NATIONAL AMBULATORY MEDICAL CARE SURVEY 1995-96 PATIENT RECORD Solver of S	Assurance of Confidentia practice, or an establishme the purpose of the survey of purpose.	Department of Health and Human Services Public Health Service Centers for Dissase Control and Prevention National Center for Health Statistics									
Description	1. DATE OF VISIT	2. ZIP CODE	NATIONAL AMBULATORY MEDICAL CARE SURVEY 0MB NO. 0920-023								
STANDUATORY VINEICAL PROCEDURES 14. DIAMONSTIC / SCREENING SERVICES Check at Journal of List In Institute of this work. 15. Major vineing of the Services of the Service	Month Day Year										
	3. DATE OF BIRTH	5. SEX		8. EXPECTED SOURCE(S) OF	AYMENT FOR THIS VISIT				9. PATIENT'S COMPLAINT(S), SYMPTOM(S), OR OTHER		
4. RAGE Hispanic origin Preterrad provider optical of checked, 2 Other private insurance 3 Medicare 2 Insured, Res Por service 3 Medicare 2 Other provide insurance 3 Medicare 2 Other provider insurance 3 Medicare 5 Other: Other:	Month Day Year					b. Expected sources of insurance		- 1	REASON(S) FOR THIS VISIT Use patient's		patient's own words.
White 2 Not Hispanic 2 Insured, fee-for-service answer b. 3 Medicare A Medicar	4. RACE			1 Preferred provider o	ntion If	☐ If 1 ☐ Blue Cross / Blue Shield		i	a. Important:		
2 Not Hispanic 2 MnO / Other prepaid answer b. 3 Medicare 4 Medicare 4 Medicare 5 Mortare	. 🗆	1 L Hispanic origin		1		¶"					
A paint of Pacific Interest of Integrated Pacific Integration A pacific In	1 L. Write	2 Not Hispanic			}						
Self-pay	2 🗆 Black			3 LL TINIO 7 Other prepart	'	4 🔲 Med	icaid	İ	b. Other:		
A more continuitary 2 No No No No No No No	3 ☐ Asian / Pacific Islander	CIGARETTES ?		1 ',	If						
19. IST INJURY PELATED ? Describe events that precoded injury Describe events that precoded injury Describe events that precoded injury Ce d., reaction to penicilini, waso single, diver a motor vehicle traffic. Profice of occurrence Describe events that precoded injury Ce d., reaction to penicilini, waso single, diver a motor vehicle traffic. Profice of occurrence Describe events that precoded injury Ce d., reaction to penicilini, waso single, diver a motor vehicle traffic. Profice of occurrence Describe events that precoded injury Ce d., reaction to penicilini, waso single, diver a motor vehicle traffic. Profice of occurrence Describe events that precoded injury Ce d., reaction to penicilini, waso single, diver a motor vehicle traffic. Profice of occurrence Describe events that precoded injury Ce d., reaction to penicilini, waso single, diversity of the penic	4 American Indian (1		ier				
Cause at injury Cause at i	Eskimo / Aleut		n	6 Other	_ skip b .	7 🔲 Unk	nown		c. Other:		
Cause of injury Cause of i	10. IS THIS VISIT INJURY R	ELATED ?			11. PHYSICIAN	N'S DIAGNOSI	S As specifically as nos	sible. list	up to 3 current 12 M	ES PATIENT	HAVE:
A. Place of cocurrence a. Place of cocurrence b. Is this injury work related 7 Yes 1 Yes 2 School 2 No 3 Sports or athletics area 3 Unknown 5 Other: 5 Depression 6 Diabetes 6 Unknown 5 Other: 5 Depression 6 Diabetes 6 Unknown 7 None of the above 7 None o	1 🗌 Yes (Answer a, b,	and c.)	C.	Cause of injury	diagnoses in			<i></i>			
a. Place of occurrence 1	2 No (Skip to Item :	11.)		(e.g., reaction to penicillin, wasp	a Principa	il diagnosis or					
Home Yes		b.	work related 2	accident involving collision with	ric problem	n associated			3 COPD		
3 Sports or athletics area 3 Unknown b. Other: 6 Diabetes 7 HIV / AIDS 8 Hyperactivity / ADD 9 Hypertension 10 Obesity 11 None of the above 13. AMBULATORY SURGICAL PROCEDURES 14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 10 None TESTS: IMAGINGS: 1 None EXAMINATIONS: 8 Blood pressure 17 X-Ray 1 None	1 🗌 Ноте			parked vehicle, etc.).	***************************************	54					
Some continues area Some continues Some continues area Some continues Some continues area Some continues Some con	2 🔲 School		2 No								
C. Other:	3 🗌 Sports or athleti	cs area	3 🔲 Unknown		b. Other:						
5 Other: 9 Hypertension 10 Obesity 11 None of the above 13. AMBULATORY SURGICAL PROCEDURES 14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 1 None of the above 13. AMBULATORY SURGICAL PROCEDURES 14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 1 None of the above 15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. 1 None None 1 None 1 None 1 None 1 None 1 None 1	4 🔲 Street or highwa	ıy									
