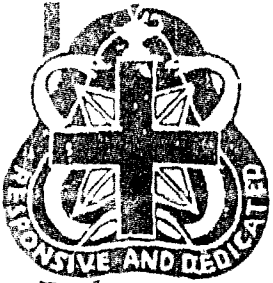


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and
Clinical Investigation Activity

THE ARMY AMBULATORY CARE DATA BASE (ACDB) STUDY:
IMPLEMENTATION AND PRELIMINARY DATA

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SUMMARY

In providing more than 22 million outpatient visits per year (Annual Health of the Army Report, 1988), the U.S. Army Medical Department (AMEDD) is one of the largest Health Maintenance Organizations in the world. Accordingly, the need for an Ambulatory Care Data Base to provide management, epidemiological, and cost indicators has long been recognized by the Army Surgeon General. An initial step toward the feasibility of such a data base was made in November of 1982 when a 6-month study was undertaken to collect outpatient medical care information (including demographic and workload data, and patient diagnoses) at Fox Army Community Hospital, Redstone Arsenal, Huntsville, Alabama. Based on the results of this study (Misener & Gilbert, 1984), the study directors recommended that the data collection methodology (with some modifications) be evaluated further at other sites. Before the recommended project could be funded by the U.S. Army Health Services Command, the methodology was incorporated into the ambulatory portion of the AMEDD Performance Measurement Study (PMS) which was subsumed under the DOD Tri-Service Performance Measurement Study in 1986. The purpose of the Tri-Service PMS was to develop a viable alternative to the present method of measuring military medical work units using multiple variables to accurately reflect the complexity involved in resource allocation for ambulatory services.

As the ambulatory portion of the Tri-Service Performance Measurement Study, the ambulatory care study was developed with three major objectives:

1. Develop a decentralized and automated system necessary for an ambulatory data base.
2. Insure that the data base has relevance for clinical practice and research.
3. Evaluate the system's feasibility for continued use and expansion

throughout the AMEDD.

The data collection phase of the study was conducted over a 21-month period at six Army medical treatment facilities (MTFs) which were selected based on their diverse missions and types of populations served. Preliminary results of the study indicate that the initial objectives of the study (including the development of a very extensive clinical data base) were accomplished. More than 4,000 health care providers participated in the project. These providers cared for over 792,000 patients who represented some 3.1 million patient visits. Additionally, the care provided represented 70 clinical specialties and provided detailed information on 4,300 diagnoses and 1,700 procedures.

ACKNOWLEDGMENTS

The complexity and geographic locations of this study necessitated a monumental effort by a relatively small group of dedicated Army personnel. It will not be possible to acknowledge all the military and civilian employees who contributed to the successful and unprecedented ambulatory data collection process. There are, however, a number of individuals who provided Principal Investigators LTC Terry Misener and LTC Irene Begg with timely support and advice in the design, implementation, and management of the study.

Several members of the Armed Forces Epidemiological Board (AFEB) gave continued support throughout the project. Theodore E. Woodward, M.D., AFEB President and Professor Emeritus, University of Maryland; Paul M. Densen, D.Sc., Professor Emeritus, Harvard University; and Leonard T. Kurland, M.D., Mayo Clinic were among those who provided support and guidance.

The present Commander of HCSCIA, Colonel David A. McFarling, M.D. has provided support and clinical expertise and Deputy Commander Robert W. Hilliard has been instrumental in project coordination. Former HCSCIA

Commanders Colonel Fred Cecere, M.D. and Colonel Larry Becker, M.D. were strong supporters. Retired Colonel Donald Rosenberg, M.D. and Colonel Robert Slay, M.D. provided expert clinical input during the difficult task of developing medical specialty procedure and diagnosis lists. Lieutenant Colonels Martha Bell, Valerie Biskey, John Coventry, and Donald O'Brien performed key roles in the development of the data collection instrument and overall project management. Majors Stuart Baker and James King were instrumental in developing computer operating assistance instructions and provided a great deal of technical support. Ms. Velda Austin and Ms. JoAnn Clay provided computer programming support in the initial development of the study diagnosis and procedure codes. Ms. Pat Gilbert, Ms. Pat Twist, and Ms. Sandy Bennett played vital roles in the implementation and training program phases in addition to management analysis support. A. David Mangelsdorff, Ph.D., M.P.H. provided computer programming support. Mr. Jack Salwinski worked long hours developing scanner programs for the study. Ms. Louisa Lowman eagerly provided clerical support.

Employees of National Computer Systems (NCS), Mr. Hal Hill and Ms. Mimi Ginder, were responsive to all study computer hardware and collection form development needs.

Special noteworthy contribution acknowledgments are due to Fort Detrick Data Processing Center and individual study site commanders and computer personnel. Mr. David Bolling's attention to detail and troubleshooting talents were fundamental to a successful study.

The following MTF Commanders were instrumental to the study effort:

1. Brooke Army Medical Center (BAMC): Brigadier General Girard Seitter, III and Colonel Michael Antopol

2. Fort Bragg: Brigadier General James Rumbaugh and Colonel Livio F. Pardi
3. Fort Campbell: Colonel R. J. Kreutzmann and Colonel Richard Blount
4. Fort Jackson: Colonel Herbert Segal and Colonel James Connally II
5. Fort Polk: Colonel M. J. Scotti, Jr. and Colonel Garland McCarty
6. Redstone Arsenal: Colonel Edward Johnson and Colonel Arthur Hadley,

III

Likewise, the following temporary hire personnel, who managed the local collection process, performed admirably: Ms. Sheron Jackson (BAMC), Ms. Jennifer Gilmore (Fort Bragg), Ms. Zoe Mitchell (Fort Campbell), Ms. Nancy Smith, Ms. Jeannette Ratcliffe and Ms. Debra Alexander (Fort Jackson), Mr. Walt Thompson (Fort Polk), and Mr. Chuck Philpott (Redstone Arsenal). Finally, thanks to the more than 4,000 provider/participants of the study whose efforts were the foundation for the entire project. Army medical management will be enhanced because of their perseverance.

INTRODUCTION

Purpose

Outpatient care is the fastest growing component of health care today. Total national expenditures for community hospital ambulatory care are expected to increase from 20 billion dollars in 1984 to 46 billion dollars by 1990 (Arnett et al., 1986). Unfortunately, the military is included in this anticipated rise with outpatient care expenditures expected to grow from nearly two billion dollars in 1984 to over three billion dollars in 1990 (Optenberg, 1987). In 1987, more than 22 million outpatient visits were recorded by Army Medical Treatment Facilities (MTF) (Annual Health of the Army Report, 1988). Based on information such as this, the need for an Ambulatory Care Data Base (ACDB) to provide management, epidemiological, and cost

indicators has long been recognized within the Department of Defense (DOD).

Background

In 1981 Major General Quinn Becker, Commandant of the Academy of Health Sciences, U.S. Army (AHS), submitted to the Army Medical Department (AMEDD) Study Program a proposal to investigate the feasibility and benefits of an ambulatory care data base within the Army. The study was subsequently approved for inclusion in the 1982 AMEDD Study Program and assigned to the Health Care Studies Division, AHS.

The study (Misener & Gilbert, 1984) investigated the feasibility of an ambulatory care data base. The study addressed two concerns: (1) whether or not it was possible to capture the necessary information for an ambulatory data base (i.e., would health care providers complete forms in addition to required entries in the outpatient medical record), and (2) what types of reports could be generated from the data. The study was conducted for 6 months at Fox Army Hospital, Redstone Arsenal, Alabama. Fox Army Hospital, a small manageable MTF, met the study requirements for separate occupational health, troop, and outpatient clinics.

At the conclusion of the project, the researchers reported that the study objectives were met and recommended that the data collection methodology (with some modifications) be tested at more sites for eventual implementation.

A step toward expanding the collection methodology to other sites was initiated at the 1984 U.S. Army Health Services Command (HSC) Commanders Conference when the results of the Redstone study were presented. Based on this presentation, 22 MTF commanders requested that their facilities be selected for the expansion of the project. In order to improve the validity and reliability of the expanded project, it was deemed essential that health

care providers recognize the requirements and benefits of such a data base. To facilitate this, the Deputy Commander for Clinical Services at HSC agreed to accept proponentcy. Budgetary and operational planning were initiated for further evaluation.

Before the project could be funded by HSC in 1984, it was incorporated into the ambulatory portion of the AMEDD Performance Measurement Study (PMS) which in turn was subsumed under the Tri-Service Performance Measurement Study in 1986. The purpose of the Tri-Service PMS was to develop a viable alternative to the Medical Care Composite Work Unit (MCCU) as it is called in the Army and Composite Work Unit (CWU) as it is known in the Air Force and Navy. The current MCCU does not accurately reflect actual resource utilization and, therefore, is not an effective measure to evaluate health care performance (Coventry, 1984).

Literature Review

In addition to the clearly recognized need for ambulatory morbidity data and epidemiological indicators, the project staff was interested in issues regarding measures of equitably distributing resources. During the initial concept phase and the planning stages of data collection form development, consideration was given to appropriate measurement of ambulatory care. The interest in distribution of resources was shared by Fetter, Averill, Lichtenstein, and Freeman (1984), who recognized the significance of ambulatory medicine in the health care economic sector. The assessment of health care provider productivity and performance was considered to be an integral part of the evaluation. The possibility of a new method of reimbursing for ambulatory care (Lion, Henderson, Malbon, Wiley, and Noble, 1984) using a classification system similar to diagnosis related groups (DRGs) was examined by the project staff. A series of key questions used by Yale

University (Schneider, Lichtenstein, and Fetter, 1986) to develop an Ambulatory Visit Group (AVG) Classification scheme was incorporated into the data collection instrument. The sizable task of classifying large numbers of discrete diagnoses into clusters (Schneeweiss, Rosenblatt, Cherkin, Kirkwood, and Hart, 1983) was performed using 1978/79 National Ambulatory Medical Care Surveys. These clusters represent essentially similar pathophysiologic conditions and are compatible with the International Classification of Diseases (ICD 9-CM) used in the ACDB.

OBJECTIVES OF THE ACDB

As the ambulatory portion of the Tri-Service PMS, the development and implementation of the Army's ambulatory data base was viewed with great interest by a number of organizations including the Armed Forces Epidemiological Board. The study was given additional impetus when a group of attendees at the Tri-Service PMS Conference (Coventry, 1984) concluded that the Army methodology for ambulatory data capture should be continued and pledged support for the project.

Based on the lessons learned from the Redstone study and on input from numerous individuals and organizations both within and outside the Army, the following objectives for the ACDB were established:

1. Develop a decentralized and automated system necessary for an ambulatory data base.
2. Insure that the data base has relevance for clinical practice and research.
3. Evaluate the system's feasibility for continued use and expansion throughout the AMEDD.

Upon finalization of the objectives, steps were undertaken to select

the additional test sites.

METHODOLOGY

Prior to the implementation of the study, numerous tasks required completion. These included site selection, establishment of automatic data processing (ADP) requirements, data collection form development, and hiring and training of support personnel.

Site Selection

As previously noted, during the 1984 HSC Commanders Conference a number of MTF commanders indicated a willingness to expand the ACDB Study to their treatment facilities. From this group, six MTFs were selected. Final selection was determined primarily by four criteria:

1. Funds available for the project.
2. Mission of the MTF in terms of the troop configurations and population served.
3. Location with respect to the study organization (to minimize study expenses).
4. Committed support for the project by the MTF commander.

Based on the selection criteria the following MTFs were recommended by the study group for inclusion in the project and approved by the Commander of HSC and the Office of The Surgeon General (OTSG):

1. Brooke Army Medical Center (BAMC), Fort Sam Houston, Texas
2. Bayne-Jones Army Community Hospital, Fort Polk, Louisiana
3. Womack Army Community Hospital, Fort Bragg, North Carolina
4. Fox Army Community Hospital, Redstone Arsenal, Alabama
5. Blanchfield Army Community Hospital, Fort Campbell, Kentucky
6. Moncrief Army Community Hospital, Fort Jackson, South Carolina

The six facilities selected for the study, with their diverse missions and populations served, constituted a representative sample of AMEDD ambulatory care. For example, BAMC, the medical center chosen for the study, had extensive outpatient clinics which provided the study with a complete array of ambulatory services. Also its close proximity to the study organization reduced travel costs and facilitated program implementation. Fort Jackson's Moncrief Army Community Hospital provided access to a large population of basic trainees, tenant troops, and family members. The three MTFs located at Forts Bragg, Campbell and Polk, gave access to combat division personnel as well as large family member and retired populations. The final MTF included in the study was Fox Army Community Hospital located at Redstone Arsenal. The selection of this facility provided for the continuation and evolution of the initial system while meeting the established selection criteria.

Automatic Data Processing Requirements

Based on the magnitude of the project and the experience gained from the initial Redstone study for ambulatory care data collection (Misener & Gilbert, 1984), study organizers selected optical mark sense technology as being the most appropriate and most cost efficient method of data collection. Essentially, mark sense technology allows for pencil entries (in this case, the various specialty forms and registration forms) to be electronically scanned for data and subsequently entered into a computerized data base.

The acquisition of the mark sense computer equipment proved to be one of the most difficult aspects of the entire study. The sophisticated requirements of developing a contract to meet study requirements presented a complex challenge to the HSC Automation Management Office (Army Regulation 18-1, ADP approval authority) and the Fort Sam Houston Purchasing and

Contracting Office. Nevertheless, the final contract for the equipment was awarded in April of 1985 to National Computer Systems (NCS).

Since one of the key elements of the study was to develop a methodology which would permit decentralization of the data capture and report generation, each of the six study sites was provided with ADP equipment. This equipment allowed each hospital to generate its own unique reports in addition to the standardized reports. It also alleviated the concerns of many involved in the study that a higher headquarters would have the capability of reviewing the data prior to personnel at the collecting hospital.

A responsive mainframe computer support facility was needed to enable large scale storage and analysis of the study data. Several alternatives for mainframe support were explored including the U.S. Army Health Care Systems Support Activity, the Fort Detrick Data Processing Center, and a commercial contractor. The final decision to use Fort Detrick Data Processing Center was based on the center's past performance record coupled with a supportive and technical approach to data management and analysis.

To facilitate the data collection and data transmission process, each of the sites was provided the following leased microcomputer and scanner hardware configurations:

- . An IBM Personal Computer (PC-XT) with 250K bytes of memory
- . A Genicom 3014 Printer (160 cps)
- . An IBM Color (RGB) Monitor
- . An Iomega (Bernoulli Box) removable 10MB cartridge (2)
- . A Case-Rixon PC212a Internal Modem
- . A NCS Optical Mark Reader/Scanner

An AST (Accelerator) Board (Megaplus II) was purchased for each site.

The Iomega 10MB cartridges were used for transmitting data from each site

to Fort Detrick where the main data base was located.

The NCS optical mark readers (scanners) came in several models, each with a graduated throughput speed. For example, the NCS Sentry Scanner Models 7001, 7004, and 7006 could process 900, 1,500, and 2,500 documents per hour respectively. The reader (scanner) for each site was selected based on the projected volume of ambulatory encounters at each MTF.

During August 1986, HCSCIA exercised its option to purchase the leased equipment and instituted two changes in computer hardware. An additional IBM PC-XT was obtained for five of the six MTFs to allow report generation simultaneously with scanner data compilation operations. This enhancement significantly improved report generation capabilities. Additionally, the 10MB Iomega was changed to a 20MB at no cost to the government. A detailed description of automated equipment and software development is contained in a supporting volume entitled Performance Measurement Study, Ambulatory Care Data Base System Documentation Manual. To reduce programming requirements for file maintenance and report generation, an off-the-shelf data base management system (DBMS) was desired. After examining available commercial products and considering recommendations from both military and civilian users, researchers chose the FOCUS DBMS developed by Information Builders. Several factors, including cost and availability, entered into the decision concerning specific DBMS; however, the most important prerequisite was the need for a fourth generation programming language and software which was virtually identical in the microcomputer and mainframe versions. This transparency was desired to allow the study computer operators easier access to the longitudinal data base. Procurement of the mainframe version of FOCUS for the Fort Detrick Data Processing Center was another complex acquisition effort. The mainframe software was purchased and made fully operational in January 1986.

