FORM **NAMCS-30** (9-22-2004)

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

PATIENT'S NAME:	
PATIENT RECORD NO.:	
Form Approved OMB No.	0920-0234 Exp. Date 05/31/2007 CDC 64.148

## NATIONAL AMBULATORY MEDICAL CARE SURVEY **2005 PATIENT RECORD**

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

NAMCS-30 (9-22-2004)						
		ATIENT INFORMATI		<u></u>		2. INJURY/POISONING/ ADVERSE EFFECT
a. Date of visit	d. Sex 1 ☐ Female – Is patient	pregnant? 1 Hispanic or	-	ot current	2 Current	Is this visit related to any of
Month Day Year	1 ☐ Yes - Specify week →	I — ·	c or Latino 1	□ Never ▲	з 🗌 Unknowi	
200	OR <sub>Z</sub> —	f. Race - Mark		Former pected source	(s) of	1 Unintentional injury/ poisoning
b. ZIP code	LMP	or more.	`´   pa	yment for this ark (X) all that app	visit –	2 Intentional injury/poisoning 3 Adverse effect of
	Month Day	Year 1 White 2 Black/Africa	n American 1 P	rivate insurance	7 Other	medical/surgical care or
c. Date of birth		2   O   O   2   Black/Affica 3   Asian 4   Native Hawa	I =	ledicare ledicaid/SCHIP	8 Unknowr	medicinal drug
Month Day Year	2 ☐ No 3 ☐ Unknown	Other Pacifi	c Islander 4 W	orker's compensa	ation	4 ☐ None of the above 5 ☐ Unknown
	2 ☐ Male	5 ∐ American In Alaska Nativ		elf-pay o charge/Charity		o indiowii
3. REASON	FOR VISIT			CONTINUIT	Y OF CAR	E
Patient's complaint(s reason(s) for this visi	s), symptom(s), or oti	her a. Are you the pa	tient's b. Ha	s the patient by	peen seen	c. Major reason for this visit
(1) Most important:	<b>it –</b> Ose pallerit's Own wo	physician?		Yes. establishe	ed patient -	1 New problem (<3 mos. onset)
(1) Wost Important.		1 ☐ Yes – <i>SKIP to</i> 2 ☐ No <b>)</b>	o item 4b.	How many p	ast visits 2 months?	2 Chronic problem, routine
(2) Other:		3 Unknown		Exclude this vis	sit.	<ul><li>3 ☐ Chronic problem, flare-up</li><li>4 ☐ Pre-/Post-surgery</li></ul>
(=) Guior.		Was patier referred fo		2 🗌 1-2		5 Preventive care (e.g.,
(3) Other:		this visit?	·	3 □ 3-5 4 □ 6+		routine prenatal, well-baby, screening,
(3) Other:		1 ☐ Yes		5 Unknown		insurance, general exams)
		2 ☐ No 3 ☐ Unknow	'n 2 □	No, new patien	nt	
		5. PHYSICIAN'S DIA	GNOSIS FOR	R THIS VISIT		
a. As specifically as pos	ssible, list diagnoses cluding chronic condit		s of the diagno patient now ha			c. Status of patient enrollment in a
(1) Primary diagnosis:		1 $\square$ Arthritis			Obesity	disease management program for any of
		2 Asthma	a 8 🗆 🛭		13 ☐ Obesity 14 ☐ Osteopor	osis the conditions
Other:		3 Cancer	о — -		15 ☐ None of t above	he marked in 5b.