13. AMBULATORY SURGICAL PROCEDURES 14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 15. THERAPEUTIC AND PREVENTIVE SERVICES Check all ordered or provided at this visit. 1 NONE EXAMINATIONS: 8 Blood pressure 1 All DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 1 NONE EXAMINATIONS: 8 Blood pressure 1 COUNSELING / EDUCATION: 10 Mental health 11 Done COUNSELING / EDUCATION: 10 Mental health 11 Done THERAPEV: 11 Done THERAPEV: 12 Psychotherapy 13 PSA ALL OTHER: (specify) 14 HIV serology 2. To Other: 15 Other: 16 MEDICATIONS / INJECTIONS List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), R _X and OTC medications, immunizations, allergy shots, and anesthetics. 17 PROVIDERS SEEN THIS VISIT Check all that apply. 18 HAVE YOU OR ANYONE IN YOUR PRACTICE SEEN THIS VISIT Check all that apply. 1 No followup planned ANOTHER PHYSICIAN 7 3 Return at specified time	5 🗌 Other:				_				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
13. AMBULATORY SURGICAL PROCEDURES 14. DIAGNOSTIC / SCREENING SERVICES Check all ordered or provided at this visit. 1	6 🗆 Unknown				c. Other: _						
NONE TESTS: IMAGING: Check all ordered or provided at this visit. Exclude medications.	13 AMRIJI ATODV GUDGICAL	DBOCEDUREC 4	A DIACHOSTIC (CO.	DEFINING OFFICER OF THE	<u> </u>			Т			
NONE EXAMINATIONS: 8 Blood pressure 17 X-Ray 1 NONE 9 Growth / development	10. AMDOLATORY SORGICAL	L PHODEDUNES 1									
List up to 2 surgical procedures performed at this visit. 2 Breast 9 Uniaysis 18 CAT scan 2 Diet 11 Other: 3 Pelvic 11 Blood lead level 20 Ultrasound 4 Rectal 12 Cholesterol measure 21 Other: 5 Visual acuity 13 PSA ALL OTHER: (specify) 2 Cholesterol THIS visit names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications, aftergy shots, and anesthetics. 1. PROVIDERS SEEN THIS VISIT Check all that apply. 1 Physician 1 Physician 2 Physician assistant 1 Pess 2 No 1 Mental health 11 Other: 2 Diet 11 Other: 3 Exercise Weight reduction 5 Cholesterol reduction 5 Cholesterol reduction 6 HIV transmission 7 Injury prevention 8 Tobacco use / exposure 15 Other: 16 Other: 17. PROVIDERS SEEN THIS VISIT ANYONE IN YOUR PRACTICE SEEN THIS VISIT BEFORE 7 1 No followup planned 2 Return if needed, P.R.N. 3 Return at specified time	NONE					47 [] V P				_	
Performed at this visit. 3	List up to 2 surgical proc	cedures				ire					
11 Blood lead level 20 Ultrasound	performed at this visit.	performed at this visit.		10 🔲 TB skin	test	19 MRI .					
5 Visual acuity 13 PSA ALL OTHER: (specify) 5 Cholesterol reduction 12 Psychotherapy 13 Corrective lenses 14 HIV serology 15 Other blood test 22						20 - 01114000110			OTHER THERAPY		
2	I					measure 21 Other:			Chalacteral reduction 12 Psychotherapy		
2				14 🗌 HIV sero	logy	v			13 L Corrective lenses		
16. MEDICATIONS / INJECTIONS List names of up to 6 medications that were ordered, supplied, or administered during this visit. Include new medications, continuing medications (with or without new orders), R _X and OTC medications, immunizations, allergy shots, and anesthetics. NONE 17. PROVIDERS SEEN THIS VISIT ANYONE IN YOUR PRACTICE SEEN PATIENT BEFORE? 1 No followup planned 1 No followup planned 2 Return if needed, P.R.N. 3 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 1 No followup planned 2 Return at specified time 2 Return at specified ti	2	,			JUII lest	test 22 🔲		1	7 Injury prevention		
or administered during this visit. Include new medications, continuing medications (with or without new orders), R _X and OTC medications, immunizations, allergy shots, and anesthetics. NONE THIS VISIT Check all that apply. PATIENT BEFORE? PATIENT BEFORE? 1 Yes 2 No REFERRED FOR THIS VISIT BY ANOTHER PHYSICIAN? Check all that apply. 1 No followup planned 2 Return if needed, P.R.N. 3 Return at specified time											
NONE 1 Physician 1 Physician assistant 1 Yes 2 No 1 Yes 2 No 3 Return at specified time	or administered during this	THIS VISIT	THIS VIŞIT			REFERRED FOR	Chec	k all that apply.			
1 4 2 Physician assistant 1 Yes 2 No PHYSICIAN 7 3 Return at specified time		-,	,								
The state of the s							1 Yes 2 No PHYS		PHYSICIAN ?	1	
3 Nurse practitioner 4 Van 4 Admit to become	1	4			3 Nurse ora		1 1		1 🗀 Yes		Admit to hospital
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6 ☐ Medical assistant 1 ☐ Yes 2 ☐ No						essistant	1 🗆 Yes 2 🛭	⊐ No l	2 (3) (10)		
	3		7 Other:						1 Courtes		
3,				7 ∐ Other:						Minutes	

Figure 1. Patient Record form