Patient and Provider Registration Forms

The patient and provider registration forms were designed to capture necessary demographic data. The Patient Registration form was to be completed at the patient's first encounter for health care. Prior to the development of the Patient Registration form, consideration had been given to using existing DOD and Army data bases for patient registration. Unfortunately, the study data elements were not identical to those found in the Defense Eligibility Enrollment System (DEERS) or in the Army Standard Installation Division Personnel System (SIDPERS) data bases. Additionally, it was necessary to include in the registration data base civilians eligible for care (occupational health) and individuals with a dual beneficiary status (dependents or retired military who were civilian employees and therefore eligible for care under two categories).

Registration elements included the minimum demographic variables necessary to (1) meet the objectives of the study, and (2) allow the automated capture of Medical Summary 302 Reports (MED 302 Reports) and Uniform Chart of Accounts (UCA) Reports. Two additional non-study related questions were included on the Patient Registration form (Appendix A) to provide a survey of the optional health care resources available to the military beneficiary population.

During the development of the form some practice specialties, particularly the behavioral sciences, expressed concern about the confidential nature of certain patients' diagnoses. The project staff believed that all patients' diagnoses should be treated in a confidential manner; therefore all patient identification was encrypted before leaving each site. This enabled each site to examine its own patient data but not patient data from any other site. Only the principal investigator and the systems analyst knew the

encrypted codes. The ability to restore codes made possible the identification of patients should a need arise. For example, if a new treatment modality were to be discovered, the patients who could benefit from such a treatment could be identified on the mainframe computer at Fort Detrick.

The Provider Registration form was to be completed by all health care personnel authorized to render medical treatment. Enrollment was essential to determine the type of provider (physician, nurse, etc.).

Development of Data Collection Instruments

Patient Encounter Forms.

The Redstone study (Misener and Gilbert, 1984), determined that patient visit forms would have to be clinical specialty specific to fully capture the array of diagnoses and procedures that are represented in the various MTF outpatient clinics. Based on the three forms developed for the Redstone study, 36 specialty forms were developed for the expanded ACDB Study (Appendix B). Additionally, three short forms were developed to capture encounters of a brief or repetitive nature which did not require total clinical or patient information.

The patient encounter forms essentially consisted of four sections. The first portion was completed by the patient and consisted of identifying demographic information. The second part contained administrative information which was to be completed by the clinic receptionist or secretary. The third portion pertained to clinical management of the patient; and the last section contained a menu of clinic or specialty specific diagnoses, problems, or reasons for visit and procedures, services, and evaluations. Both the third and fourth sections required completion by health care providers.

Data elements contained in the first and second sections of the Patient

Encounter form were designed to meet specific data collection needs of the individual clinics and the study. Examples include information necessary to generate reports required by the Medical Summary Reports System (MSRS), i.e. the MED 302 Report and the UCA Reports. The information collected in the third and fourth sections of the form would serve a number of purposes:

(1) provide information for the development of an ambulatory care data base, (2) provide data for quality assurance and peer review, (3) provide information needed to generate special reports requested by clinicians and managers, and (4) allow for comparisons with ambulatory data which are being collected in the civilian community.

The methodology initially used to determine the number of specialty forms required consisted of reviewing the number of ambulatory clinic specialties available at the six test sites as indicated by prescribed UCA codes. Supplemental clinic codes were later developed to capture data for location unique clinical requirements. Additionally, codes were developed to collect data from each battalion aid station. These battalion aid station code extensions were designed so the data could be rolled up into existing primary care UCA codes of the troop medical clinics they served.

Although this methodology resulted in more specialty forms than were initially intended, the positive response by health care providers greatly contributed to enhanced study participation. Incorporating the additional specialty forms into the already complex job of determining which procedures and diagnoses should be listed on the patient encounter forms was a sizable task.

In order to determine the most common diagnoses and procedures performed in each specialty, the study group directed requests to several civilian medical specialty boards for lists of the 100 most common procedures

and diagnoses performed by their members in outpatient settings. Unfortunately, such composite lists were not available. Therefore, the diagnostic and procedural menus were developed for every specialty utilizing a modified Delphi technique (Polit and Hungler, 1983). Sample forms from one civilian practice group were provided to HSC clinical consultants, many of whom were residency teaching chiefs at BAMC. Using the sample forms as the starting point, the teaching/clinical consultants were requested to develop a list of the most common procedures and diagnoses appropriate for each specialty clinic. It was suggested that they think of the list in terms of what they would place on a billing form if they were in private practice. Overall, most health care providers were cooperative in developing the lists. Unfortunately, a great deal of resistance was manifested by some physicians. Several clinics provided "negative" responses to the request indicating that no procedures were done in the clinic; others simply did not respond to the request. In these instances, the expertise of clinically experienced project staff members was used to resolve the problem. For non-physician providers (i.e. social workers, dietitians, physical and occupational therapists, community health nurses, etc.), members of the project staff who understood or were members of those specialties met with providers from BAMC and HSC to develop the list of procedures and diagnoses or reasons for visit.

After the initial lists of procedures and diagnoses were developed, the menus were duplicated and sent to the designated point of contact (POC) at each study site for dissemination to the respective specialty health care providers for review. Providers were requested to comment/respond within 30 days. The responses from the providers varied. Although most responded, some did not appear to appreciate the importance of carefully reviewing the lists nor did they recognize the difficulties inadequate lists would present when

the forms were actually in use. Input received from all sites was reviewed, consolidated, and incorporated into updated procedures and diagnoses lists. These lists were reviewed further by content experts and consultants at BAMC along with health care providers assigned to HCSCIA for final determination of what would appear on the forms. During the difficult process of finalizing the forms, it became apparent that it would be impossible to include all the procedure and diagnosis codes which might be needed by practitioners. To alleviate this problem, space was provided on the clinical side of the encounter form to enable clinicians to enter additional code numbers of diagnoses and procedures which were not listed on their specific forms. Although it required more time and effort, this write-in mechanism allowed diagnoses or procedures from any form to be used. This proved to be extremely useful in those clinics where several forms might be used, or in the instances where a provider was given the incorrect form. For example, at one of the large troop medical clinics, the receptionist would usually initiate a Primary Care form. After obtaining a history and performing an examination, the health care provider might determine that the Obstetrics/Gynecology form would have been more appropriate. Rather than initiating a second form, the provider could enter, in the additional space provided, the more definitive diagnoses and procedure codes from the Obstetrics/Gynecology form.

To simplify the collection process and to maximize health care provider participation, every attempt was made to limit the encounter forms to one page. The front side contained common data elements and the reverse side, the specific "menus" for each specialty. Forms consisting of two pages were required for Orthopedics/Podiatry and Primary Care. The Primary Care form was a consolidation of diagnoses and procedures from the Emergency Room (ER), the Troop Medical Clinic (TMC), the Acute Minor Illness Clinic (AMIC), and the

Battalion Aid Station (BAS). Additionally, some clinics were grouped into pairs and placed onto one form. These included Pain and Physical Medicine, Allergy and Immunization, Nephrology and Endocrinology, and Audiology and Speech Therapy. Traditionally paired services such as Obstetrics and Gynecology, Ophthalmology and Optometry, and Preventive Medicine and Community Health Nursing were also paired on single forms.

During the implementation phase, problems surfaced with the Optometry section of the Ophthalmology/Optometry form, and with the Podiatry section of the Orthopedics/Podiatry forms. Both problems centered around how final decisions were made determining the menus for the forms. Since space on the forms was limited and physicians made the final decisions as to what items should be deleted or condensed, deleted items predominantly came from the Podiatry and Optometry sections. Separate revised forms were later developed for these specialties.

Because of the variety of patients seen, Family Practice visits could not be limited to a single encounter form. The decision was made to provide this service with several different forms (Primary Care, Orthopedics, Pediatrics, Obstetrics, and Gynecology) which might fit their needs. The multiple forms provided family practitioners with very definitive menus but necessitated selection of the most appropriate form by the person at the "front desk." An additional problem for the family practice providers arose in the sequence of presentation of procedures and diagnoses on each menu. Some specialties arranged their menus alphabetically, whereas other services divided the menus by body part into specific anatomical segments and placed the diagnoses in the corresponding segment. Family practitioners found the lack of standardization in presentation of the menus among the forms to be confusing.

Additionally, the ACDB project staff worked very closely with the

Occupational Health (OH) consultants at the U.S. Army Environmental Hygiene Agency. The OH consultants were very interested in testing the capture of information necessary for the Occupational Health Management Information System (OHMIS) which had been under development for several years. A data collection form was designed to capture necessary occupational health information.

Short Forms

Two abbreviated forms were developed to capture encounters of a brief or repetitive nature which did not require total information capture (Appendix C). The first Short Forms were designed to document high volume encounters which varied little in the time required to provide the service from one encounter to the next for the same procedure but which were important to capture in a meaningful workload accounting system. Documentation of several procedures was required for various medical workload reports such as the MED 302. Documentation of others was not required, but some health care providers felt it was important for reflecting additional clinic requirements (Personnel Reliability Program record screens, Exceptional Family Member Program (EFMP) coding, etc.). A variety of specialty clinics used the Short Form.

Abbreviated patient encounters are also recorded in the Immunization Clinic. Since this clinic experiences a high volume of procedure oriented work, it was felt the Short Form could be used by the immunization clinics to capture "injections" as defined in the MED 302 report. When it was necessary to capture specific types of immunizations given, the Allergy/Immunization form could be used. After the first few months of form usage, it became apparent that a Short Form listing all possible standard immunizations was preferable. A list of standard immunizations that might be given in any

immunization setting during the study (immunization clinic, troop medical clinic, pediatric clinic, etc.) was later developed. The form was printed and distributed to the test sites in the second quarter of the fiscal year as an Immunization Short Form.

Repeat Procedure Form

The Repeat Procedure form (Appendix D) was developed for clinical specialties such as allergy, physical therapy, and occupational therapy. These clinics render repetitive procedures for the same patient and diagnosis. This form was originally intended for use by those clinics listed at the top of the form; however, during the implementation site visits, other clinics demonstrated a need for the form and were given permission to use it. The Repeat Procedure form was used widely by all study locations.

Study Implementation

Concurrent with the complex issues of design of mark sense forms, acquisition of optical scanning equipment and FOCUS software, detailed planning was also required in the hiring of study site personnel. To facilitate the hiring process at the six test sites, a computer clerk/assistant job description was developed by the study staff, and forwarded to each supporting site Civilian Personnel Office. Initially, one temporary employee was to be hired by the local ACDB POC for the project. Upon completion of the hiring process a 1-week orientation program for the computer clerks and their supervisors was conducted in San Antonio during April 1985.

At this conference all attendees were provided information on study procedures and implementation plans. Additionally, training was conducted using both the hardware and software that would be available at each site. Coupled with this training was a detailed workshop on the FOCUS programming

language.

In order to facilitate the rapid dissemination of project information, all study personnel obtained an account with the Operation Management System (OPTIMIS) electronic mail utility sponsored by the Department of Defense. This system proved to be extremely beneficial not only in terms of the dissemination of information but also in providing and receiving study status reports and serving as an informal network for sharing information among site personnel. To assist site personnel, staff from HCSCIA visited each of the six test locations to become familiar with the physical layout, coordinate and plan for comprehensive staff orientations, and brief the hospital commander on the study requirements and potential benefits. Additionally, during these visits the clinical staff was shown an 8-minute project video tape which featured the Commanding General of U.S Army Health Services Command, who stressed the importance of the study effort and his expectations of the study participants.

Individual Site Implementation

Following the initial site visit to the MTF Commanders, a comprehensive study plan was developed. This plan included two 1-week training programs at each site. The first training program was designed to implement patient and health care provider registration and the second training program addressed procedures involved with the Patient Encounter forms. The training of all site personnel was conducted by medical personnel assigned to HCSCIA. The use of medical personnel allowed for a more collegial atmosphere, thus allowing the health care providers participating in the data collection process the opportunity to express their concerns about the requirement to complete another administrative form.

During the first training program, the major focus was on the completion

of the Patient Registration forms. To accomplish the patient registration process in a manner that would minimize patient confusion, a specific plan was developed for each category of eligible beneficiary. Central to this plan was the decision to collect all pertinent demographic information during the first patient encounter (visit) to the MTF. To avoid duplication of registration efforts and to ensure that appropriate patient registration data had been obtained, individual patient records were tagged after completion of the registration form. The registration process for active duty soldiers, particularly at the Fort Jackson Basic Training Center, was very challenging even though a list of all valid Unit Identification Codes for active duty personnel was provided to each clinic. The frequent arrival and departure patterns of newly inducted soldiers made use of the Patient Registration form difficult at best. To remedy this problem, the SIDPERS data base was again reviewed, and a procedure was subsequently developed to transform and extract the required data elements from SIDPERS.

Initially, registration for family members and retirees was accomplished primarily from the Patient Registration form. Unfortunately, this process was not performed by all participating medical clinics. Frequently, these clinics assumed incorrectly that patients had already been registered. To remedy this shortcoming, use of the DEERS data base was considered to be a viable alternative. Although the demographic information contained in the DEERS data base differed slightly from the variables on the Patient Registration form, a computer mapping (conversion) system was developed to extract pertinent requirements.

Approximately 1 month after implementation of the registration support system, a second orientation visit was made to each study site. Various briefings, clinic workshops, and health care provider training sessions were

employed to familiarize MTF personnel with the use of the Patient Encounter form and the health care Provider Registration forms. Detailed explanations of each study variable were presented to as many personnel as possible in a 1-week period. All hospital shifts, locations, and departments were contacted.

Following the instruction sessions, written instructions regarding the data collection process were provided to each clinical service for further review and future reference. Wall charts and posters were developed to assist patients in the completion of their portion of the encounter form. This was particularly helpful in crowded clinics when receptionist personnel did not always have the opportunity to complete the patient demographic information for the patient. Additionally, copies of the ICD-9-CM and CPT-4 code books were provided to each clinic.

During December 1985, a second conference of project staff and study site computer and supervisory staff was hosted in San Antonio. This meeting was arranged to assess the current status of study implementation, discuss policy issues, resolve problem areas, and provide some advanced training in the FOCUS programming language. Prior to attending the meeting, study site personnel gathered suggestions and pertinent comments from their respective study participants. Several clinicians provided very timely and comprehensive suggestions regarding the process of expanding the number and scope of diagnoses and procedures which would more accurately represent their respective clinics.

Follow-up visits were conducted after the December training meeting. As each study location became more familiar with the data collection effort and the corresponding clinical reports available, many clinics and their respective personnel provided positive comments and constructive suggestions regarding the study. The availability of clinical and managerial reports

regarding individual clinics and health care providers was the basis for much positive feedback. Correspondingly, various pockets of active dissent were present. Primary complaints concerned both the amount of time necessary to complete the "bubble/mark sense form" and the lack of sufficient clerical support to administer this requirement within the clinical setting. These two items will be addressed further in the section entitled Issues Impacting the Study.

The selection of NCS to design and supply data collection forms and to provide the required leased equipment was a resounding success. NCS was highly efficient and responsive during the entire implementation process. The firm met all timetables for delivery and service and voluntarily avoided delivery of equipment when slippages in project administration occurred. This practice avoided any lease charges which would have accrued despite the inability to use the costly study equipment. One additional, significant feature of NCS was their policy not to subcontract for equipment maintenance. Vendor technical support personnel were very responsive to equipment uncrating and installation requests from the project team. Subsequently, scheduled and unscheduled maintenance support was administered in a highly professional and responsive manner.

ACDB Reports Capability

During the Redstone study, the ability to generate administratively and clinically useful reports from the data collected proved to be essential to the quality of data collected. Based on these experiences, the project staff designed a very basic set of standardized reports to be used by health care providers and managers for further development at each study site. These reports were programmed with a menu selection available to assist the study site computer personnel. Appendix E includes a listing of these reports along

with a brief sample of each. These initial reports were designed only to serve as a first level demonstration of the potential applications available.

The FOCUS software employed for the study had an interactive report generation routine, TABLETALK, which allowed the local study site computer operator to respond to ad hoc requests. Several sites were able to meet most local requirements. Advanced and complex needs were passed through the project office to the study systems analyst at Fort Detrick.

Since the data base was dependent on health care provider input, it was recognized early in the study that timely feedback was essential. After completion of the rather lengthy process of optically scanning up to 140,000 clinic forms and correcting any errors, monthly provider-oriented reports had the highest priority. Reports generating positive reactions from providers included listings of diagnoses used and procedures performed during the preceding month by clinic and/or individual provider. Several clinics used the information provided to adjust their clinic appointment routine. Some dissatisfaction was encountered at all study site locations when monthly reports did not match the expectations of individual providers. Occasionally, administrative failure within a clinic or the ACDB computer office was responsible for inaccurate reporting. Most difficulties concerned pencil entries that were either omitted or rejected by the scanning process. Many incorrect entries could be corrected by the computer operators. Those that could not be corrected were returned to the clinic. Correction difficulties will be discussed further in the section entitled Issues Impacting the Study.