(2)		4 ☐ Cerebro disease		Hyperlipidemia Hypertension	above	2 Ordered/advised to
Other:		5 CHF	, 12 🗌 ls	schemic		enroll at this visit
(b) Other.		6 ☐ Chronic failure	renai h	neart disease		3 ☐ Not enrolled 4 ☐ Unknown
6. VITAL	SIGNS	7.	DIAGNOSTI	C/SCREENIN	IG SERVIC	ES
6. VITAL		Mark (X) all ordered or p	DIAGNOSTI rovided at this vis		Other tes	its:
	ft/in	Mark (X) all <b>ordered</b> or <b>p</b>	rovided at this vi	sit.	Other tes	ts:
<b>6. VITAL (1)</b> Height		Mark (X) all ordered or p  1 ☐ NONE Examinations: 2 ☐ Breast	rovided at this vis	sit. ests: (complete	Other tes 20  Biopsy 21  Chlam 22  EKG/E	ydia test
	ft/in	Mark (X) all ordered or p  1 ☐ NONE Examinations: 2 ☐ Breast 3 ☐ Pelvic	rovided at this vis	sit. ests: (complete	Other tes 20  Biopsy 21  Chlam 22  EKG/E 23  PAP te	ydia test CG est/Cervical cytology
	☐ ft/in ☐ cm	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin	rovided at this via  Blood te  13 CBC blood  14 Electi 15 Glucc	sit. (complete count) rolytes ose	Other tes 20 Biopsy 21 Chlam 22 EKG/E 23 PAP te 24 Scope	ydia test
(1) Height	☐ ft/in ☐ cm ☐ lbs ☐ kg	Mark (X) all ordered or p  1 ☐ NONE  Examinations: 2 ☐ Breast 3 ☐ Pelvic 4 ☐ Rectal	Blood te  13 CBC blood 14 Electr 15 Glucc 16 HgbA	sit. (complete count) rolytes ose	Other tes 20 Biopsy 21 Chlam 22 EKG/E 23 PAP te 24 Scope	ydia test CG est/Cervical cytology procedure (e.g.,
(1) Height	☐ ft/in ☐ cm	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density	Blood te  13 CBC blood 14 Electr 15 Glucc g 16 HgbA (glycc 17 Lipids	sit. (complete   count) rolytes ose 11C ohemoglobin) s/Cholesterol	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify metry/Pulmonary function test
(1) Height	☐ ft/in☐ cm☐ lbs☐ kg☐	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET	Blood te  13	sit. (complete count) rolytes ose .11C ohemoglobin) s/Cholesterol (prostate fic antigen)	Other tes  20 ☐ Biopsy 21 ☐ Chlam  22 ☐ EKG/E  23 ☐ PAP to 24 ☐ Scope  colono  25 ☐ Spiror 26 ☐ Urinals	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify netry/Pulmonary function test ysis (UA)
(1) Height (2) Weight (3) Temperature	☐ ft/in☐ cm☐ lbs☐ kg☐	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound	rovided at this vis  Blood te  13 □ CBC blood  14 □ Electr 15 □ Glucc g  16 □ HgbA (glycc  17 □ Lipids 18 □ PSA	sit. (complete count) rolytes ose .11C ohemoglobin) s/Cholesterol (prostate fic antigen)	Other tes  20 ☐ Biopsy 21 ☐ Chlam  22 ☐ EKG/E  23 ☐ PAP to 24 ☐ Scope  colono  25 ☐ Spiror 26 ☐ Urinals	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify metry/Pulmonary function test
(1) Height	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F	Mark (X) all ordered or p  1 NONE Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound	Blood te  13	sit. (complete count) rolytes ose1C ohemoglobin) s/Cholesterol (prostate fic antigen) r blood test	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify
<ul> <li>(1) Height</li> <li>(2) Weight</li> <li>(3) Temperature</li> <li>(4) Blood pressure</li> <li>8. HEALTH El</li> </ul>	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐	Mark (X) all ordered or p  1 NONE Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging	Blood te  13  CBC blood  14  Electr 15  Glucc g 16  HgbA (glycc 17  Lipids 18  PSA specii 19  Other	sit. (complete   count)   rolytes   ose	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify metry/Pulmonary function test ysis (UA) test/service - Specify
(1) Height (2) Weight (3) Temperature (4) Blood pressure  8. HEALTH El Mark (X) all ordered or put	ft/in   cm   lbs   kg   °C   °F	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray	Blood te  13	sit. (complete count) rolytes ose 11C ohemoglobin) s/Cholesterol (prostate fic antigen) blood test	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify metry/Pulmonary function test ysis (UA) test/service - Specify  ENT Procedures:
(1) Height (2) Weight (3) Temperature (4) Blood pressure  8. HEALTH El  Mark (X) all ordered or put 1 NONE	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all orde 1 NONE	Blood te  13	sit. (complete count) rolytes ose .11C ohemoglobin) s/Cholesterol (prostate fic antigen) blood test  MEDICATION at this visit.  Psychotherag Other mental	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify metry/Pulmonary function test ysis (UA) test/service - Specify  ENT Procedures:
<ul> <li>(1) Height</li> <li>(2) Weight</li> <li>(3) Temperature</li> <li>(4) Blood pressure</li> <li>8. HEALTH El Mark (X) all ordered or plant in the part of the part</li></ul>	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐ °F☐ C☐ °F☐ °F☐ C☐ °F☐ °F☐ C☐ °F☐ °F☐ C☐ C☐ °F☐ C☐ C☐ °F☐ C☐ °F☐ C☐ °F☐ C☐ °F☐ C☐ C☐ °F☐ C☐ C☐ °F☐ C☐ °F☐ C☐ C☐ °F☐ C☐ C☐ °F☐ C☐ C☐ °F☐ C☐ C☐ C☐ °F☐ C☐ C☐ C☐ °F☐ C☐	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all ordered or p	Blood te  13	sit.  (complete   count) rolytes   cose   co	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Procedures:  Other non-surgical procedures - Specify  Specify
(1) Height (2) Weight (3) Temperature (4) Blood pressure  8. HEALTH EI  Mark (X) all ordered or pi 1  NONE 2  Asthma education	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐ °F☐ cm☐ °F☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all order 1 NONE 2 Complementary medicine (CAM) 3 Durable medical 4 Home health car	Blood te  13	sit. (complete count) rolytes ose .11C ohemoglobin) s/Cholesterol (prostate fic antigen) blood test  MEDICATION at this visit.  Psychotherag Other mental	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Other non-surgical procedures - Specify Other surgical procedures -
(1) Height	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐ °F☐ cm☐ °F☐ cm☐ °C☐ cm☐ °F☐ cm☐ °F☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm☐ cm	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all orde 1 NONE 2 Complementary medicine (CAM) 3 Durable medical 4 Home health car	Blood te  13	sit.  (complete count) rolytes ose 11C ohemoglobin) s/Cholesterol (prostate fic antigen) blood test  MEDICATION at this visit.  Psychotheraticounseling  Excision of tis	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Procedures:  Other non-surgical procedures - Specify  Specify
(1) Height (2) Weight (3) Temperature (4) Blood pressure  8. HEALTH El  Mark (X) all ordered or production 1 NONE 2 Asthma education 3 Diet/Nutrition 4 Exercise 5 Growth/Development 6 Injury prevention	☐ ft/in☐ cm☐ lbs☐ kg☐ °C☐ °F☐ °F☐ F☐ F☐ Stress☐ management☐ 8☐ Tobacco use/Exposure☐ 9☐ Weight reduction tf☐ 10☐ Other☐ cm ☐ cm ☐ other☐ cm ☐ tobacco use/Exposure☐ 10☐ Other☐ cm ☐ other☐ cm ☐ the cm ☐	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all orde 1 NONE 2 Complementary medicine (CAM) 3 Durable medical 4 Home health car 5 Hospice care 6 Physical therapy 7 Speech/Occupat	Blood te  13  CBC blood  14  Electr 15  Glucc g 16  HgbA (glycc 17  Lipids 18  PSA specif 19  Other  9. NON-I ered or provided 8 alternative 9 equipment 10 e 11	sit.  (complete   count) rolytes   count   cou	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Procedures: Other non-surgical procedures - Specify Other surgical procedures - Specify
(1) Height (2) Weight (3) Temperature (4) Blood pressure  8. HEALTH El  Mark (X) all ordered or production 1 NONE 2 Asthma education 3 Diet/Nutrition 4 Exercise 5 Growth/Development 6 Injury prevention	ft/in   cm   cm   lbs   kg   C   °C   °F     cm   cm   cm   cm   cm   cm   cm	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all orde 1 NONE 2 Complementary medicine (CAM) 3 Durable medical 4 Home health car 5 Hospice care 6 Physical therapy 7 Speech/Occupat	Blood te  13	sit.  (complete count) rolytes ose complete fic antigen) roloto test  MEDICATION at this visit.  Psychotheral counseling  Excision of tis  Orthopedic complete fice antigen of the fice an	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Cher non-surgical procedures - Specify  Other surgical procedures - Specify  Other surgical procedures - Specify  2. VISIT DISPOSITION
(1) Height	DUCATION  Tovided at this visit.  Tobacco use/ Exposure  Weight reduction  t 10 Other  IEDICATIONS & IN  C and OTC drugs, imm  S, and dietary supple	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all order 1 NONE 2 Complementary 1 NONE 2 NONE 2 Complementary 1 NONE 2 NONE 3 Durable medical 4 Home health car 5 Hospice care 6 Physical therapy 7 Speech/Occupate  MMUNIZATIONS  MUNIZATIONS	Blood te  13	sit.  (complete   count) rolytes   count   cou	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Other non-surgical procedures - Specify  Other surgical procedures - Specify  2. VISIT DISPOSITION  (X) all that apply.
