creatinine/Renal function panel	35 <input type="checkbox"/> Urinalysis (UA) or urine dipstick	55 <input type="checkbox"/> Sigmoidoscopy	69 <input type="checkbox"/> Wound care	OTHER_SP
3 <input type="checkbox"/> Breast	18 <input type="checkbox"/> Culture, blood	36 <input type="checkbox"/> Vitamin D test	56 <input type="checkbox"/> Spirometry	Health Education/Counseling	Other service – Specify
4 <input type="checkbox"/> Depression screening	19 <input type="checkbox"/> Culture, throat	Imaging	57 <input type="checkbox"/> Tonometry	70 <input type="checkbox"/> Alcohol misuse counseling	OTHER_SP2
5 <input type="checkbox"/> Domestic violence screening	20 <input type="checkbox"/> Culture, urine	37 <input type="checkbox"/> Bone mineral density	58 <input type="checkbox"/> Tuberculosis skin testing/PPD	71 <input type="checkbox"/> Asthma education	Other service – Specify
6 <input type="checkbox"/> Foot	21 <input type="checkbox"/> Culture, other	38 <input type="checkbox"/> CT scan	59 <input type="checkbox"/> Upper gastrointestinal endoscopy (EGD)	72 <input type="checkbox"/> Asthma action plan given to patient	OTHER_SP3
7 <input type="checkbox"/> Neurologic	22 <input type="checkbox"/> Glucose, serum	39 <input type="checkbox"/> Echocardiogram	Treatments	73 <input type="checkbox"/> Diabetes education	Other service – Specify
8 <input type="checkbox"/> Pelvic	23 <input type="checkbox"/> Gonorrhea test	40 <input type="checkbox"/> Other ultrasound	60 <input type="checkbox"/>	74 <input type="checkbox"/> Diet/Nutrition	OTHER_SP4
9 <input type="checkbox"/> Rectal	24 <input type="checkbox"/> HbA1C (Glycohemoglobin)	41 <input type="checkbox"/> Mammography	61 <input type="checkbox"/>	75 <input type="checkbox"/> Exercise	Other service – Specify
10 <input type="checkbox"/> Retinal/Eye	25 <input type="checkbox"/> Hepatitis testing/panel	42 <input type="checkbox"/> MRI	62 <input type="checkbox"/> Durable medical equipment	76 <input type="checkbox"/> Family planning/Contraception	OTHER_SP5
11 <input type="checkbox"/> Skin	26 <input type="checkbox"/> HIV test	43 <input type="checkbox"/> X-ray	63 <input type="checkbox"/> Home health care	77 <input type="checkbox"/> Genetic counseling	
12 <input type="checkbox"/> Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)	27 <input type="checkbox"/> HPV DNA test	Procedures	64 <input type="checkbox"/> Mental health counseling, excluding psychotherapy	78 <input type="checkbox"/> Growth/Development	
Laboratory Tests	28 <input type="checkbox"/> Lipid profile/panel	44 <input type="checkbox"/> Audiometry	65 <input type="checkbox"/> Occupational therapy	79 <input type="checkbox"/> Injury prevention	
13 <input type="checkbox"/> BMP (Basic metabolic panel)	29 <input type="checkbox"/> Liver enzymes/Hepatic function panel	45 <input type="checkbox"/> Biopsy	66 <input type="checkbox"/> Physical therapy	80 <input type="checkbox"/> STD prevention	
14 <input type="checkbox"/> CBC	30 <input type="checkbox"/> PAP test	46 <input type="checkbox"/> Cardiac stress test		81 <input type="checkbox"/> Stress management	
15 <input type="checkbox"/> Chlamydia test	31 <input type="checkbox"/> Pregnancy/HCG test	47 <input type="checkbox"/> Colonoscopy		82 <input type="checkbox"/> Substance abuse counseling	
	32 <input type="checkbox"/> PSA (prostate specific antigen)	48 <input type="checkbox"/> Cryosurgery (cryotherapy)/ Destruction of tissue		83 <input type="checkbox"/> Tobacco use/Exposure	
	33 <input type="checkbox"/> Rapid strep test	49 <input type="checkbox"/> EKG/ECG		84 <input type="checkbox"/> Weight reduction	
		50 <input type="checkbox"/>			
		51 <input type="checkbox"/> Electroencephalogram (EEG)			
		52 <input type="checkbox"/> Electromyogram (EMG)			
		53 <input type="checkbox"/> Excision of tissue			
		54 <input type="checkbox"/> Fetal monitoring			

MEDICATION(S) & IMMUNIZATIONS

NOMED=Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit? 1 Yes 2 No Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered, or continued during this visit. Include medications prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication. Enter XXX if medication cannot be found. Enter 0 for No more.