Revised Data Collection Instrument

During the period January through December 1986, a significant number of suggestions regarding improvement of the data collection instrument were

received and evaluated in great detail. A comprehensive redesign project was accomplished during January - April 1987. In addition to the augmentation of additional diagnoses and procedures available for selection, several major changes were introduced in May 1987 through a completely revised set of encounter forms (Appendix F). Without question, the most notable change was the elimination of a number of previously required administrative entries. This reduction in mandatory participant responses (primarily in demographics and clinic designations) was instrumental to an increased level of health care provider participation. The use of a number of prescribed/default entries, programmed for scanner interpretation prior to use, was a major enhancement and form utilization increased at all study locations by 15 percent.

For purposes of the study, forms that were used to collect data during the period January 1986 through April 1987, are referred to as original forms. Those used after this time, May through September 1987, are referred to as revised forms.

RELIABILITY OF THE ACDB DATA

Development of the Scoring Instrument

Throughout the study, a number of visits were made to the various sites to informally review the quality of data from the patient encounter forms, or "bubble" forms as they were called by study personnel. As a result of these visits, plans for a more detailed and formalized review were developed.

In order to insure the most accurate and objective assessment of the quality of the data collected, a standardized scoring instrument was needed. The instrument was designed so that the following criteria would be met:

1. There would be identification of the most important data elements on the Patient Encounter form.

2. Verification of data elements to be scored on the Patient Encounter

form must be a part of the supporting medical or clinical record.

3. Employment of a level of measurement that would allow means and standard deviations to be calculated for the data would be necessary.

4. Applicability for use with both the original and revised Patient Encounter forms was a necessity.

5. Facility of use was desirable.

To insure that the most critical items on the Patient Encounter form were included in the scoring instrument, the study group employed a modified Delphi technique (Polit and Hungler, 1983). More specifically, all the data elements that were included in either the original or revised patient encounter forms were reviewed. During the review these data elements were classified in one of two categories, administrative or clinical. Each of the elements was then discussed, rank ordered, and assigned a relative value in terms of importance to the study. Using this weighting process, members of the study group selected three administrative and two clinical data elements. The data elements which represented the administrative area included the sponsor's social security number and the patient's family member prefix (FMP), the date of the patient encounter/visit and the UCA clinic code. The clinical items consisted of the primary diagnosis and the health care provider identification code (the first initial of the provider's last name and the last four digits of the social security number). A copy of the scoring instrument with relative weights for each element is contained in Appendix G.

Pilot Study

Prior to embarking on the full scale reliability project, a pilot study was conducted at BAMC, Fort Sam Houston, Texas. BAMC was selected as the pilot project study site because it is co-located with the study group. The major objectives of the pilot project were to (1) evaluate the reliability and

appropriateness of the scoring instrument, (2) determine the most appropriate methodology for securing the supporting medical records, and (3) develop practical estimates of the amount of time, personnel, and associated costs needed to conduct the full-scale reliability project.

In order to complete the pilot project expeditiously, the study group chose the following eight clinics:

1. Dermatology
2. Emergency Room
3. Gynecology
4. Internal Medicine
5. Ophthalmology
6. Orthopedics
7. Pediatrics
8. Troop Medical

The primary considerations given by the study group for selection of the clinics in the pilot project were (1) availability of the clinical specialty at each of the study sites, (2) manageability of the number of clinics selected, (3) diversity of clinic type so that no medical specialty was overly represented in the pilot project (i.e., not all medical specialties, surgical specialties, or primary medicine clinics).

Following the selection of the clinics, the study group discussed the number of records (sample size) to review for each specialty. Since a sample size of less than 30 is not considered large enough to accurately represent a sampling distribution (Downie & Heath 1974), a sample size of at least 30 was selected.

To insure that 30 records could be found, random lists containing at least 200 patient encounters were generated for each clinic using a

random numbers routine in FOCUS. The rationale for generating such large lists was to increase the probability that patients' medical records would be available and filed in the outpatient medical record room. Additionally, these large lists would accommodate the possibility that a patient's record would have been pulled for an outpatient appointment or that the patient had been reassigned to another military installation.

Two types of random lists were generated. The first list was designed for the study group, the second for records room personnel. The study group's random list contained the following information: patient identification code, FMP, clinic UCA code, date of visit, health care provider identification code, clinic name, diagnoses codes (place for two) with written descriptions of the diagnoses, and procedure codes (if performed) with a written description of the procedures. The random list designed for records room personnel contained the patient's social security number, FMP, clinic UCA code, and the visit date.

Procedure for Obtaining Medical Records

In order to minimize the disruption of duties in the BAMC medical records room, arrangements were made through the Patient Administration Division (PAD) to have the medical records provided to the study personnel during the evening hours. This arrangement proved to be most satisfactory for all personnel involved. On receipt of the medical records, study personnel reviewed and scored the identified entries and immediately returned the records to the records room. Since the medical records room personnel knew which records were being reviewed by study personnel, medical records could be easily retrieved and provided to patients, if needed.

Results of the Pilot Study

During the pilot study, 347 patient encounters were reviewed for the eight clinics selected. The expanded level of encounters was considerably higher than initially planned. Two factors contributed to this increase. Some records contained multiple patient entries, and all medical records provided to the study team were reviewed. Furthermore, the addition of these records enabled the study group to conduct a more thorough evaluation of both the scoring instrument and the records review process.

An analysis of the pilot study data revealed that the BAMC clinics obtained a mean score of 10.62 (11 was the maximum score) with a standard deviation of 1.14 and a score range of 5-11. These results substantiated the reliability of the scoring instrument, and the practical experience gained supported the feasibility of a full-scale reliability project. For a more detailed review of the analysis of the pilot data see Appendix H.

Results of the Total Reliability Study

In a 5-month period following the completion of the BAMC Pilot Study, on-site medical record audits were performed at all six study site locations. The same detailed procedures outlined in the pilot study were used to generate random lists of medical records. A total of 9,015 patient encounters were reviewed in detail and appropriately scored. Analysis of the data indicated a mean score of 10.56 with a standard deviation of 1.27 and a range of 1-11. For further review, see Appendix I.

Data Verification

A comprehensive edit and data verification process was employed with each of the patient encounters. The NCS Optical Scanner was programmed to reject patient encounter forms that did not meet prescribed edit criteria. Despite

this edit routine, the potential for equipment and/or human error existed. Following the end of data collection on both the original and revised Patient Encounter forms, there was a detailed review process to manually clarify over 3,000 clinic entries, 100,000 diagnosis selections, and 10,000 procedure codes. The majority of these adjustments were required as a result of inadvertent pencil marks or soiled areas on the data collection form. Additionally, some health care providers had selected optional "write-in" codes which were not always correctly indexed in the data base file structure. Appropriate clinical consultation was obtained regarding questionable entries. This process took over 5 months to complete.

HEALTH CARE PROVIDER SURVEY

Throughout the project, health care providers were informally asked by many different individuals to comment on the ACDB project. In order to structure the inputs of the many providers who worked on the project, the study team embarked on a project designed to systematically quantify those inputs (i.e, perception of data, etc.). A provider survey consisting of five sections was designed. The first section consisted of identifying information. The second section contained questions regarding the use of the original patient encounter forms. The next section addressed the use of the revised patient encounter forms. The fourth section was designed for individuals who completed both the original and revised forms. The final section directed questions specifically to clinic chiefs. The questions in this section were designed to solicit information on the types of reports the various chiefs received at their individual sites, the usefulness of the information, and their ideas for provider compliance should the project proliferate. A copy of the health care provider survey is contained in Appendix J.

All participating health care providers assigned to the six test sites at the time of the survey were requested to complete the survey questionnaire. A total of 491 surveys were returned to the study group. A complete analysis of the providers' comments is contained in a separate health care provider survey report (in press).

STUDY RESULTS

The first objective of the ACDB study was to develop a decentralized and automated system for the collection of ambulatory data. This was accomplished through the use of mark sense patient visit forms. By employing this technology during the data collection phase of the study, over 3.1 million patient encounter (visits) were collected from 792,000 patients in over 70 clinical specialties from the six study hospitals. Apperdix K provides a classification of these into fourteen categories as prescribed by the Assistant Secretary for Defense (Health Affairs) in Department of Defense (DOD) Regulation 6010.13-M. During the January 1986 through September 1987 data collection phase of the study, more than 4,000 health care providers (including physicians, nurses, physician assistants, dietitians, social workers, physical and occupational therapists, optometrists, audiologists, podiatrists, enlisted medical personnel, and other health care providers) participated in the study. Appendix L provides additional information concerning the number of registered health care providers who participated in the study. Finally since all the hospitals in the study were capable of accessing their own data, the integrity of a decentralized system was maintained.

The second objective of the study was to insure that the data had relevance for clinical practice and research. Many of the variables chosen for data collection were selected with this objective in mind. For example, a

number of researchers such as Schneeweiss and Hart (1988) have studied the relationship between the patient's mean age, mean encounter (visit) time and diagnosis as variables that are the most likely to influence resource utilization. These variables and 40 additional ones were developed for the ambulatory care data base. Among these were primary diagnosis, secondary diagnosis, procedures, and number of prescriptions. In this study, primary diagnosis refers to the presenting problem and not to the most resource intensive diagnosis as in Yale University's (1982) Ambulatory Visit Groups. Twenty-one demographic variables were developed to support the clinical data. These demographic variables covered two main areas: those concerning patients and health care providers. Examples of the patient demographic variables include rank, race, patient's date of birth, and gender. Some of the health care provider variables consist of provider identification number, rank or pay grade, and staff position. Separate listings of all patient and provider demographic variables are contained in Appendices M and N with a description of each variable.

Another factor contributing to the relevance of the data base for clinical practice and research was the design of clinically specific patient encounter (visit) forms. Through the analysis of the data contained in these forms, the ACDB can contribute to improvements in clinical practice, epidemiological research, and resource utilization. Examples of how the ACDB data can be used with respect to clinical practice are the use of baseline data for quality assurance evaluations, credentialing, supervision and determination of type of treatment provided to a category of patients by provider type. Other possibilities for clinical use include documenting the type of patient treated by interns and residents, to insure that a variety of patients are seen by each. Epidemiological uses include determining the incidence, prevalence, morbidity and mortality rates of various diseases. Additionally, by combining the clinical and demographic variables, a number of

different resource utilization models can be developed similar to the New York State Products of Ambulatory Care model (Tenan et al., 1988).

The third and final objective of the study was to evaluate the system's feasibility for continued use and expansion of the system throughout the AMEDD. While the ambulatory data base study clearly demonstrated that mark sense technology is a viable method for clinical data capture, no formal action was initiated to objectively assess the impact of such a system on the AMEDD.

DISCUSSION

The participation of over 4,000 registered health care providers during the 21 months of the ACDB study has demonstrated that mark sense optical technology is a viable method for clinical data capture. (See Appendix O for list of participating physicians by clinical specialty.) In the absence of a total Hospital Information System, this technology has performed in an efficient and cost effective manner. Current initiatives now underway at the Department of Defense level address the need for such a hospital system through development of the Composite Health Care System (CHCS). Experience gained from the ACDB study can provide valuable clinical data regarding planned ambulatory data modules.

During the early months of the project, many participants offered suggestions for improved data collection. One of the most significant observations concerned the lack of data regarding the medical readiness of soldiers. This suggestion ultimately led to the development of an Individual Medical Readiness form which was initiated during routine medical processing. Of even greater importance was the opportunity to use this form during some testing of the form was done on a limited basis at Fort Campbell. This adaptation is an area requiring further research and testing.

Ambulatory Care Classification

The time associated with the development and management of the diagnosis and procedure rubrics cannot be overstated. The importance of capturing actual patient encounters in over 70 clinical specialties from the health care provider perspective was of paramount importance. To accomplish this, thousands of ICD9-CM and CPT-4 code extenders were developed clinic by clinic to insure that an accurate representation of the patient encounter was documented. However, the expansion of ICD9-CM and CPT-4 classification systems was not unique to this study. For example, Greenlick et al. (1968) designed a disease classification system using data from the Oregon region of the Kaiser Foundation Health Plan to facilitate the analysis of ambulatory care data. They expanded the original 17 broad ICD9-CM classes to 33 more specific categories. Other researchers who modified existing systems are contained in Fetter et al. (1984). Unfortunately, many of these expanded systems do not easily convert to ICD9-CM and/or CPT-4. This is not the case with the ACDB ICD9-CM and CPT code extenders which can be converted back to the original code. For example the diagnosis of Astigmatism in the ICD9-CM classification system is coded as 367.2 with code 367.20 as Astigmatism, Unspecified, code 367.21 as Regular Astigmatism, and code 367.22 as Irregular Astigmatism. There are no other codes in this category. In order to allow health care providers the opportunity to document a more specific diagnosis, the following code extenders were developed. Code number 367.23 is Hyperopic Astigmatism, code 367.24 is Mixed Astigmatism, and code 367.25 is Myopic Astigmatism. By using the ICD9-CM four-digit code, each of the extended codes could be easily converted back to code number 367.2 which would be Astigmatism. Through this methodology, the integrity of the ICD9-CM system is maintained while allowing health care providers a wider menu selection from which to choose. Additionally, this type of information can be used to provide accurate epidemiological data; combined with the other study

variables, it could have a great impact on the development of ambulatory classification systems.

The same methodology that was employed with the ICD9-CM was also utilized to extend the procedure codes in CPT-4; therefore, they can be converted back to the original code. For example, procedure code 64450 indicates a procedure involving "Other peripheral nerve or branch (nerve block)." This original code was extended to include code 64451 Post Tibular Nerve Block, code 64452 Ankle Nerve Block, 64453 Wrist Nerve Block, and 64454 Digital Nerve Block.

Throughout the project the research staff was interested in the potential health care applications of ambulatory medicine classification systems. Central to the development of outpatient groupings were the categories of health care providers rendering the patient encounters (visits). The initial work in this area was conducted at Yale University by Schneider et al., (1985) and focused solely on physician outpatient visits. While physician ambulatory care is vital, a number of individuals both in the military and civilian community such as Fetter et al., (1984) felt it important to understand and evaluate the role of various "physician extenders" in health care delivery. A basic understanding of this role was gained when a preliminary analysis of the ACDB data indicated that approximately 33% of the ambulatory encounters (visits) resulted in the patient being seen by a physician. Clearly, in the military health care system, physicians are not the sole support of ambulatory care. Appendix P contains a comparison of patient encounters (visits) by all categories of military health care providers.

ISSUES IMPACTING THE STUDY

Management of Non-Responses

A frequently cited problem area affecting the collection of data concerned omissions. In many cases, receptionist personnel within a clinic

would assist the patient in completing the required administrative and demographic information. Health care providers were asked to complete responses on diagnoses, procedures, and time associated with the patient encounter. Frequently, providers would neglect to enter a required field in diagnosis or time. This omission would be discovered during the form scanning process because of a designed reject/edit routine. Study computer personnel were not in a position to correct the oversight and thus returned the form to the respective clinic for resolution. Many times providers responded that with their busy case loads they did not have the time nor support staff to research the encounter and selected the No Problem Noted option. This Reason For Visit had been designated to account for illnesses or injuries which had resolved themselves or to indicate that there was no discernible illness/injury present. Unfortunately, this problem was not recognized until several months of data were recorded. To remedy this omission problem, a code of 000 was added for use by computer scanning personnel to designate that no diagnosis was recorded by the provider after correction procedures failed.

Personnel Problems

One of the greatest difficulties encountered during the administration of the entire study, especially in the stages of implementation, surrounded the turnover of programmers employed for the project. The departure of two programmers during the first year of the study resulted in the loss of valuable time and in additional expenses being incurred by the use of contract personnel from the FOCUS vendor. This situation also created some difficulties in response to special report requirements at the study site locations during the first few months of implementation. Lack of comparable salaries between the federal and civilian sectors, as well as the temporary nature of the study contributed to this personnel dilemma.