(1) Height	DUCATION  Tovided at this visit.  Tobacco use/ Exposure  Weight reduction  t 10 Other  IEDICATIONS & IN  C and OTC drugs, imm  S, and dietary supple	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all ordered or part of the care of	Blood te  13	sit.  (complete count) rolytes ose of the count of the co	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  ENT  Procedures: Other non-surgical procedures - Specify Other surgical procedures - Specify  2. VISIT DISPOSITION  (X) all that apply.  No follow-up planned  5 Telephone follow-up
(1) Height	ft/in   cm   cm   lbs   kg   %C   %F   %F   /	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all order 1 NONE 2 Complementary 1 NONE 2 NONE 2 Complementary 1 NONE 2 NONE 3 Durable medical 4 Home health car 5 Hospice care 6 Physical therapy 7 Speech/Occupate  MMUNIZATIONS  MUNIZATIONS	Blood te  13	sit.  (complete count) rolytes ose of the count of the co	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Other non-surgical procedures - Specify  Other surgical procedures - Specify  2. VISIT DISPOSITION  (X) all that apply.  No follow-up planned follow-up planned Return if
(1) Height  (2) Weight  (3) Temperature  (4) Blood pressure  8. HEALTH El  Mark (X) all ordered or production  1 NONE  2 Asthma education  3 Diet/Nutrition  4 Exercise  5 Growth/Development  6 Injury prevention  10. M  Include Rx  anesthetic supplied, a	ft/in   cm   lbs   kg   °C   °F   /     Tobacco use/ Exposure   9   Weight reduction t   10   Other	Mark (X) all ordered or p  1 NONE  Examinations: 2 Breast 3 Pelvic 4 Rectal 5 Skin 6 Depression screenin  Imaging: 7 Bone mineral density 8 Mammography 9 MRI/CT/PET 10 Ultrasound 11 X-ray 12 Other imaging  Mark (X) or list all order 1 NONE 2 Complementary     medicine (CAM) 3 Durable medical 4 Home health car 5 Hospice care 6 Physical therapy 7 Speech/Occupate  MMUNIZATIONS  Initiations, allergy shote enued during the visit.	Blood te  13	sit.  sts: (complete   count) rolytes see   count   count   rolytes   count   schemoglobin   cohemoglobin   scholesterol   (prostate   fic antigen   r blood test  MEDICATION  at this visit.  Psychotheral   Counseling   Excision of tis   Orthopedic counseling   Wound care  11. PROVID  Mark (X) all proseen at this visit   1 Physicia   2 Physicia   assistan   3 Nurse	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., escopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  CHAPT  Procedures: Other non-surgical procedures - Specify  Other surgical procedures - Specify  CX) all that apply.  No follow-up planned needed, PRN Refer to other Refer to other
(1) Height	ft/in   cm   lbs   kg   °C   °F   /	Mark (X) all ordered or p    NONE	Blood te  13	sit.  sts: (complete count) rolytes ose condition of the count of the	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify   The Procedures:  Other non-surgical procedures - Specify  Other surgical procedures - Specify  CEL VISIT DISPOSITION  Other surgical procedures - Specify  Telephone follow-up planned needed, PRN 6 Refer to emergency department
(1) Height	ft/in   cm   lbs   kg   °C   °F   /	Mark (X) all ordered or p    NONE	Blood te  13	sit.  (complete   count) rolytes   cose   complete   count) rolytes   cose   complete   count   complete   count   complete   count   complete   complete   complete   complete   complete   count   c	Other tes  20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify   Other non-surgical procedures - Specify  Other surgical procedures - Specify  Other surgical procedures - Specify  Telephone follow-up planned Return if needed, PRN 6 Refer to emergency department Return at specified time  Telephone follow-up planned needed, PRN 6 Refer to emergency department return at specified time
(1) Height  (2) Weight  (3) Temperature  (4) Blood pressure  8. HEALTH El Mark (X) all ordered or produced o	ft/in   cm   lbs   kg   C   °C   °F   /	Mark (X) all ordered or p    NONE	Blood te  13	sit.  (complete   count) rolytes   ose   o	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify   Other non-surgical procedures - Specify  Other surgical procedures - Specify  CY (X) all that apply.  No follow-up planned Return if needed, PRN Refer to other physician Return at  7 Admit to
(1) Height	ft/in   cm   lbs   kg   °C   °F   /     Tobacco use/ Exposure   9   Weight reduction   t 10   Other     IEDICATIONS & IN   K and OTC drugs, imm   cs, and dietary supple   administered or conti	Mark (X) all ordered or p    NONE	Blood te  13	sit.  (complete   count) rolytes   cose   complete   count) rolytes   cose   complete   count   complete   count   complete   count   complete   complete   complete   complete   complete   count   c	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Other non-surgical procedures - Specify  Other surgical procedures - Specify  Other surgical procedures - Specify  Telephone follow-up planned Return if needed, PRN Refer to other physician Return at Specified time  Telephone follow-up planned follow-up
(1) Height	ft/in   cm   lbs   kg   C   °C   °F   /	Mark (X) all ordered or p    NONE	Blood te  13	sit.  (complete   count) rolytes   cose   cont   cont   cose   cont   cont   cose   cont   co	Other tes 20	ydia test CG est/Cervical cytology procedure (e.g., scopy) - Specify  metry/Pulmonary function test ysis (UA) test/service - Specify  Other non-surgical procedures - Specify  Other surgical procedures - Specify  Other surgical procedures - Specify  Telephone follow-up planned Return if needed, PRN 6 Refer to needed, PRN