NAMCS-73
(9-18-2018)

SAMPLE

NATIONAL AMBULATORY MEDICAL CARE SURVEY
2019 PATIENT RECORD

Form Approved: OMB No. 0920-0234

PATIENT INFORMATION

Patient medical record No.

Date of visit
Month | Day | Year 2019

ZIP Code *Enter "1" if homeless.*

Date of birth
Month | Day | Year

Age ____ 1 ☐ Years 2 ☐ Months 3 ☐ Days

Sex
1 ☐ Female – Is patient pregnant?
1 ☐ Yes – *Specify gestation week – Gestation week refers to the number of weeks plus 2 that the offspring has spent developing in the uterus* → ____
2 ☐ No
2 ☐ Male

Ethnicity
1 ☐ Hispanic or Latino
2 ☐ Not Hispanic or Latino

Race – *Mark (X) all that apply.*
1 ☐ White
2 ☐ Black or African American
3 ☐ Asian
4 ☐ Native Hawaiian or Other Pacific Islander
5 ☐ American Indian or Alaska Native

Expected source(s) of payment for THIS VISIT – *Mark (X) all that apply.*
1 ☐ Private insurance
2 ☐ Medicare
3 ☐ Medicaid or CHIP or other state-based program
4 ☐ Workers' compensation
5 ☐ Self-pay
6 ☐ No charge/Charity
7 ☐ Other
8 ☐ Unknown

Tobacco use
1 ☐ Not current → **Prior tobacco use** 1 ☐ Never 2 ☐ Former 3 ☐ Unknown
2 ☐ Current
3 ☐ Unknown

BIOMETRICS/VITAL SIGNS

Height ____ ft ____ in **OR** ____ cm

Weight ____ lb ____ oz **OR** ____ kg ____ gm

Temperature ____ 1 ☐ °C 2 ☐ °F

Blood pressure – *If multiple measurements are taken, record the last measurement.*
Systolic ____ / Diastolic ____

REASON FOR VISIT

List the first 5 reasons for visit (i.e., symptoms, problems, issues, concerns of the patient) in the order in which they appear. Start with the chief complaint and then move to the patient history for additional reasons.

(1) Most important
(2) Other
(3) Other
(4) Other
(5) Other

Major reason for this visit
1 ☐ New problem (<3 mos. onset)
2 ☐ Chronic problem, routine
3 ☐ Chronic problem, flare-up
4 ☐ Pre-surgery
5 ☐ Post-surgery
6 ☐ Preventive care (e.g., routine prenatal, well-baby, screening, insurance, general exams)

INJURY

Is this visit related to an injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment?
1 ☐ Yes, injury/trauma
2 ☐ Yes, overdose/poisoning
3 ☐ Yes, adverse effect of medical or surgical treatment or adverse effect of medicinal drug
4 ☐ No
5 ☐ Unknown } *SKIP to Continuity of Care*

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
For adverse effect SKIP to Cause ↓

Is this injury/trauma or overdose/poisoning intentional or unintentional?
1 ☐ Intentional →
2 ☐ Unintentional (e.g., accidental)
3 ☐ Intent unclear

What was the intent of the injury/trauma or overdose/poisoning?
1 ☐ Suicide attempt with intent to die
2 ☐ Intentional self-harm without intent to die
3 ☐ Unclear if suicide attempt or intentional self-harm without intent to die
4 ☐ Intentional harm inflicted by another person (e.g., assault, poisoning)
5 ☐ Intent unclear

Cause of injury/trauma, overdose/poisoning, or adverse effect of medical/surgical treatment – *Describe the place and circumstances that preceded the injury, poisoning, or adverse effect. Examples:* **1 –** *Injury (e.g., patient fell while walking down stairs at home and sprained her ankle; patient was bitten by a spider);* **2 –** *Poisoning (e.g., 4 year old child was given adult cold/cough medication and became lethargic; child swallowed large amount of liquid cleanser and began vomiting);* **3 –** *Adverse effect (e.g., patient developed a rash on his arm 2 days after taking penicillin for an ear infection)*