Another difficulty in the personnel area occurred with the classification of the computer clerk/assistants hired at each site. Project staff members recommended the rating of a General Schedule (GS)-7/9 level for this important liaison position which required computer skills, interpersonal skills for interacting with health care providers, and the ability to work independently a great deal of the time. However, a rating of GS-4 was decided by the Army Civilian Personnel Office. This resulted in the loss at some sites of important service-related activities being performed which could have impacted on health care provider compliance.

The last personnel issue involved lack of clinical clerical support to assist in the completion of patient encounter forms within the clinics. This problem was observed firsthand during site visits by ACDB study personnel and was substantiated by the health care provider survey in which a large number of providers commented regarding the matter. This is an area that would require some attention should a similar study be considered. Since money to hire additional personnel is usually very scarce, an alternative to hiring additional clerks might be the intensive retraining of existing lower grade personnel. Periodic orientations for new secretaries and clinic clerks regarding the importance of their role in the data collection process followed by training and problem-solving sessions could have a very positive impact on provider participation and the quality of data collected.

Registration of Patients and Care Providers

The ability to link an episode of care to the demographics of the patient was an important issue in the development of the test project. Additionally, information regarding the type of clinician administering the care was vital. Planned registration of both patients and health care providers was to be accomplished by means of a separate registration form to be completed at each clinic in a study site. Unfortunately, the registration of patients was

every clinic's responsibility. Correspondingly, many patients never completed a registration form. The process previously mentioned regarding the use of SIDPERS and DEERS was a valuable alternative. At the present time, 756,640 patient encounters do not have completed patient registrations associated with them. Further efforts to reduce the number of unregistered patients will be explored later this year. (The 756,640 patient encounters are distributed against 318,299 actual patients.) Figure Q-1 in Appendix Q depicts patient encounters with supporting patient registrations.

The process for registration of health care providers was also accomplished with the use of a form. Administrative control of this process was better at some locations than others. Directions from the project office could have been better defined in terms of what procedures should be performed if providers were not registered. At the present time, 374,844 patient encounters do not have health care provider registration data available to support provider demographic profiles. Current initiatives are in progress to link many of these encounters with the appropriate health care providers. Figure Q-2 provides the number of patient encounters with appropriate provider registrations.

Total patient encounters with supporting demographic information (registration) for both patients and health care providers is furnished in Figure Q-3.

Limited Project Office Staffing

The design of optical scanner forms, leasing of equipment, system development, classification of diagnoses and procedures, and overall project management of this large scale effort was accomplished with a very small staff. All aspects of this effort were performed by a group of five military medical department officers, two administrative personnel, and initially seven civilian computer assistants. As noted, the requirements for design,

training, development, and financial control were all performed by this core group. In retrospect, a smaller scale study effort would have been more prudent, particularly when all available time was devoted to system operational issues without carefully designed plans for periodic review of data. Although data verification efforts have clarified thousands of patient encounters, delays in detailed reviews of collected data were commonplace. A smaller selection of test sites coupled with a rigorous system of detailed data reviews would have provided better feedback to site study administrators.

NO PROBLEM NOTED Entries

During the data collection phase of January 1986 through April 1987, a diagnosis option of No Problem Noted was available to all health care providers involved in the patient encounter process. This No Problem Noted code (V655) was an ICD9-CM condition indicating that the provider felt the problem was "normal state" or "feared condition was not demonstrated." It was believed that certain occurrences of injury or illness would not be supportable and thus this V655 code would be a viable option for study participants. Selection of this code was also anticipated for resolution of injuries and/or illness on follow-up visits to a clinic. Unfortunately, the detailed explanation of this code option was not clearly understood by all study participants particularly in health maintenance/wellness type visits. Several months into the study, it became clear that some providers were using V655 (in addition to the intended reasons) as a catchall category when they could not locate the correct diagnosis/reason for visit on the form. Other providers used NO PROBLEM NOTED as an easy alternative to searching the form for a more meaningful selection. Total patient encounters citing V655 are 176,963 or 8.7% of the data base. Careful review of this selection will be required.

CONCLUSIONS

The first objective of the study, the development of a decentralized and automated system for an ambulatory data base, was successfully accomplished. Optical scanner technology for data collection was used effectively for a 21-month period. Although it was a somewhat cumbersome method, it appeared to be the best choice considering all the limitations of resources and time.

The second objective was to insure that the data base had relevance for clinical practice and research. Many of the variables chosen for data collection were selected with this objective in mind. Future plans include using this collected information to identify clinical practice patterns and epidemiological patterns.

The final objective dealt with evaluation of the system for further use and expansion throughout the AMEDD. Before the system could be used over an extended period of time, further evaluation would need to be done. One of the major complaints that providers had was that the system was too time consuming. Many expressed the need for additional clerical support to assist with the administrative information on the forms. Cost of additional personnel would have to be weighed against installation of a more automated system.

Another problem which arose from mark sense technology was the rejection of forms by the scanner for omissions of required entries or inclusion of stray pencil marks. With additional clerical personnel, a more careful check of completed forms might be possible. This, in turn, could lower the number of errors in this area.

On completion of this report, the following additional volumes are planned:

1. Data Reliability by Location and Clinical Specialty.
2. Analysis of Study Participant Questionnaires
3. Analysis of Data by Clinical Specialty

The analysis of the ambulatory data base by clinical specialty will represent a great opportunity to contribute to the Department of Defense health care system. Exploration of current ambulatory classification schemes combined with our detailed reviews of individual clinic and health care provider practice patterns represents a great challenge. The imminent adoption of a prospective payment system for ambulatory care provides a tremendous incentive to pursue our efforts. Utilization of our patient encounters and supporting demographics may be very useful in estimating categories of capitation resourcing and in developing a system of weighted output for ambulatory care. The Ambulatory Care Data Base will provide a unique opportunity to evaluate military health care profiles and establish preliminary proposals for ambulatory care classification.

REFERENCES

- Annual Health of the Army Report, 1988. Department of the Army, Office of The Surgeon General, Patient Administration Division. Fort Sam Houston, TX: Patient Administration Systems and Biostatistics Activity.
- Arnett, R.H., III, McKusick, D.R., Sonnefeld, S.T., & Cowell, C.S. (1986). Projections of health care spending to 1990. Health Care Financing Review, 7, 1-36.
- Coventry, J.A. (Ed.) (1984). Proceedings, Tri-Service Performance Measurement Conference (Report No. 84-002). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity. (NTIS: ADA149511)
- Downie, N.M. & Heath, R.W. (1974). Basic Statistical Methods (4th ed.). New York: Harper & Row.
- Fetter, R.B., Averill, R.F., Lichtenstein, J.L., & Freeman, J.L. (1984). Ambulatory visit groups: A framework for measuring productivity in ambulatory care. Health Services Research, 19(4), 415-437.
- Greenlick, M.R., Hurtado, A.V., Pope, C.R., Sward, E.W., & Yoskioka, S.S. (1968). Determinants of medical care utilization. Health Services Research, 3, 296-315.
- Lion, J., Henderson, M.G., Malbon, A., Wiley, M.M., & Noble, J. (1984). Ambulatory visit groups: A prospective payment system for outpatient care. Journal of Ambulatory Care Management, 11, 30-45.
- Misener, T.R., & Gilbert, P.M. (1984). Ambulatory Care Data Base (Report No. 83-009). Fort Sam Houston, TX: U.S. Army Health Care Studies and Clinical Investigation Activity. (NTIS: ADA144838)
- Optenberg, S.A., Chief Financial Analyst, Tri-Service Performance Measurement Study, personal communication, April 1988, Fort Sam Houston, TX 78234.
- Polit, D.F. & Hungler, B.P. (1983). Nursing Research, Principles and Methods (3rd ed.). Philadelphia: J.B. Lippincott Company.
- Schneeweiss, R., Rosenblatt, R.A., Cherkin, D.C., Kirkwood, C.R., & Hart, G. (1983). Diagnosis clusters: a new tool for analyzing the content of ambulatory medical care. Medical Care, 21, 105-122.
- Schneider, K.C., Lichtenstein, J.L., Fetter, R.B., Freeman, J.L., and Newbold, R.C. (1986). The New ICD-9-CM Ambulatory Visit Groups Classification Scheme: Definitions Manual. New Haven (1986): Yale University.
- Tenan, P.M., Fillmore, H.H., Caress, B., Kelly, W.P., Nelson, H., Graziano, D., Johnson, S.C. (1988). PACs: Classifying ambulatory care patients and services for clinical and financial management. Journal of Ambulatory Care Management, 11(3), 36-53.

REFERENCES (Continued)

Yale University, School of Organization and Management, Health Systems Management Group. (1982). The new ICD-9-CM diagnosis related groups classification scheme (Definitions Manual). New Haven, CT: Author.

GLOSSARY

ACDB	Ambulatory Care Data Base
ADP	Automatic data processing
ADAPCP	Army Drug & Alcohol Prevention & Control Program
AMEDD	Army Medical Department
BAMC	Brooke Army Medical Center
BAS	Battalion Aid Station
CPT	Physicians Current Procedural Terminology
DEERS	Defense Eligibility Enrollment System
DOD	Department of Defense
DBMS	Database Management System
EFMP	Exceptional Family Member Program
ER	Emergency Room
FAP	Family Advocacy Program
FMP	Family Member Prefix
GS	General Schedule
HCSCIA	U.S. Army Health Care Studies & Clinical Investigation Activity
HSC	U.S. Army Health Services Command
ICD	International Code of Diseases
ID	Identification
MB	Megabyte
MCCU	Medical Care Composite Work Unit
MOS	Military Occupational Specialty
MTF	Medical Treatment Facility
NCS	National Computer Systems
OH	Occupational Health
OTSG	Office of The Surgeon General
PC-XT	Personal Computer
PMS	Performance Measurement Study
POC	Point of Contact
SIDPERS	Standard Installation Division Personnel System
SSI	Specialty Skill Identifier
TMC	Troop Medical Clinic
UCA	Uniform Chart of Accounts

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PATIENT AND HEALTH CARE PROVIDER REGISTRATION FORMS

APPENDIX A

OUTPATIENT REGISTRATION FORM

WELCOME!



The Army has started a system to automatically count patient visits and services. Please assist us by completing this form carefully - A SEPARATE FORM WILL BE FILLED OUT FOR EACH ELIGIBLE FAMILY MEMBER THE FIRST TIME THEY COME IN FOR TREATMENT. Use #2 pencil only and fill bubbles completely. Please write in both the appropriate number or letter and fill in the corresponding bubble (as shown in example below). The machine that reads this form only reads the bubbles. However, it is possible to make an error in marking bubbles. If this happens we can cross check and make corrections from your written entries. Carefully look at the example and then follow the arrows to each block and fill out both sides of the form completely.



EXAMPLE

WRITE →

If the date is Feb 2, 1985, fill in the box as illustrated →

DATE		
DAY	MONTH	YEAR
02	Feb	85
1	Jan	8
2	Feb	9
3	Mar	0
4	Apr	1
5	May	2
6	Jun	3
7	Jul	4
8	Aug	5
9	Sep	6
0	Oct	7
1	Nov	8
2	Dec	9

BUBBLE →

TODAY'S DATE

DAY	MONTH	YEAR
	Jan	
	Feb	
1	Mar	1
2	Apr	2
3	May	3
4	Jun	4
5	Jul	5
6	Aug	6
7	Sep	7
8	Oct	8
9	Nov	9
0	Dec	0

PATIENT'S BIRTHDATE

DAY	MONTH	YEAR
	Jan	
	Feb	
1	Mar	1
2	Apr	2
3	May	3
4	Jun	4
5	Jul	5
6	Aug	6
7	Sep	7
8	Oct	8
9	Nov	9
0	Dec	0

GENDER

Male Female

RACE

Am. Indian/Alaskan Native
 Asian/Pacific Islander
 Black/Not Hispanic Origin
 Black/Hispanic Origin
 White/Not Hispanic Origin
 White/Hispanic Origin
 Unknown

PRIVACY ACT STATEMENT - AMBULATORY CARE DATABASE

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)
 Sections 133,1871-87, 3812, 5631 and 8812, title 10, United States Code, title 5, United States Code, and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED
 This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

3. ROUTINE USES
 The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjust status obtain and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION
 In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED. Disclosure of Social Security Number (SSN) is mandatory.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR: _____ DATE: _____

X _____

PLEASE ANSWER QUESTIONS 1, 2, AND 3

1. Are you currently eligible for health care from the Veteran's Administration? Yes No Don't know

2. Do you currently have private health care insurance? Yes No

3. Are you currently a basic trainee or on TDY for less than 60 days? Yes No Not applicable

ZIP CODE

1	2	3	4	5
6	7	8	9	0

Write in your 5 digit zip code number and fill in the corresponding bubble of your current residence. If you live in BOQ, BEQ or barracks write in your unit zip code.

PLEASE TURN FORM OVER AND COMPLETE THE APPROPRIATE SECTIONS ON THE BACK

DO NOT MARK IN THIS AREA

061340

CAREFULLY READ THE INSTRUCTIONS FOR EACH OF THE THREE SECTIONS TO DETERMINE WHICH SECTIONS YOU ARE TO COMPLETE
REMEMBER: Write in the number or letter and fill in the corresponding bubble

SECTION 1: EVERYONE MUST COMPLETE THIS SECTION

STATUS
MARK EACH STATUS BUBBLE THAT APPLIES TO YOU

- 1 Active Duty
- 2 Reserve-Initial Entry Trng
- 3 Reserve IDT/AT/ADT
- 4 NG Initial Entry Trng
- 5 NG IDT/AT/ADT
- 6 USMA Cadet
- 7 ROTC Cadet/Applicant
- 8 Depn Active Duty
- 9 Retired Service member
- 10 Depn Retired/Deceased
- 11 Civilian Employee
- 12 Civilian Employee in preemployment status
- OR
- 13 None of the above (Ask clinic staff for help)

MARK ONE

SPONSOR'S BRANCH OF SERVICE

Army

USAF

Navy

Marines

Coast Guard

USPHS

Other (Ask clinic staff for help)

SERVICE PERSON OR SPONSOR'S SSN

WRITE →

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

BUBBLE →

SECTION 2: ONLY ARMY personnel currently on AD or in training. (Includes USAR and ARNG)

PAY GRADE		UNIT ID CODE (UIC)												
OFF	O	1												
		2	A	A	A	A	A	A	A	A	A	A	A	A
WO	WO	3	B	B	B	B	B	B	B	B	B	B	B	B
		4	C	C	C	C	C	C	C	C	C	C	C	C
ENL	E	5	D	D	D	D	D	D	D	D	D	D	D	D
		6	E	E	E	E	E	E	E	E	E	E	E	E
		7	F	F	F	F	F	F	F	F	F	F	F	F
		8	G	G	G	G	G	G	G	G	G	G	G	G
		9	H	H	H	H	H	H	H	H	H	H	H	H
		10	I	I	I	I	I	I	I	I	I	I	I	I
		11	J	J	J	J	J	J	J	J	J	J	J	J
		12	K	K	K	K	K	K	K	K	K	K	K	K
		13	L	L	L	L	L	L	L	L	L	L	L	L
		14	M	M	M	M	M	M	M	M	M	M	M	M
		15	N	N	N	N	N	N	N	N	N	N	N	N
		16	O	O	O	O	O	O	O	O	O	O	O	O
		17	P	P	P	P	P	P	P	P	P	P	P	P
		18	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
		19	R	R	R	R	R	R	R	R	R	R	R	R
		20	S	S	S	S	S	S	S	S	S	S	S	S
		21	T	T	T	T	T	T	T	T	T	T	T	T
		22	U	U	U	U	U	U	U	U	U	U	U	U
		23	V	V	V	V	V	V	V	V	V	V	V	V
		24	W	W	W	W	W	W	W	W	W	W	W	W
		25	X	X	X	X	X	X	X	X	X	X	X	X
		26	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
		27	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z
		28												
		29												
		30												
		31												
		32												
		33												
		34												
		35												
		36												
		37												
		38												
		39												
		40												

DO YOU HAVE AN MOS/SSI?
 YES NO
 (IF YES WRITE IT IN AND BUBBLE IN BELOW)

CAREFUL!!! Warrant Officers require 3 numbers for MOS/SSI. Others place a zero (0) before the 2 numbers of your MOS/SSI.

DUTY MOS/SSI

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DEPENDENTS AND RETIREES DO NOT USE

SECTION 3: To be filled out by CIVILIAN employees and PREEMPLOYMENT CIVILIANS ONLY. This includes CIVILIAN employees who are also DEPENDENTS or RETIREES.

