		Form Approved OMB No	o. 0920-0278 Exp. Date 08/31/2009 CDC 64.135
FORM NHAMCS-100(OPD) (10-3-2007) NATIONAL HOSPITAL AMBULATO 2008 OUTPATIENT DEPARTM	ACTING AS DATA COLLECTION U.S. Department of Health and I Centers for Disease Control National Center for PRY MEDICAL CARE	COMMERCE S Administration SUS BUREAU AGENT FOR THE Human Services Land Prevention Health Statistics SURVEY PATIENT RECORD NO.	
establishment will be held confiden	tial, will be used only by persons or used for any other pu	d permit identification of an individual, a sons engaged in and for the purpose o urpose without consent of the individual t (42 USC 242m).	f the survey and will not be
	(Provider: Detach a	and keep upper portion)	
Please keep (X) marks inside of boxes → 🛚 Correc	t 🔏 Incorrect		
	ATIENT INFORMATION		2. INJURY/POISONING/
A. Date of visit Month Day Year 2 0 0 0 1 Hispanic 1 Hispanic 2 Not Hisp	or Latino anic or Latino	g. Expected source(s) of payment for this visit – Mark (X) all that app 1 Private insurance 2 Medicare 3 Medicaid/SCHIP 4 Worker's compensation	ADVERSE EFFECT Is this visit related to any of the following? 1 Unintentional injury/poisoning 2 Intentional injury/poisoning
f. Race - Mark 1 White 2 Black/Af 3 Asian	rican American	5 □ Self-pay 6 □ No charge/Charity 7 □ Other 8 □ Unknown	3 ☐ Injury/poisoning — unknown intent 4 ☐ Adverse effect of medical/ surgical care or adverse
	lawalian/ acific Islander n Indian/Alaska Native	h. Tobacco use 1 Not current 3 Unknown 2 Current	effect of medicinal drug 5 None of the above
3. REASON FOR VISIT		4. CONTINUITY OF C	CARE
(1) Most important: (2) Other: (3) Other:	care provider? 1 Yes -SKIP to 2 No 3 Unknown Was patient for this visit 1 Yes 2 No 3 Unknown	referred In the last 12 mo Exclude this visit. Visits Unknown 2 No new patient	/isits 2 ☐ Chronic problem, routine
	5. PROVIDER'S DIAGN	OSIS FOR THIS VISIT	
a. As specifically as possible, list diagnoses related to this visit including chronic condition of the con	b. Regardless does the p 1 Arthritis 2 Asthma 3 Cancer 0 In situ	s of the diagnoses written in 5a, atient now have - Mark (X) all that 4	disease management program for any of the conditions marked in 5b.
(3) Other:	1 ☐ Local 2 ☐ Regio 3 ☐ Distar	failure 13 Obe Onal 7 COPD 14 Oste nt 8 Depression 15 None	sity eoporosis e of the 2 □ Ordered/Advised to enroll at this visit 3 □ Not enrolled
	4 🗌 Unkno	own 9 □ Diabetes abov	ve – SKIP 4 □ Unknown em 6
6. VITAL SIGNS		7. DIAGNOSTIC/SCREENING S	ERVICES
ft OR cm	Mark (X) all ordered or pro 1 □ NONE Examinations: 2 □ Breast	ovided at this visit. 14 PET scan 15 Other imaging Blood tests:	Other tests: 24 Biopsy – Specify site 25 Chlamydia test
(2) Weight	3 Pelvic 4 Rectal 5 Skin 6 Depression screening	16 ☐ CBC (complete blood count) 17 ☐ Electrolytes 18 ☐ Glucose 19 ☐ HgbA1C (glycohemoglobin)	26 EKG/ECG 27 HPV DNA test 28 Pap test - conventional 29 Pap test - liquid-based
OR kg gm	Imaging: 7 ☐ X-ray 8 ☐ Bone mineral density 9 ☐ CT scan	20 ☐ Lipids/Cholesterol 21 ☐ PSA (prostate specific antigen) 22 ☐ Other blood test	30 ☐ Pap test - Inquid-based 31 ☐ Pregnancy test 32 ☐ Spirometry/Pulmonary function test

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2 Black/Africal							rican A	merica	an			7 ☐ Other						4 ☐ Adverse effect of medical/								
c.	Date	of b	irth	1						Asıan Native F	lawaiia	aijan/				8 🗌 Unknown						surgical care or adverse				
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9 Admit to hospital
10 Other

5 Refer to other physician

3 Nurse practitioner/Midwife

4 RN/LPN 5 Mental health provider

6 Other

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