NCMED

		New	Continued
(1)	VMED1 / VMEDOTH1	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(2)	VMED2 / VMEDOTH2	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(3)	VMED3 / VMEDOTH3	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(4)	VMED4 / VMEDOTH4	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(5)	VMED5 / VMEDOTH5	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(6)	VMED6 / VMEDOTH6	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(7)	VMED7 / VMEDOTH7	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(8)	VMED8 / VMEDOTH8		
(9)	VMED9 / VMEDOTH9	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(10-30)	VMED10-30 / VMEDOTH10-30 (Up to 30 drugs can be listed.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

PROVIDERS

Mark (X) all providers seen at this visit **PROV_SEEN1-7**

- | | |
|--|---|
| 1 <input type="checkbox"/> Physician | 5 <input type="checkbox"/> Mental health provider |
| 2 <input type="checkbox"/> Physician assistant (PA) | 6 <input type="checkbox"/> Other |
| 3 <input type="checkbox"/> Nurse practitioner (NP)/Midwife (CNM) | 7 <input type="checkbox"/> NONE |
| 4 <input type="checkbox"/> RN/LPN | |

TIME SPENT WITH PROVIDER

Enter estimated time spent with **sampled** provider. Enter 0 if no provider seen. **DURATION**

VISIT DISPOSITION

Mark (X) all that apply. **VISIT_DISP**

- | | |
|---|--|
| 1 <input type="checkbox"/> Return to referring physician/provider | 6 <input type="checkbox"/> Return at unspecified time |
| 2 <input type="checkbox"/> Refer to other physician/provider | 7 <input type="checkbox"/> Return as needed (p.r.n.) |
| 3 <input type="checkbox"/> Return in less than 1 week | 8 <input type="checkbox"/> Refer to ER/Admit to hospital |
| 4 <input type="checkbox"/> Return in 1 week to less than 2 months | 9 <input type="checkbox"/> Other |
| 5 <input type="checkbox"/> Return in 2 months or greater | |

TESTS

Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 12 months prior to the visit? LAB_TEST	Most recent result	Date of blood draw											
Total Cholesterol CHOL 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CHOLRES</div> mg/dL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">CHOLDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
High density lipoprotein (HDL) HDL 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HDLRES</div> mg/dL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HDLDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
Low density lipoprotein (LDL) LDL 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">LDLRES</div> mg/dL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">LDLDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
Triglycerides TGS 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TGSRES</div> mg/dL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">TGSDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
HbA1c (Glycohemoglobin) A1C 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">A1CRES</div> %	<div style="border: 1px solid black; padding: 2px; display: inline-block;">A1CDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
Blood glucose (BG) FBG 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FBGRES</div> mg/dL	<div style="border: 1px solid black; padding: 2px; display: inline-block;">FBGDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy				
20	0	1											
mm	dd	yyyy											
Serum creatinine SERUM 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> None found	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SERUMRES</div> <table style="display: inline-table; vertical-align: middle; margin-left: 5px;"> <tr> <td style="font-size: 0.8em;">mg/dL</td> <td style="font-size: 1.5em;">↓</td> <td style="font-size: 0.8em;">μmol/L</td> </tr> </table>	mg/dL	↓	μmol/L	<div style="border: 1px solid black; padding: 2px; display: inline-block;">SERUMDATE</div> <table style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">20</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">mm</td> <td style="font-size: 8px;">dd</td> <td style="font-size: 8px;">yyyy</td> <td></td> </tr> </table>	20	0	1		mm	dd	yyyy	
mg/dL	↓	μmol/L											
20	0	1											
mm	dd	yyyy											

CPT CODES

Enter Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code. Up to 18 CPT codes can be listed.

CPTCODE1	CPTCODE4	CPTCODE7	CPTCODE10	CPTCODE13	CPTCODE16
CPTCODE2	CPTCODE5	CPTCODE8	CPTCODE11	CPTCODE14	CPTCODE17
CPTCODE3	CPTCODE6	CPTCODE9	CPTCODE12	CPTCODE15	CPTCODE18