WRITE →

YOUR OWN SSN	YOUR RATING	PAY GRADE	CIVILIAN OCC SERIES	BUILDING NUMBER
0	GS	0	0	0
1	GM	1	1	1
2	WG	2	2	2
3	JWL	3	3	3
4	WAF	4	4	4
5	CAF	5	5	5
6		6	6	6
7		7	7	7
8		8	8	8
9		9	9	9

BUBBLE →

FOR STAFF USE ONLY

FMP	PATIENT CATEGORY	FOREIGN NATIONAL COUNTRY CODE
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PRIVACY ACT STATEMENT AMBULATORY CARE DATA BASE

THIS FORM IS NOT A GENERAL CONSENT FOR RELEASE OF PERSONAL INFORMATION.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN).

Sections 133, 1071-87, 3012, 5031, and 8012, title 10, United States Code, title 5, United States Code, and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH THIS INFORMATION IS INTENDED TO BE USED.

The personal information will facilitate and document your health care accomplishments. The social security number (SSN) of each provider is required in order to interpret the provider codes on encounter forms. The other information is required for demographic and/or administrative purposes.

The data collected for this study will support a number of provider benefits: periodic summary reports to each provider, data for peer review, certification and retrospective chart audits, opportunities to document uncaptured workload, documentation of multi-provider encounters, and collection of UCA and MED 302 input from a single, common, and reliable source.

3. ROUTINE USES.

The primary use of this information is to provide, plan, and coordinate health care delivery. Possible uses of these ambulatory care data are in: conducting preventive health and communicable disease control programs, compiling statistical data, conducting research, teaching, conducting authorized clinical investigations, and determining eligibility for individual professional certification and hospital accreditation.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.

In the case of military and civilian health care providers, the requested information, including SSN, is mandatory in order to document all ambulatory care encounters in this facility, as directed by OTSG.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE: _____ DATE: _____

CLINICAL SPECIALTY FORMS FOR PATIENT ENCOUNTERS

APPENDIX B

APPENDIX B

CLINICAL SPECIALTY FORMS

Allergy/Immunization Patient
Audiology/Speech Patient
Cardiology Patient
Cardiothoracic Patient
Dermatology Patient
Endocrine/Nephrology Patient
ENT Patient
Gastroenterology Patient
General Medicine Patient
General Surgery Patient
Individual Medical Readiness
Infectious Disease Patient
Neurology Patient
Neurosurgery Patient
Nutrition Care Patient
OB/GYN Patient
Occupational Health Patient
Occupational Therapy Patient
Oncology/Hematology Patient
Ophthalmology/Optometry Patient
Optometry Patient
Orthopedics/Podiatry Patient
Ortho Appliance Form
Pain/Physical Medicine Patient
Pediatric Patient
Physical Therapy Patient
Plastic Surgery Patient
Podiatry Patient
Preventive Medicine/CHN Patient
Primary Care Patient
Psychiatry Patient
Psychology Patient
Pulmonary Patient
Radiotherapy Patient
Rheumatology Patient
Social Work Client
Urology Patient

ALLERGY/IMMUNIZATION PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 1/2 hours		
	2 hours		
	3 hours		
	4 hours		
	4 hours/20		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

TODAY'S DATE

DAY MONTH YEAR

PATIENT INFORMATION

PNP

DAY MONTH YEAR

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 0

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
+	+
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

① ② ③ ④ ⑤

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

000328

EVALUATION SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES			
		1		2	
<input type="checkbox"/> 95071 ANTIGEN UNSPEC	<input type="checkbox"/> 95206 DERMATOGRAPHIA TEST	<input type="checkbox"/> 95083 PRICK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95074 HISTAMINE	<input type="checkbox"/> 95202 EXERCISE CHALLENGE FOR CHOLINERGIC	<input type="checkbox"/> 95084 INTRADERMAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95070 METHACHOLINE	<input type="checkbox"/> 95201 HOT WATER IMMERSION TEST	RESPIROMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95073 SULFITE	<input type="checkbox"/> 95203 ICE CUBE TEST	<input type="checkbox"/> 84010 SPIROMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95072 WATER	<input type="checkbox"/> 95200 MECHOLYL SKIN TEST	<input type="checkbox"/> 84060 SPRINTRY-PRE/POST-MEDHALER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95218 ASPIRIN	<input type="checkbox"/> 95207 MORPHINE SULFATE SKIN TEST	<input type="checkbox"/> 84061 SPRINTRY-AFTER EXERCISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95215 DYE	<input type="checkbox"/> 95204 PRESSURE TEST IMMEDIATE	RESPIRATORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95217 FOOD	<input type="checkbox"/> 95206 PRESSURE DELAYED TEST	<input type="checkbox"/> 95120 ALLERGY IMMUNOTHERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95219 NSAIA	<input type="checkbox"/> 95009 PRICK, W/UP TO 30, W/ALLERGENS	<input type="checkbox"/> 88455 AMENGY SCREEN TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95220 MISC DRUG	<input type="checkbox"/> 95206 VIBRATORY TEST	<input type="checkbox"/> 88402 ASPERGILLUS, SKIN TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95180 ASA	DRUGS	<input type="checkbox"/> 88191 NASAL CYTOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95181 INSULIN	<input type="checkbox"/> 95012 PRICK	<input type="checkbox"/> 88180 NASAL SMEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95182 PENICILLIN	<input type="checkbox"/> 95092 INTRADERMAL	<input type="checkbox"/> 95210 REBUCK SKIN WINDOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95183 MISCELLANEOUS	<input type="checkbox"/> 95010 PRICK	<input type="checkbox"/> 95212 RHINOMANOMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95223 ANAPHYLAXIS	<input type="checkbox"/> 95080 PRICK	<input type="checkbox"/> 95213 RHINOSCOPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95221 ASTHMA	<input type="checkbox"/> 95081 INTRADERMAL	<input type="checkbox"/> 88180 SPUTUM CYTOLOGY, GRAM STAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 95030 LATE REACTION SKIN TEST/ IMMUNOTHERAPY	INHALANTS	<input type="checkbox"/> 92567 TYMPANOMETRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 95024 PRICK	LABORATORY RESEARCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 95035 INTRADERMAL	<input type="checkbox"/> 90725 CHOLERA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 95040 PATCH TESTS, 1-10	<input type="checkbox"/> 90701 DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/> 90702 DT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/> 90741 GAMMA GL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/> 90731 HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOLE OUT		SECONDARY (IF APPLICABLE)			
		1		2	
<input type="checkbox"/> 90711 DESENSITIZATION FOLLOWUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANAPHYLAXIS	CONJUNCTIVITIS	<input type="checkbox"/> 461 ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 99501 EXERCISE	<input type="checkbox"/> 37214 ALLERGIC	<input type="checkbox"/> 473 CHRONIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 99500 IDIOPATHIC	<input type="checkbox"/> 37238 NONALLERGIC	DERMATITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 99502 MISCELLANEOUS	<input type="checkbox"/> 37213 VERNAL	<input type="checkbox"/> 691 ATOPIC DERMATITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALLERGY FOLLOWUP	EAR	<input type="checkbox"/> 69281 CONTACT DERMATITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 51880 ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	<input type="checkbox"/> 3828 OTITIS MEDIA, NOS	<input type="checkbox"/> 69281 COSMETICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/> 3812 OTITIS MEDIA, MUCCOID	<input type="checkbox"/> 6920 DETERGENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4939 ALLERGIC	<input type="checkbox"/> 3814 OTITIS SEROUS	<input type="checkbox"/> 6923 DRUGS & MEDICINES IN CONTACT W/SKIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49392 NON-ALLERGIC	NASAL	<input type="checkbox"/> 6925 FOOD IN CONTACT W/SKIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49399 OCCUPATIONAL	<input type="checkbox"/> 471 POLYP	<input type="checkbox"/> 6921 OILS AND GREASES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49393 EPISODIC/CONFINING	<input type="checkbox"/> 470 SEPTAL DEFORMITY ACQUIRED	<input type="checkbox"/> 6926 PLANTS EXCEPT FOOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49398 EXERCISE INDUCED	<input type="checkbox"/> 7481 SEPTAL DEFORMITY CONGENITAL	<input type="checkbox"/> 6927 SOLAR RADIATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49394 FULLY REVERSIBLE	RHINITIS	<input type="checkbox"/> 6922 SOLVENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49395 PARTIALLY REVERSIBLE	<input type="checkbox"/> 477 ALLERGIC	<input type="checkbox"/> 6924 OTHER CHEMICAL PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49396 BRONCHODILATOR DEP	<input type="checkbox"/> 47788 SEASONAL	<input type="checkbox"/> 69289 OTHER SPECIFIED AGENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49397 STEROID DEP	<input type="checkbox"/> 47782 GRASS	<input type="checkbox"/> 69294 UNSPECIFIED CAUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4660 BRONCHITIS ACUTE	<input type="checkbox"/> 47783 WEEDS	HYPERSENSITIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 491 BRONCHITIS CHRONIC	<input type="checkbox"/> 47781 TREES	DRUG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 496 COPD	<input type="checkbox"/> 47789 PERENNIAL	<input type="checkbox"/> 99521 ASPIRIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 492 EMPHYSEMA	<input type="checkbox"/> 47785 PET	<input type="checkbox"/> 99525 INSULIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5163 FIBROSIS, INTERSTITIAL, IDIOPATH	<input type="checkbox"/> 47784 MOLD	<input type="checkbox"/> 99523 PENICILLIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49591 HYPERSENSITIVITY PNEUMONITIS	<input type="checkbox"/> 47787 MITES	<input type="checkbox"/> 99524 RADIOCONTRAST MEDIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5183 PULMONARY EOSINOPHILIA	<input type="checkbox"/> 47786 DUST	<input type="checkbox"/> 99522 SULFITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4659 URI, ACUTE	<input type="checkbox"/> 47780 NONSPEC	<input type="checkbox"/> 9952 OTHER DRUG, NOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 47790 NON-ALLERGIC W/EOSINOPHILIA				
	<input type="checkbox"/> 47791 VASOMOTOR				

<input type="checkbox"/> 89851 FIREANT ALLERGY
<input type="checkbox"/> 98952 HYMENOPTERA HYPERSENSITIVITY
FOOD ALLERGIES/SENSITIVITIES
<input type="checkbox"/> 69282 DYES PRESERVATIVES & ADDITIVES
<input type="checkbox"/> 9880 FISH AND SHELLFISH
<input type="checkbox"/> 9889 UNSPEC FOOD
<input type="checkbox"/> 5798 FOOD INTOLERANCE
URTICARIA
<input type="checkbox"/> 70883 ACUTE
<input type="checkbox"/> 70884 CHRONIC
<input type="checkbox"/> 70881 CHOLINERGIC
<input type="checkbox"/> 7080 FOOD OR DRUG
<input type="checkbox"/> 7081 IDIOPATHIC
<input type="checkbox"/> 70856 INFECTIOUS
<input type="checkbox"/> 70885 PHYSICAL
<input type="checkbox"/> 70882 RECURRENT
<input type="checkbox"/> 7089 OTHER
<input type="checkbox"/> 7083 DERMATOGRAPHIA
MISCELLANEOUS
<input type="checkbox"/> 2776 ANGIOEDEMA, HEREDITARY
<input type="checkbox"/> 27918 IMMUNODEFICIENCY, ACQUIRED
<input type="checkbox"/> 27922 IMMUNODEFICIENCY DIS HEREDITARY
V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)													
Yes							No						
UNLISTED DX (if not listed in columns above)													
PRIMARY DX							SECONDARY DX						
V	0	0	0	0	0	0	V	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	2	2	S	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

AUDIOLOGY/SPEECH PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
A	20 minutes		
B	30 minutes		
C	45 minutes		
D	1 hour		
E	1 hour/30 minutes		
F	2 hours		
G	2 hours/30 minutes		
H	3 hours		
I	3 hours/30 minutes		
J	4 hours		
K	4 hours/30 minutes		

PROV #1	PROV #2
YES NO	YES NO
Have you seen this patient before?	
If yes, have you treated this patient for this problem before?	

REASON FOR #2 CARE PROVIDER			MARK ONLY ONE
Teaching/Supervision	Consultation	Procedure/Treatment	
Other			1 2 3

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
Health maintenance
Acute problem
Chronic Problem
Trauma/Injury follow-up
Surgical follow-up

DISPOSITION	MARK ONLY ONE
Discharged from clinic	
Return PRN	
Return appointment	
Admitted	
Expired	

ORDERED OUT OF CLINIC	
LAB	1 2 3 4 5 6 7 8 9 +
PRESCRIPTIONS	1 2 3 4 5 6 7 8 9 +
X RAYS	Plain films Barium study IVP CT scan MR scan Ultrasound Nuclear med scan Angiographic study Other
OTHER	Adaptive appliance/equip. EEG EKG Pul function EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION	
(MARK AS MANY AS APPLICABLE)	Referred to other clinic Referred to VA Referred to other Fed. Fac. Referred to civilian provider Referred to civ. Health Dept. Letters/Forms Supplemental care Champus for the handicapped Other Champus Quarters (military) Home (non-military) Work w/limitations Profile Specific preassigned clinic codes 1 2 3 4 5 6 7 8 9

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT

SPONSOR'S SSN		
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION			
FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT		MARK ONLY ONE
<input type="radio"/> Clinic/Office <input type="radio"/> Ward <input type="radio"/> Telephone <input type="radio"/> Home <input type="radio"/> Other	1 2 3 4 5	

APPOINTMENT STATUS		MARK ONLY ONE
<input type="radio"/> Scheduled <input type="radio"/> Unscheduled <input type="radio"/> Emergency	1 2 3 4 5	

STATUS OF VISIT	
1. Patient seen this clinic last 12 months? <input type="radio"/> Yes <input type="radio"/> No	2. Patient being seen for new problem? <input type="radio"/> Yes <input type="radio"/> No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



000316

EVALUATION SERVICES PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

AUDIOLOGY PROCEDURES

- HEARING EVALUATION**
- 92569 ACOUSTIC REFLEX DECAY
 - 92563 AIR AND BONE CONDUCTION
 - 92552 AIR CONDUCTION
 - 92568 AUDIO TEST BAT/WHIT TEST BAT
 - 92567 AUDIOLOGY TEST BATTERY
 - 92581 AUDITORY BRAIN STEM RESPONSE (AEBR)
 - 92589 CENT AUD FUNCTION BATT
 - 92596 EAR PROT ATTEN MEASUREMENT
 - 92544 ELECTRONYSTAGMOGRAPHY
 - 92566 IMPEDANCE TEST BATTERY
 - 92582 LOUDNESS BALANCE
 - 92587 PEDIATRIC
 - 92609 PERFORMANCE INTENSITY FUNCTION
 - 92556 SPEECH AUD THRESH OICRIM
 - 92585 STENGER PURE TONE
 - 92608 SUPRA THRESHOLD ADAPT TEST
 - 92583 TONE DECAY TESTING
 - 92567 TYMPANOMETRY
 - 92607 WORD RECOGNITION SCORES

- ADDITIONAL PROCEDURES**
- 92606 AURAL REHABILITATION
 - 89078 BATTERY REPLACEMENT
 - 92681 BEKEYS BATTERY
 - 92613 CALIBRATION, HEARING AID
 - 92588 EARMOULD
 - 92591 FULL HEARING AID EVAL-BINAURAL
 - 92593 HEARING AID CONSULTATION-BINAURAL
 - 92602 HEARING AID ISSUE
 - 92603 HEARING AID ORIENTATION
 - 92604 HEARING AID REPAIR
 - 92616 HEARING CONSERVATION COUNSELING

SPEECH PROCEDURES

- 92611 COUNSELLING
- 92506 CONSULT EVALUATE (ADULT)
- 92505 CONSULT EVALUATE (CHLD)
- 92508 GROUP THERAPY (ADULT)
- 92510 GROUP THERAPY (CHLD)
- 92507 INDIVIDUAL THERAPY (ADULT)
- 92509 INDIVIDUAL THERAPY (CHLD)
- 92608 PROVIDE RX MATERIALS
- 92601 PROVIDE COMMUNICATION DEVICE

ADDITIONAL PROCEDURES									
1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCALE OUT

1° 2°

AUDIOLOGY DIAGNOSES

- HEARING LOSS**
- 3890 CONDUCTIVE
 - 3892 MIXED
 - 3898 NON-ORG
 - 3891 SENSORINEURAL
 - 3899 NOT OTHERWISE SPECIFIED
 - 38914 CENTRAL HEARING IMPAIRMENT
 - V855 NO PROBLEM NOTED