CONTINUITY OF CARE

Are you the patient's primary care provider?
1 ☐ Yes – *SKIP to* →
2 ☐ No
3 ☐ Unknown
Was patient referred for this visit?
1 ☐ Yes 3 ☐ Unknown
2 ☐ No

Has the patient been seen in this practice before?
1 ☐ Yes, established patient – **How many past visits to this practice in the last 12 months?** *(Exclude this visit.)* ____ Visits
2 ☐ No, new patient

DIAGNOSIS

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

(1) Primary diagnosis
(2) Other
(3) Other
(4) Other
(5) Other

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

1 ☐ Alcohol misuse, abuse or dependence
2 ☐ Alzheimer's disease/Dementia
3 ☐ Arthritis
4 ☐ Asthma
5 ☐ Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
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 1
15 ☐ Diabetes mellitus (DM), Type 2
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

Complete if Asthma box is marked.

Asthma severity:
1 ☐ Intermittent
2 ☐ Mild persistent
3 ☐ Moderate persistent
4 ☐ Severe persistent
5 ☐ Other – *Specify* ↓ ____
6 ☐ None recorded

Asthma control:
1 ☐ Well controlled
2 ☐ Not well controlled
3 ☐ Very poorly controlled
4 ☐ Other – *Specify* ↓ ____
5 ☐ None recorded

SERVICES

Mark (X) all Examinations/Screenings, Laboratory tests, Imaging, Procedures, Treatments, Health education/Counseling, and Other services ORDERED OR PROVIDED.

1 ☐ NO SERVICES

Examinations/Screenings:

2 ☐ Alcohol misuse screening (includes AUDIT, MAST, CAGE, T-ACE)
3 ☐ Breast
4 ☐ Depression screening
5 ☐ Domestic violence screening
6 ☐ Foot
7 ☐ Neurologic
8 ☐ Pelvic
9 ☐ Rectal
10 ☐ Retinal/Eye
11 ☐ Skin
12 ☐ Substance abuse screening (includes NIDA/NM ASSIST, CAGE-AID, DAST-10)

Laboratory tests:

13 ☐ Basic metabolic panel (BMP)
14 ☐ CBC
15 ☐ Chlamydia test
16 ☐ Comprehensive metabolic panel (CMP)
17 ☐ Creatinine/Renal function panel
18 ☐ Culture, blood
19 ☐ Culture, throat
20 ☐ Culture, urine
21 ☐ Culture, other
22 ☐ Glucose, serum
23 ☐ Gonorrhea test
24 ☐ HbA1c (Glycohemoglobin)
25 ☐ Hepatitis testing/panel
26 ☐ HIV test
27 ☐ HPV DNA test
28 ☐ Lipid profile/panel
29 ☐ Liver enzymes/Hepatic function panel
30 ☐ Pap test
31 ☐ Pregnancy/HCG test
32 ☐ PSA (prostate specific antigen)
33 ☐ Rapid strep test
34 ☐ TSH/Thyroid panel
35 ☐ Urinalysis (UA) or urine dipstick
36 ☐ Vitamin D test

Imaging:

37 ☐ Bone mineral density
38 ☐ CT scan
39 ☐ Echocardiogram
40 ☐ Other ultrasound
41 ☐ Mammography
42 ☐ MRI
43 ☐ X-ray

Procedures:

44 ☐ Audiometry
45 ☐ Biopsy
Biopsy provided? 1 ☐ Yes 2 ☐ No
46 ☐ Cardiac stress test
47 ☐ Colonoscopy
Colonoscopy provided? 1 ☐ Yes 2 ☐ No
48 ☐ Cryosurgery (cryotherapy)/ Destruction of tissue
49 ☐ EKG/ECG
50 ☐ Electroencephalogram (EEG)
51 ☐ Electromyogram (EMG)
52 ☐ Excision of tissue
Excision of tissue provided? 1 ☐ Yes 2 ☐ No
53 ☐ Fetal monitoring
54 ☐ Peak flow
55 ☐ Sigmoidoscopy
Sigmoidoscopy provided? 1 ☐ Yes 2 ☐ No
56 ☐ Spirometry
57 ☐ Tonometry
58 ☐ Tuberculosis skin testing/PPD
59 ☐ Upper gastrointestinal endoscopy/EGD
EGD provided? 1 ☐ Yes 2 ☐ No

Treatments:

60 ☐ Cast/splint/wrap
61 ☐ Complementary and alternative medicine (CAM)
62 ☐ Durable medical equipment
63 ☐ Home health care
64 ☐ Mental health counseling, excluding psychotherapy
65 ☐ Occupational therapy
66 ☐ Physical therapy
67 ☐ Psychotherapy
68 ☐ Radiation therapy
69 ☐ Wound care

Health education/Counseling:

70 ☐ Alcohol abuse counseling
71 ☐ Asthma education
72 ☐ Asthma action plan given to patient
73 ☐ Diabetes education
74 ☐ Diet/Nutrition
75 ☐ Exercise
76 ☐ Family planning/Contraception
77 ☐ Genetic counseling
78 ☐ Growth/Development
79 ☐ Injury prevention
80 ☐ STD prevention
81 ☐ Stress management
82 ☐ Substance abuse counseling
83 ☐ Tobacco use/Exposure
84 ☐ Weight reduction

Other services not listed:

85 ☐ Other service – *Specify*

Up to 5 other services can be listed.

MEDICATIONS & IMMUNIZATIONS

Were any prescription or non-prescription drugs ORDERED or PROVIDED (by any route of administration) at this visit? *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 drugs prescribed at a previous visit if the patient was instructed at THIS VISIT to continue with the medication.*

1 ☐ Yes
2 ☐ No

List up to 30 medications.

		New	Continued
(1)		1 ☐	2 ☐
(2)		1 ☐	2 ☐
(3)		1 ☐	2 ☐
(4)		1 ☐	2 ☐
(5)		1 ☐	2 ☐
↓		1 ☐	2 ☐
		1 ☐	2 ☐
(30)		1 ☐	2 ☐

PROVIDERS

Mark (X) all providers seen at this visit.

1 ☐ Physician
2 ☐ Physician assistant
3 ☐ Nurse practitioner/ Midwife
4 ☐ RN/LPN
5 ☐ Mental health provider
6 ☐ Other
7 ☐ None

TIME SPENT WITH PROVIDER

Minutes

Enter estimated time spent with sampled provider – Enter 0 if no provider seen

VISIT DISPOSITION

Mark (X) all that apply.

1 ☐ Return 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

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?	Most recent result	Date of blood draw
1	Total Cholesterol — 1 ☐ Yes → 2 ☐ None found	mg/dL	Month / Day / Year 201
2	High density lipoprotein (HDL) — 1 ☐ Yes → 2 ☐ None found	mg/dL	Month / Day / Year 201
3	Low density lipoprotein (LDL) — 1 ☐ Yes → 2 ☐ None found	mg/dL	Month / Day / Year 201
4	Triglycerides (TGs) — 1 ☐ Yes → 2 ☐ None found	mg/dL	Month / Day / Year 201
5	HbA1c (A1C) (Glycohemoglobin) — 1 ☐ Yes → 2 ☐ None found	. %	Month / Day / Year 201
6	Blood glucose (BG) — 1 ☐ Yes → 2 ☐ None found	mg/dL	Month / Day / Year 201
7	Serum creatinine — 1 ☐ Yes → 2 ☐ None found	. 1 ☐ mg/dL 2 ☐ µmol/L	Month / Day / Year 201

CPT CODES

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