SPEECH DIAGNOSES

- 34881 ACQUIRED BRAIN DISEASE
- 3439 CEREBRAL PALSY
- 74292 CONGENITAL BRAIN MALFORMATION
- CVA
- 4361 LEFT
- 4362 RIGHT
- 38912 HEARING LOSS, NEURAL
- 31491 MINIMAL BRAIN DYSFUNCTION
- 318 MENTAL RETARDATION, NOS
- 2398 NEOPLASM, BRAIN, UNSPEC
- V5733 POST CONCUSSION REHAB
- 8543 TRAUMATIC HEAD INJURY
- 3589 UNSPEC NEUROMUSCULAR DISORDER
- 78192 OTHER NEUROLOGICAL DISORDER
- 74488 ANOMALIES, NEC
- 7491 CLEFT LIP
- 7490 CLEFT PALATE
- 75091 OROPHARYNGEAL ANOMALIES NOS
- V5731 LARYNGEAL DISORDER REHAB
- V5730 POST LARYNGECTOMY REHAB
- V5732 POST TRACHEOTOMY/TRACHEOSTOMY REHAB
- 4783 VOCAL CORD PARALYSIS
- 3899 DEAFNESS
- HEARING IMPAIRMENT
- 38914 CENTRAL
- 38911 SENSOORY
- 3699 VISUAL IMPAIRMENT
- 78191 OTHER SENSOORY DEFICIT
- 2990 AUTISM
- 31591 DELAYED EMOTIONAL MATURATION
- 3152 LEARNING DISABILITY
- V8291 PSYCHOSOCIAL DEPRIVATION
- V403 OTHER BEHAVIORAL PROBLEM
- 78435 APHASIA, NOS
- 78441 APHONIA
- 78468 APRAXIA
- 78453 ARTICULATION DISORDER
- 78456 DEAF SPEECH
- 3153 DELAYED SPEECH/LANGUAGE
- 78455 DEPRESSED LANGUAGE SKILLS
- 78451 DYSARTHRIA
- 78462 DYSLEXIA
- 7872 DYSPHAGIA
- 78457 DYSPHASIA
- 78447 DYSPHONIA
- 78454 FOREIGN ACCENT
- 78436 MUTISM
- 78452 RATE PROBLEMS
- 78442 RESONATORY PROBLEMS
- 30700 STUTTERING
- 78491 TONGUE THRUSTING
- 31531 DEVELOPMENTAL LANGUAGE DISOR
- 7845 SPEECH, NEC
- 7844 VOICE, NOS
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX SECONDARY DX

PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CARDIOLOGY PATIENT

PROVIDER

TIME SPENT #1 **TIME SPENT #2**

5 minutes
10 minutes
15 minutes
20 minutes
30 minutes
45 minutes

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (A)

PRESCRIPTIONS
(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (A)

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK



PATIENT INFORMATION

DAY MONTH YEAR

SPONSOR'S

Grid for marking sponsor information.

PATIENT INFORMATION

PRAP

BIRTHDATE

DAY MONTH YEAR

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

000463

EVALUATION SERVICES, PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 83000 ECG W/INTERP
- 83010 ECG INTERPRETATION ONLY
- 83201 PHONOCARDIOGRAM
- 83205 PHONOCARDIOGRAM W/GRAPHICS
- 83209 PHONOCARDIOGRAM INTERP ONLY
- 83012 RHYTHM STRIP ANALYSIS
- 83220 VECTORCARDIOGRAM
- 83222 VECTOR INTERPRETATION ONLY
- 83320 DOPPLER ECHOCARDIOGRAPHY
- 83300 M-MODE, COMPLETE
- 83307 2-D ECHOCARDIOGRAPHY
- 83321 INTERPRETATION ONLY

- 83016 BICYCLE
- 83018 INTERPRETATION ONLY
- 83016 TREADMILL
- 78419 W/THALLIUM
- 83274 RECORDING, INTERP & REPORT
- 83277 INTERPRETATION ONLY
- 78484 EXERCISE
- 78406 INTERPRETATION ONLY
- 78403 REST

- 83280 CARDIAC FLUOROSCOPY
- 75500 CINEANGIOGRAM INTERPRETATION
- 83791 PACEMAKER INTERROGATION/REPROGRAMMING
- 83792 PACEMAKER, TELEPHONIC ANALYSIS
- 80002 REMOVAL OF SUTURES

1										2									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCALE OUT

- 4414 ABDOMINAL
- 4412 THORACIC
- 4419 AORTIC(UNSPEC)
- 41407 ABNORMAL LV FUNCTION (EF<40%)
- 410 ACUTE MI
- 41410 LV ANEURYSM
- 41406 NORMAL LV FUNCTION (EF>40%)
- 41401 POST CABG
- 4110 POST MI
- 41408 POST PTCA
- 4140 STABLE
- 41409 UNSTABLE
- 4256 DILATED
- 4251 HYPERTROPHIC (HSS)
- 4254 RESTRICTIVE (LVH)

- 42811 1° AV BLOCK DEFECTS
- 42813 MOBITZ I
- 42812 MOBITZ II
- 4280 COMPLETE HEART BLOCK 3°
- 42820 LEFT ANTERIOR FASCICULAR BLCK
- 42821 LEFT POSTERIOR FASCICULAR BLCK
- 4283 LEFT BUNDLE BRANCH BLOCK
- 4284 RIGHT BUNDLE BRANCH BLOCK
- 42881 LGL (LAWN-GANONG-LEVINE)
- 4287 WPW (WOLFF-PARKINSON-WHITE)
- 42890 PROLONGED QT

- 438 CEREBROVASCULAR ACCIDENT
- 44391 CLAUDICATION, INTERMITTENT
- 4611 PHLEBITIS, DEEP VEIN
- 4430 RAYNAUD'S
- 4039 RENOVASCULAR DISEASE (UNSPEC)
- 4359 TRANSIENT CEREBRAL ISCHEMIC EVENT
- 42731 ATRIAL FIBRILLATION
- 42732 ATRIAL FLUTTER
- 42689 ATRIOVENTRIC DISSOCIATION
- 4270 PAROXYSMAL ATRIAL TACHYCARDIA
- 42781 SICK SINUS SYNDROME
- 42769 VENTRICULAR ECTOPY
- 42741 VENTRICULAR FIBRILLATION
- 4271 VENTRICULAR TACHYCARDIA
- 42789 OTHER UNSPECIFIED

- 42433 1° PULMONIC REGURGITATION
- 42434 2° PULMONIC REGURGITATION
- 4243 NON-RHEUMATIC
- 42431 PULMONIC STENOSIS
- 3971 RHEUMATIC

- 42422 1° TRICUSPID REGURGITATION
- 42423 2° TRICUSPID REGURGITATION
- 42421 NON-RHEUMATIC
- 39701 RHEUMATIC
- 4242 TRICUSPID STENOSIS

- 89604 AORTIC, MALFUNCTION
- 89605 MITRAL, MALFUNCTION
- 89606 PULMONIC, MALFUNCTION
- 89607 TRICUSPID, MALFUNCTION

- 74741 ANOMALOUS PUL DRAINAGE (TOTAL)
- 74742 ANOMALOUS PUL DRAINAGE (PART)
- 74721 AORTIC ARCH ANOMALY

- 401 ESSENTIAL
- 4010 MALIGNANT/ACCELERATED
- 405 SECONDARY
- 402 W/CARDIOVASCULAR DISEASE
- 403 W/RENAL DYSFUNCTION
- 4169 COR PULMONALE
- 4162 1° RV DYSFUNCTION
- 4160 PRIMARY
- 4168 SECONDARY

- 42415 AORTIC STENOSIS
- 42411 AORTIC REGURGITATION
- 42412 NON-RHEUMATIC
- 3959 RHEUMATIC
- 74722 SUPRAVALVULAR AORTIC STENOSIS

- 41402 ARTERITIS, CORONARY
- 2127 CARDIAC TUMOR-MYXOMA
- 7865 CHEST PAIN SYNDROME
- 4443 EMBOLISM, ARTERIAL/SYSTEMIC
- 4151 EMBOLISM, PULMONARY
- 41419 FISTULA, A-V, ACQUIRED
- 4571 LYMPHEDEMA
- 454 VARICOSE VEINS (LOWER EXT)
- 4592 VENA CAVA OBSTRUCTION

- 74561 PRIMUM
- 7455 SECUNDUM
- 74569 AV CANAL
- 7464 BICUSPID AORTIC VALVE
- 7471 COARCTATION OF AORTA
- 7478 CONG ANOM CIRC SYS, OTHER SPEC
- 7469 CONGENITAL HEART DIS-UNSPEC
- 74685 CORONARY ARTERY ANOMALY
- 74687 DEXTROCARDIA
- 7462 EBSTEIN'S ANOMALY
- 7456 ENDOCARDIAL CUSHION DEFECT
- 74683 INFUNDIBULAR PULMONIC STENOSIS
- 74652 MITRAL VALVE PROLAPSE W/REGURG
- 7470 PATENT DUCTUS ARTERIOSUS
- 74681 SUBAORTIC STENOSIS
- 74722 SUPRAVALVULAR AORTIC STENOSIS
- 7452 TETRALOGY OF FALLOT
- 74510 TRANSPOSITION-GREAT VESSELS
- 7463 VALVULAR AORTIC STENOSIS
- 7454 VENTRICULAR SEPTAL DEFECT

- 4589 ACUTE
- 4580 AUTONOMIC (ORTHOSTATIC)
- 4581 CHRONIC

- 42414 AORTIC VALVE
- 3949 MITRAL VALVE
- 42432 PULMONARY VALVE
- 3970 TRICUSPID VALVE
- 42491 OTHER SITE

- 4229 ACUTE
- 4290 CHRONIC

- 42403 MITRAL VALVE PROLAPSE
- 42401 MITRAL ANNULAR CALCIFICATION
- 3940 MITRAL STENOSIS
- 42402 MITRAL REGURGITATION
- 4240 NON-RHEUMATIC
- 3941 RHEUMATIC

- 78551 CARDIogenic SHOCK
- 42891 IDIOPATHIC
- 42801 2° TO ASHD
- 42802 2° TO ENDOCARDITIS
- 4281 2° TO VHD

- V5332 DUAL CHAMBER
- 99601 MALFUNCTION
- V533 NORMAL FUNCTION
- V5331 SINGLE CHAMBER
- 42090 ACUTE
- 4238 CHRONIC
- 4232 CONSTRUCTIVE

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX (if not listed in columns above)

PRIMARY DX										SECONDARY DX									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 1 2 3 4 5 6 7 8 9	5 minutes 10 minutes 15 minutes 20 minutes 30 minutes 45 minutes 1 hour 1 hour/30 minutes 2 hours 2 hours/30 minutes 3 hours 3 hours/30 minutes 4 hours 4 hours/30 minutes	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
PROV #1 YES NO	Have you seen this patient before? If yes, have you treated this patient for this problem before?		PROV #2 YES NO
REASON FOR #2 CARE PROVIDER			
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other			
MARK ONLY ONE			

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

PRESCRIPTIONS

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

0 1 2 3 4 5 6 7 8 9

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

CARDIOTHORACIC PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
0	Jan	0
1	Feb	1
2	Mar	2
3	Apr	3
4	May	4
5	Jun	5
6	Jul	6
7	Aug	7
8	Sep	8
9	Oct	9
0	Nov	0
1	Dec	1

SPONSOR'S SSN

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?

Yes
No

000479

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

0	1	2	3	4	5	6	7	8	9	0	1
1	2	3	4	5	6	7	8	9	0	1	2
2	3	4	5	6	7	8	9	0	1	2	3
3	4	5	6	7	8	9	0	1	2	3	4
4	5	6	7	8	9	0	1	2	3	4	5
5	6	7	8	9	0	1	2	3	4	5	6
6	7	8	9	0	1	2	3	4	5	6	7
7	8	9	0	1	2	3	4	5	6	7	8
8	9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9	0

- 93912 ANKLE PRESSURE MEASUREMENTS
- 93870 ARTERIAL DOPPLER STUDY
- 93881 BILAT ARM BP MEASUREMENTS
- 38500 BIOP/EXC LYMPH NODE/SEPTUMS?
- 80830 CONSULTATION, INITIAL COMPLEX
- 93871 DUPLEX SCANNING
- 93950 DOPPLER/PHLEBOGRAPHY/PHLEBOSONOGRAPHY
- 93950 PHLEBOGRAPHY/VENOUS DOPPLER
- 93911 SEG PRESSURE MEASUREMENTS
- 93015 STRESS TEST, TREADMILL
- 90002 SUTURE REMOVAL
- 32000 THORACENTESIS (INITIAL/SUBSEQ)
- 32020 THORACOSTOMY TUBE W/WATER SEAL
- 93872 TRANSCUTANEOUS ULTRASONIC ARTERIOGRAPHY
- 76825 ULTRASONOGRAPHY
- 12008 WOUND CARE, LOCAL
- 11043 WOUND DEBRIDEMENT

SCALE OUT 01° 02°

- 4414 **ABDOMINAL AORTIC**
WITHOUT RUPTURE
- 4413 WITH RUPTURE
- 4410 DISSECTING ANEURYSM (ANY PART)
- 4420 **EXTREMITY**
UPPER
- 4423 LOWER
- 4412 **THORACIC**
WITHOUT RUPTURE
- 4411 WITH RUPTURE

- 7663 ANOMALIES, RIBS AND STERNUM
- 7455 ATRIAL SEPTAL DEFECT
- 7682 CERVICAL RIB
- 7471 COARCTATION OF AORTA
- 7470 PATENT DUCTUS ARTERIOSUS
- 7452 TETRALOGY OF FALLOT
- 3530 THORACIC OUTLET SYNDROME
- 7454 VENTRIC SEPTAL DEFECT

- 3941 MITRAL INSUFFICIENCY-RHEUMATIC
- 3940 MITRAL STENOSIS-RHEUMATIC
- 4240 NON RHEUMATIC
- 42403 PROLAPSE, MITRAL VALVE

- 4231 ADHESIVE
- 42099 BACTERIAL
- 4232 CONSTRICTIVE
- 42091 VIRAL

- 42412 AORTIC STENOSIS
- 4251 IDIOPATH HYPERTR SUBARTIC STEN
- 42411 REGURGITATION, AORTIC

- 5303 ESOPHAGEAL OBSTRUCTION
- 5304 ESOPHAGEAL RUPTURE
- 5305 FUNCTIONAL DISORDER ESOPHAGUS
- 5740 GALL BLADDER WITH STONE
- 5533 HIATAL HERNIA
- 5301 REFLUX ESOPHAGITIS
- 5306 ZENKER'S DIVERTICULUM

- V4581 CABG AFTERCARE
- 33701 CAROTID SINUS SYNDROME
- 4280 CONGESTIVE HEART FAILURE
EMBOLISM OR THROMBOSIS

- 5109 EMPYEMA LUNG
- 860 PNEUMO/HEMOTHORAX-TRAUMATIC
- 5120 PNEUMOTHORAX, SPONTAN TENSION
- 4151 PULMONARY EMBOLISM AND INFARCT

- 4409 **ARTERIOSCLEROSIS**
GEN/UNSPEC
- 4402 ARTERIES OF EXTREMITIES
- 44021 ARTERIOSCLEROTIC GANGRENE
- 4140 ASHD
- 4431 BUERGER'S DISEASE
- 4438 **PERIPHERAL VASCULAR DIS**
EXTREMITIES
- 4439 GEN & UNSPECIFIED
- 4510 **PHLEBITIS LOWER EXTREMITY**
SUPERFICIAL
- 4511 DEEP
- 4430 RAYNAUD'S SYNDROME
- 454 VARICOSE VEINS LOWER EXTREMITY

- 1749 BREAST, FEMALE
- 1759 BREAST, MALE
- 1629 BRONCHUS & LUNG
- 1503 **ESOPHAGUS**
UPPER 1/3
- 1504 MIDDLE 1/3
- 1505 LOWER 1/3
- 1509 UNSPEC
- 201 HODGKIN'S DISEASE
- 16297 LUNG NODULES, PARENCHYMAL
- 19821 MASTECTOMY SITE
- 1649 MEDIASTINUM
- 1658 RESP-THOR (UNSPEC)
- 163 PLEURA
- 162 TRACHEA, BRONCHUS & LUNG

- 4440 ABDOMINAL AORTA
- 4441 THORACIC AORTA
- 2172 FIBROADENOMA BREAST
- 61011 FIBROCYSTIC DISEASE, BREAST
- 4473 FIBROMUSCULAR HYPERPLASIA
- 4473 RENAL ARTERY
- 44782 CARDIOT ARTERY
- V5882 HEART DISEASE AFTER TREATMENT
- 4289 HEART FAILURE, NOS

- 403 HYPERTENSION W/RENAL DISEASE
RENAL FAILURE
- 584 ACUTE
- 585 CHRONIC
- 4401 RENAL STENOSIS
- 40592 RENOVASCULAR HYPERTENSION

- 4374 CEREBRAL ARTERITIS
- 4359 TIA
- 43591 TIA W/NEURO DEFICIT

- 410 ISCHEMIC HEART DISEASE
ACUTE MYOCARDIAL INFARCTION
- 413 ANGINA PECTORIS
- 41410 LEFT VENTRICULAR ANEURYSM
- 4110 POST MI SYNDROME
- 42931 LEFT VENTRIC HYPERTROPHY
- 99601 PACEMAKER MALFUNCTION
- 42981 PAPILLARY MUSCLE DYSFUNCTION
- 390 **RHEUMATIC FEVER**
W/O HEART INVOLVEMENT
- 391 W/HEART INVOLVEMENT
- 4295 RUPT OF CHORDAE TENDEINEAE
- 7802 SYNCOPE
- 5532 VENTRAL HERNIA

- 42689 AV DISSOCIATION
- 42793 BRADYCARDIA
- 42650 BUNDLE BRANCH BLOCK
- 42611 FIRST DEGREE AV BLOCK
- 7852 FUNCTIONAL HEART MURMUR
- 42781 SICK SINUS SYNDROME
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
V	0	1	2	3	V	0	1	2	3
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

DERMATOLOGY PATIENT

CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	CARE PROVIDER	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z		<input type="checkbox"/> 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 1 hour/30 min <input type="checkbox"/> 2 hours/30 min <input type="checkbox"/> 3 hours/30 min <input type="checkbox"/> 4 hours/30 min	<input type="checkbox"/> 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 1 hour/30 min <input type="checkbox"/> 2 hours/30 min <input type="checkbox"/> 3 hours/30 min <input type="checkbox"/> 4 hours/30 min	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	
PROV #1 <input type="checkbox"/> YES <input type="checkbox"/> NO		PROV #2 <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you seen this patient before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, have you treated this patient for this problem before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
REASON FOR #2 CARE PROVIDER <input type="checkbox"/> Teaching/Supervision <input type="checkbox"/> Consultation <input type="checkbox"/> Procedure/Treatment <input type="checkbox"/> Other <input type="checkbox"/> (1) (2) (3)					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)	DISPOSITION
<input type="checkbox"/> Health maintenance <input type="checkbox"/> Acute problem <input type="checkbox"/> Chronic Problem <input type="checkbox"/> Trauma/Injury follow-up <input type="checkbox"/> Surgical follow-up	<input type="checkbox"/> Discharged from clinic <input type="checkbox"/> Return PRN <input type="checkbox"/> Return appointment <input type="checkbox"/> Admitted <input type="checkbox"/> Expired

} MARK ONLY ONE


ORDERED OUT OF CLINIC
LAB <input type="checkbox"/> (1) (2) (3) (4) (5) <input type="checkbox"/> (6) (7) (8) (9) (0)
PRESCRIPTIONS <input type="checkbox"/> (1) (2) (3) (4) (5) <input type="checkbox"/> (6) (7) (8) (9) (0)
X RAYS <input type="checkbox"/> Plain films <input type="checkbox"/> Barium study <input type="checkbox"/> IVP <input type="checkbox"/> CT scan <input type="checkbox"/> MR scan <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear med scan <input type="checkbox"/> Angiographic study <input type="checkbox"/> Other
OTHER <input type="checkbox"/> Adaptive appliance/equip. <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> Pul function <input type="checkbox"/> EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION
<input type="checkbox"/> Referred to other clinic <input type="checkbox"/> Referred to VA <input type="checkbox"/> Referred to other Fed. Fac. <input type="checkbox"/> Referred to civilian provider <input type="checkbox"/> Referred to civ. Health Dept. <input type="checkbox"/> Letters/Forms <input type="checkbox"/> Supplemental care <input type="checkbox"/> Champus for the handicapped <input type="checkbox"/> Other Champus <input type="checkbox"/> Quarters (military) <input type="checkbox"/> Home (non-military) <input type="checkbox"/> Work w/limitations <input type="checkbox"/> Profile <input type="checkbox"/> Specific preassigned clinic codes <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9)

(MARK AS MANY AS APPLICABLE)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 

DO NOT MARK IN THIS AREA

PATIENT INFORMATION		
DAY MONTH YEAR <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	MONTH <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	YEAR <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)
PATIENT INFORMATION		
PMP <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	MONTH <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	YEAR <input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

ADMINISTRATION

CLINIC CODE	INPATIENT OR REFERRAL CODE
<input type="checkbox"/> (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)	<input type="checkbox"/> (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

PLACE OF VISIT
<input type="checkbox"/> Clinic/Office <input type="checkbox"/> Ward <input type="checkbox"/> Telephone <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> (1) (2) (3) (4) (5)

} MARK ONLY ONE

APPOINTMENT STATUS
<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Emergency

} MARK ONLY ONE

STATUS OF VISIT
1. Patient seen this clinic last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Patient being seen for new problem? <input type="checkbox"/> Yes <input type="checkbox"/> No

000317

EVALUATION SERVICES, PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 80788 ANTIBIOTIC, INTRAMUSCULAR
- 11903 ANTIMETABOLITE, INTRALESIONAL
- 11902 CORTICOSTEROID, INTRALESIONAL
- 80783 CORTICOSTEROID, INTRAMUSCULAR
- 11901 INTRALESIONAL, >7 LESIONS
- 11900 INTRALESIONAL, 1-7 LESIONS
- 98900 ACTINOTHERAPY UVB/UVA/UVC
- 17340 CRYOTHERAPY
- 88812 PUNA
- 11888 BRENZ/SUPERF X-RAY
- 10040 ACNE SURGERY
- AUTOGRAFTS (HAIR)**
- 15775 1-15
- 15778 > 15
- 15777 AUTOGRAFTS, NOT HAIR
- BIOPSY**
- 11100 ONE LESION
- 11101 ADDTL. LESION 1,2,3,4,5
- 11104 INCISIONAL
- 11102 PUNCH
- 11103 SHAVE
- 15820 BLEPHAROPLASTY, LOWER LID
- 15822 BLEPHAROPLASTY, UPPER LID
- 15790 CHEMICAL PEEL FACE
- 15792 ACID TREATMENTS
- CHEMOSURGERY (FRESH)**
- 17304 STAGE I
- 17306 STAGE II
- 17308 STAGE III
- 17307 STAGE IV
- 17308 STAGE V
- 11040 DEBRIDE ULCER
- DERMABRASION**
- 15781 FACE
- 15782 SCALP
- 15780 TATTOO
- 80470 DESTRUCT VERN/CAP (SCLEROSE)
- 80011 DRESSING CHANGE
- 88888 EAR PIERCING
- ELECTROLYSIS**
- 17200 BENIGN LESIONS
- 17203 BASAL CELL EXCISION
- 30121 RHINOPHYMA
- ILD**
- 10080 ABSCESS, SIMPLE
- 10081 ABSCESS, COMPL
- 10020 FURUNCLE
- LASER THERAPY**
- 17381 EXCISION
- 17382 VASCULAR
- 17383 VERRUCA
- 17385 OTHER
- EXC LESIONS, BENIGN**
- 11411 TRUNK/EXTREMITY <1.0 CM
- 11402 TRUNK/EXTREMITY 1.0-2.0 CM
- 11412 TRUNK/EXTREMITY >2.0 CM
- 11431 SCALP, NECK, HANDS <1.0 CM
- 11422 SCALP, NECK, HANDS 1.0-2.0 CM
- 11432 SCALP, NECK, HANDS >2.0 CM
- 11447 FACE, LIDS, EARS, NOSE <1.0 CM
- 11442 FACE, LIDS, EARS, NOSE 1.0-2.0 CM
- 11448 FACE, LIDS, EARS, NOSE >2.0 CM
- EXC LESIONS, MALIGNANT**
- 11611 TRUNK/EXTREMITY <1.0 CM
- 11802 TRUNK/EXTREMITY 1.0-2.0 CM
- 11612 TRUNK/EXTREMITY >2.0 CM
- 11631 SCALP, NECK, HANDS <1.0 CM
- 11622 SCALP, NECK, HANDS 1.0-2.0 CM
- 11632 SCALP, NECK, HANDS >2.0 CM
- 11851 FACE, LIDS, EARS, NOSE <1.0 CM
- 11842 FACE, LIDS, EARS, NOSE 1.0-2.0 CM
- 11852 FACE, LIDS, EARS, NOSE >2.0 CM
- NAIL**
- 11751 BIOPSY NAIL UNIT
- 11730 AVULSION NAIL PLATE
- 11750 AVULSION NAIL, DESTROY MATRIX
- 11710 PARE WARTS OR CLAVUS, SINGLE
- 15827 SCALP REDUCTION
- 80002 SUTURE REMOVAL
- WOUND CLOSURE**
- 15260 COMP. FTSG EARS/NOSE/LIDS/LIPS
- 15240 COMP. FTSG FOREHEAD/HANDS/NECK
- 12001 SUTURE, SUPERFICIAL WOUND
- 14000 FLAP
- 15050 GRAFT, PINCH
- 87184 DARKFIELD EXAM
- 87101 FUNGAL CULTURE
- 87205 GRAM STAIN
- 87220 KOH PREP
- 07000 SCABIES PREP
- 87888 TZANCK STAIN
- 88304 BIOPSY READING
- 80655 DERMATOPH CONSULT
- 88348 IMMUNOFLOURESCENCE
- 88342 IMMUNOPEROXIDASE
- 11951 INJ-FILLING MAT 1-5cc-ZYDERM
- 99197 INVESTIGATIVE STUDY
- 95058 PHOTOTEST
- 95050 PHOTOPATCH TESTING <10
- 95051 PHOTOPATCH >10
- 29580 UNNA BOOT
- 12003 WOUND REPAIR & SIMPLE DRESSING

0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

RULE CUT

- 7081 ACNE
- 70810 ACNE CYST
- 21891 ACROCHORDON
- 70401 ALOPECIA AREATA
- 70400 ALOPECIA, NOT AA
- 2773 AMYLOIDOSIS
- 17391 BASAL CELL CARCINOMA
- 23291 BOWEN'S DISEASE
- 1129 CANDIDIASIS
- 7091 CAPILLARITIS
- 0990 CHANCROID
- 70901 CHLASMATA (MELASMA)
- 39000 CHONDRODERMATITIS NODI HELICIS
- 07811 CONDYLOMA ACUMINATUM
- 700 CORNS, CALLUSITIES
- 70625 CYST, EPID, INCL MILIA
- 70621 CYST, PILAR
- 75738 DARIER'S DISEASE
- 691 DERMATITIS, ATOPIC
- 69291 DERMATITIS, CONTACT, ALLERGIC
- 6923 DERMATITIS, CONTACT, DRUGS & MED
- 6926 DERMATITIS, CONTACT, DUE TO PLANTS
- 692 DERMATITIS, CONTACT, IRRITANT
- 6924 DERMATITIS, CONTACT, OTHER CHEMS
- 6959 DERMATITIS, EXFOLIATIVE
- 6984 DERMATITIS, FACTITIA
- 6940 DERMATITIS, HERPETIFORMIS
- 690 DERMATITIS, SEBORRHEIC
- 4541 DERMATITIS, STASIS, NO ULCER
- 69292 DERMATITIS, OTHER, NEC
- 21692 DERMATOFIBROMA
- 7083 DERMATOGRAFIA
- 7103 DERMATOMYOSITIS
- 64695 DERMATOSIS OF PREGNANCY
- 6930 DRUG ERUPTION
- 69293 ECZEMA (NUMMULAR)
- 6929 ECZEMA
- 75739 EPIDERMOLYSIS BULLOSA
- 035 ERYSIPELAS
- 6951 ERYTHEMA MULTIFORME
- 6952 ERYTHEMA NODOSUM
- 70480 FOLLICULITIS
- 5291 GEOGRAPHIC TONGUE
- 5290 GLOSSITIS
- 098 GONORRHEA
- 68811 GRANULOMA NOS
- 69587 GRANULOMA ANNULARE
- 75737 HAILEY-HAILEY
- 2280 HEMANGIOMA
- 05410 HERPES PROGENITALIS
- 054 HERPES SIMPLEX
- 0539 HERPES ZOSTER
- 70563 HIDRADENITIS SUPPURATIVA
- 7571 ICTHYOSIS
- 7808 HYPERHIDROSIS
- 98954 INSECT BITE
- 69588 INTERTRIGO
- 7014 KELOID
- 23821 KERATOACANTHOMA
- 7011 KERATODERMA, ACQUIRED
- 23293 KERATOSIS, ACTINIC
- 7020 KERATOSIS, SEBORRHEIC
- 70480 KERATOSIS, PILARIS
- 7021 KERATOSIS, OTHER
- 70902 LENTIGO
- 6971 LICHEN NITIDUS
- 6970 LICHEN PLANUS
- 70101 LICHEN SCLEROSUS ET ATROPHICUS
- 69830 LICHEN SIMPLEX CHRONICUS
- 2141 LIPOMA
- 69540 LUPUS ERYTHEMATOSUS, DISCOID
- 69541 LUPUS ERYTHEMATOSUS, SUBACUTE
- 7100 LUPUS ERYTHEMATOSUS, SYSTEMIC
- 7858 LYMPHADENOPATHY
- 2281 LYMPHANGIOMA
- 70991 LYMPHOCYTOMA CUTIS
- 0991 LYMPHOGRANULOMA VENEREUM
- 20281 LYMPHOMA, CUTANEOUS
- 172 MELANOMA
- 23282 MELANOMA IN SITU
- 7051 MILIARIA
- 71091 MIXED CONN. TISS. DIS.
- 0780 MOLLUSCUM CONTAGIOSUM
- 70102 MORPHEA
- 2021 MYCOSIS FUNGOIDES
- 7274 MYXOID CYST
- 7030 NAILS, INGROWN
- 703 NAILS, OTHER
- 7038 ONYCHOMYOSIS
- 6854 NECROSIS OF SKIN
- 23922 NEOPLASM, DERMAL
- 23921 NEOPLASM, EPIDERMAL
- 1982 NEOPLASM, METASTATIC, SKIN
- 23923 NEOPLASM, SUBCUTANEOUS
- 6918 NEURODERMATITIS, GENERALIZED
- 69831 NEURODERMATITIS, LOCAL
- 2377 NEUROFIBROMATOSIS
- 21693 NEVUS, MELANOCYTIC
- 75791 NEVUS (NOT NEVOCYLLULAR) NOS
- 0994 NON-SPEC URETHRITIS
- 5289 ORAL LESIONS
- 6962 PARAPSORIASIS
- 1329 PEDICULOSIS
- 6945 PEMPHIGOID
- 6944 PEMPHIGUS
- 70903 PIGMENTATION, HYPER
- 70904 PIGMENTATION, HYPO
- 6965 PITYRIASIS, ALBA
- 6963 PITYRIASIS, ROSEA
- 6964 PITYRIASIS, RUBRA PILARIS
- 69272 PHOTALLERGIC
- 69273 PHOTOTOXIC
- 69274 POLYMORPHOUS LIGHT
- 69279 PHOTSENSITIVE, OTHER
- 2771 PORPHYRIA
- 6962 PRURIGO
- 6989 PRURITUS
- 70481 PSEUDOFOLLICULITIS BARBAE
- 696 PSORIASIS
- 6980 PSORIATIC ARTHRITIS
- 287 PURPURA
- 68091 PYODERMA, ABSCESS
- 6809 PYODERMA, BOIL, CARBUNCLE
- 6829 PYODERMA, CELLULITIS
- 684 PYODERMA, IMPETIGO
- 6860 PYODERMA, OTHER
- 6861 PYOGENIC GRANULOMA
- 4430 RAYNAUD'S SYNDROME
- 0993 REITER'S DISEASE
- 89530 RESACA PERSONAL DE MANTILLA
- 138 SARCIDOSIS
- 1330 SCABIES
- 7101 SCLERODERMA
- 17392 SQUAMOUS CELL CARCINOMA
- 7013 STRIAE, ATROPHIC
- 69271 SUNBURN
- 0979 SYPHILIS, UNSPEC
- 70905 TATTOO
- 4489 TELANGIECTASIA
- 1100 TINEA CAPITIS
- 1105 TINEA CORPORIS
- 1103 TINEA CRURIS
- 1104 TINEA PEDIS
- 1101 TINEA UNGUIUM
- 1110 TINEA VERSICOLOR
- 5299 TONGUE DISEASE
- 7071 ULCER, LEG
- 7070 ULCER, DECUBITUS
- 5282 ULCER, ORAL
- 4540 ULCER, STASIS
- 708 URTICARIA
- 052 VARICELLA
- 44760 VASCULITIS, CUTANEOUS
- 0579 VIRAL EXANTHEM
- 70906 VITILIGO
- 0781 WART, VIRAL
- 2722 XANTHOMATOSIS
- 7068 XEROSIS
- 6955 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

ENDOCRINE/NEPHROLOGY PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 min		
	2 hours		
	2 hours/30 min		
	3 hours		
	3 hours/30 min		
	4 hours		
	4 hours/30 min		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision Consultation Procedure/Treatment Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

DATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

PATIENT

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION

PRN

BIRTHDATE

DAY MONTH YEAR

0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
D	C
F	E
S	G
H	I
J	K
L	M
N	O
P	Q
R	S
T	U
V	W
X	Y
Z	Z

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

010267

- ENDOCRINE PROCEDURES**
- 49080 ABDOMINAL PARACENTESIS
 - 82024 ACTH TEST (RIA)
 - 82948 BLOOD GLUCOSE STICK TEST
 - 84698 CLONIDINE SUPPRESSION TEST
 - 90021 DIABETIC TEACHING (EXT SVCS)
 - 83003 GNRH
 - 82999 GONADOTROPIN REDUCTION TEST
 - 83526 INSULIN TOLERANCE TEST
 - 90770 IV ADMIN DIAGNOSTIC MATERIAL
 - 82951 OGTT
 - 49420 PERITONEAL DIALYSIS
 - 75893 SUPINE & UPRIGHT RENINS (VENOUS SAMPLE THRU CATHETER)
 - 60100 THYROID BIOPSY
 - 80070 THYROID PROFILE
 - 78003 THYROID STIMULATION TEST

- NEPHROLOGY PROCEDURES**
- CONTINUOUS**
- 36200 FEMORAL
 - 36481 SUBCLAVIAN
 - 49420 PERCUTANEOUS PERITONEAL DIALYSIS
- ACCESS PLACEMENT**
- 80963 COMPLICATED
 - 80962 UNCOMPLICATED
 - 80961 PEDIATRIC, COMPLICATED
 - 80960 PEDIATRIC, UNCOMPLICATED
- CHRONIC INTERMITTANT**
- 80970 COMPLICATED
 - 80971 UNCOMPLICATED
- CHRONIC PEDIATRIC**
- 80972 COMPLICATED
 - 80973 UNCOMPLICATED

- 80974 AMBULATORY
 - 80975 CYCLING
- ACCESS PLACEMENT**
- 36800 CHRONIC HEMODIALYSIS
 - 36801 CHRONIC PEDIATRIC HEMODIALYSIS
- CHRONIC INTERMITTANT**
- 80980 DIALYSIS PATIENT EDUCATION
 - 80931 MEDICATIONS ADJUSTMENT
 - 89088 ORDERING HOME DIALYSIS SUPPLIES
 - 89079 PATIENT EDUCATION (NEPH)
 - 36860 SCRIBNER SHUNT DECLOTTING
 - 80985 TECHNIQUE EVALUATION, DIALYSIS
 - 81000 URINALYSIS

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

INDICATE ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

Dr 1° 1° 2° 2°

- ENDOCRINE DIAGNOSES**
- ADRENAL**
- 25541 ADDISON'S
 - 22702 ADENOMA
 - 1940 ADRENAL CARCINOMA
 - 25581 ADRENAL HYPERPLASIA
 - 2551 ALDOSTERONISM
 - 2550 CUSHING'S SYNDROME
 - 22701 PHEOCHROMOCYTOMA
 - 2559 OTHER
- GONADAL**
- 7041 HIRSUTISM
 - 25721 HYPOGONADISM, MALE
 - 25631 HYPOGONADISM, FEMALE
 - 30278 IMPOTENCE, PSYCHOGENIC
 - 60784 IMPOTENCE, ORGANIC
 - 628 INFERTILITY FEMALE
 - 606 INFERTILITY MALE
 - 62681 MENSTRUAL DYSFUNCTION
 - 25604 POLYCYSTIC OVARY SYNDROME
 - 6211 PUBERTY
- METABOLISM**
- 2709 AMINO ACIDS
 - 2719 CARBOHYDRATES
 - 2769 ELECTROLYTE DISORDER
 - 2724 HYPERLIPIDEMIA
 - 2780 OBESITY
 - 2779 OTHER
- PANCREAS**
- 25001 DIABETES MELLITUS, TYPE I
 - 25000 DIABETES MELLITUS, TYPE II
 - 2512 HYPOGLYCEMIA
 - 5779 OTHER (UNSPEC DISEASES)
- PARATHYROID**
- 27541 HYPERCALCEMIA
 - 2520 HYPERPARATHYROIDISM
 - 27542 HYPOCALCEMIA
 - 2521 HYPOPARATHYROIDISM
 - 5920 NEPHROLITHIASIS
 - 73393 OSTEOPENIA
 - 7310 PAGET'S
 - 2529 OTHER

- NEPHROLOGY DIAGNOSES**
- PITUITARY AND HYPOTHALAMIC**
- 2530 ACROMEGALY
 - 2636 DIABETES INSIPIDUS
 - 2532 HYPOPITUITARISM
 - 2273 PITUITARY ADENOMA
 - 78342 SHORT STATURE
 - 2536 SIADH
 - 2539 OTHER
- THYROID DISEASES**
- 2462 CYST
 - 24091 GOITER, DIFFUSE NONTOXIC
 - 2420 GOITER, DIFFUSE TOXIC
 - 2411 GOITER, MULTINODULAR
 - 2429 HYPERTHYROIDISM
 - 2449 HYPOTHYROIDISM
 - 193 THYROID CANCER
 - 24621 THYROID MASS
 - 2410 THYROID NODULE
 - 2469 OTHER
- MISCELLANEOUS**
- 30710 ANOREXIA NERVOSA
 - 25881 AUTOIMMUNE POLYGLANDULAR FAILURE
 - 2592 CARCINOID
 - 7807 FATIGUE/MALAISE
 - 6111 GYNecomastia
 - 23971 MULTIPLE ENDOCRINE NEOPLASIA SYNDROME
 - 2589 POLYGLANDULAR DYSFUNCTION NEC
 - 2599 ENDO DISORDER, UNSPEC
 - 6555 NO PROBLEM NOTED

- 2764 ACID-BASE DISORDER
- 2754 CALCIUM DISORDERS
- 75391 CONGENITAL ANOMALY, KIDNEY, NOS
- 250 DIABETES MELLITUS
- 2769 FLUID/ELECTROLYTE DISORDER, OTHER
- 5809 ACUTE
- 5829 CHRONIC
- 5997 HEMATURIA
- 2760 HYPERNATREMIA
- 402 HYPERTENSION COMPLICATED
- 401 UNCOMPLICATED
- 403 RENAL DISEASE UNSPECIFIED
- 2761 HYPONATREMIA
- 5901 PYELONEPHRITIS ACUTE
- 5900 PYELONEPHRITIS CHRONIC
- 6466 PREGNANCY RELATED
- 5990 UTI, ACUTE
- 59901 UTI, CHRONIC
- 27581 METABOLIC BONE DISEASE
- 2779 METABOLIC DISORDER, OTHER
- 58089 NEPHRITIS, INTERSTITIAL, ACUTE
- 58289 NEPHRITIS, INTERSTITIAL, CHRONIC
- 5819 NEPHROTIC SYNDROME
- 59393 OBSTRUCTIVE DISORDERS
- 75311 POLYCYSTIC KIDNEY DISEASE
- 7910 PROTEINURIA

- RENAL FAILURE**
- 584 ACUTE W/O DIALYSIS
 - 585 CHRONIC
 - 5861 W/UREMIA OR COMPUCA
- RENAL TRANSPLANT**
- 99681 COMPLICATION
 - 95844 AFTERCARE, RENAL TRAP
 - 5920 STONE DISORDERS
 - 79191 URINE SEDIMENT ABNORM UNSPECIFIED
 - 44783 VASCULITIS
 - 2765 VOLUME DISORDER/DEPLET
- COMPLICATION**
- 99891 HEMODIALYSIS
 - 99892 PERITONEAL DIALYSIS
 - 64620 PREGNANCY
- ACCESS PLACEMENT FOLLOW-UP**
- 6568 AFTERCARE, PERITONEAL I
 - 6560 AFTERCARE, RENAL DIALY
 - 65581 VASCULAR ACCESS
 - 6555 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX (if not listed in columns above)

	PRIMARY DX										SECONDARY DX									
V	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
S	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

E.N.T.
PATIENT

PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 0 0 0	5 minutes		0 0 0 0
A 1 1 1 1	10 minutes		A 1 1 1
B 2 2 2 2	15 minutes		B 2 2 2
C 3 3 3 3	20 minutes		C 3 3 3 3
D 4 4 4 4	30 minutes		D 4 4 4 4
E 5 5 5 5	45 minutes		E 5 5 5 5
F 6 6 6 6	1 hour		F 6 6 6 6
G 7 7 7 7	1 hour/30 minutes		G 7 7 7 7
H 8 8 8 8	2 hours		H 8 8 8 8
I 9 9 9 9	2 hours/30 minutes		I 9 9 9 9
J	3 hours		J
K	3 hours/30 minutes		K
L	4 hours		L
M	4 hours/30 minutes		M

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision } MARK ONLY ONE

Consultation

Procedure/Treatment

Other

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION

FMP	BIRTHDATE	
	DAY	MONTH
0 0	0 0	0 0
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

SPONSOR'S SSN

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EKG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B A A A	A A A A
B B B B	B B B B
D C C C	B C C C
D D D D	D D D D
F E E E	C E E E
F F F F	F F F F
S G G G	F G G G
H H H H	H H H H
I I I I	S I I I
J J J J	J J J J
K K K K	K K K K
L L L L	L L L L
M M M M	M M M M
N N N N	N N N N
O O O O	O O O O
P P P P	P P P P
Q Q Q Q	Q Q Q Q
R R R R	R R R R
S S S S	S S S S
T T T T	T T T T
U U U U	U U U U
V V V V	V V V V
W W W W	W W W W
X X X X	X X X X
Y Y Y Y	Y Y Y Y
Z Z Z Z	Z Z Z Z

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

1 2 3 4 5

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months

Yes

No

2. Patient being seen for new problem?

Yes

No

000264

- INSTRUCTIONS
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE) ↓			ADDITIONAL PROCEDURES	
			1	2
<input type="checkbox"/> 82504 BINOCULAR MICROSCOPY	<input type="checkbox"/> 31031 CALDWELL-LUC (BILAT)	<input type="checkbox"/> 95150 ALLERGEN(S) IMMUNOTHERAPY		
<input type="checkbox"/> 82533 CALORIC TESTING	<input type="checkbox"/> 31030 CALDWELL-LUC (UNILAT)	<input type="checkbox"/> 42860 ORL & CATH-SALIVARY DUCT		
<input type="checkbox"/> 89811 CAUTERY PERFORATION W/TISS CNFT	<input type="checkbox"/> 30902 CTRL HEMO NASAL ANT (BILAT)	<input type="checkbox"/> 43450 ESOPHAGEAL DILATION, INDIRECT	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 82544 ELECTRONYSTAGMOGRAPHY	<input type="checkbox"/> 30901 CTRL HEMO NASAL ANT (UNILAT)	<input type="checkbox"/> 43200 ESOPHAGOSCOPY-POST LARYNG DIAG	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89000 I&D ABSCESS/HEMATOMA, EXT EAR	<input type="checkbox"/> 30905 CTRL HEMO NASAL POST W/AP PACK	<input type="checkbox"/> 43202 E-OSCOPY-POST LARYNG BIOPSY	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 92548 OTONEUROLOGICAL EVAL-VERTIGO	<input type="checkbox"/> 30116 EXC NASAL POLYP, BILAT (EXTEN)	<input type="checkbox"/> 43220 E-OSCOPY-POST LARYNG W/DILATION	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89424 PE TUBE REMOVAL	<input type="checkbox"/> 30111 EXC NASAL POLYP, BILAT (SIMP)	<input type="checkbox"/> 43215 E-OSCOPY-POST LARYNG REMOVE FB	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89205 REMOVE FB (EXT EAR) W/GEN ANES	<input type="checkbox"/> 30115 EXC NASAL POLYP, UNILAT (EXTEN)	<input type="checkbox"/> 86170 FINE NEEDLE ASPIRATION	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89200 W/O GEN ANES	<input type="checkbox"/> 30110 EXC NASAL POLYP, UNILAT (SIMP)	<input type="checkbox"/> 42700 I&D PERITONSILLAR ABSCESS	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89210 REMOVAL IMPACTED CERUMEN	<input type="checkbox"/> 31001 MAXILLARY SINUS IRRIGAT BILAT	<input type="checkbox"/> 95015 INTRADERMAL SKIN TEST TO 30	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89660 STAPEDECTOMY	<input type="checkbox"/> 31000 MAXILLARY SINUS IRRIGAT UNILAT	<input type="checkbox"/> 31575 LARYNGOSCOPY, DIAG FLEX SCOPE	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 12009 SUTURE, EAR	<input type="checkbox"/> 31021 NASAL ANTRAL WINDOW BILAT	<input type="checkbox"/> 31515 LARYNGOSCOPY, DIRECT	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89632 T-PLASTY W/OSSICULAR RECONST	<input type="checkbox"/> 31020 NASAL ANTRAL WINDOW UNILAT	<input type="checkbox"/> 31635 OPERATIVE W/BIOPSY	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89831 T-PLASTY W/O OSSICULAR RECONST	<input type="checkbox"/> 30840 NASAL ANTROSOPY	<input type="checkbox"/> 31645 OPERATIVE W/LASER	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89437 T-OSTOMY SURG BILAT (GEN ANES)	<input type="checkbox"/> 21320 NASAL FX CLOSED REDUCTION	<input type="checkbox"/> 31505 LARYNGOSCOPY, INDIRECT, DIAG	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89436 T-OSTOMY SURG UNILAT (GEN ANES)	<input type="checkbox"/> 30300 REMOVAL OF FB-INTRANASAL	<input type="checkbox"/> 82511 NASOPHARYNGOSCOPY W/FIBER SCOPE	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89434 T-OSTOMY BILAT (LOCAL)	<input type="checkbox"/> 30450 RHINOPLASTY, MAJ W/OSTEOTOMES	<input type="checkbox"/> 86004 PRICK TEST TO 80	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 89433 T-OSTOMY UNILAT (LOCAL)	<input type="checkbox"/> 30520 SEPTOPLASTY	<input type="checkbox"/> 42822 T&A	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 30100 BIOPSY (INTRANASAL)	<input type="checkbox"/> 42832 ADENOMECTOMY, PRIMARY	<input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER LIDS	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 16822 BLEPHAROPLASTY, UPPER LIDS	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 15781 DERMABRASION, FACE	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 11448 EXCISION OF SKIN LESION	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 89301 OTOPLASTY (BILAT)	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 89300 OTOPLASTY (UNILAT)	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 16828 RHYTIDECTOMY-CHEEK/CHIN/W	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 11407 SCAR REVISION	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 11100 SKIN BIOPSY	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 15838 SUBMENTOPLASTY	<input type="checkbox"/> 0	<input type="checkbox"/> 0
		<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 0	<input type="checkbox"/> 0

RULE OUT

<input type="checkbox"/> 22511 ACOUSTIC NEUROMA	<input type="checkbox"/> 87321 DEVIATED SEPTUM, TRAUMATIC	<input type="checkbox"/> 62761 MUCOCELE (LIP)	<input type="checkbox"/> 78609 APNEA
<input type="checkbox"/> 87201 ACUTE AURICULAR LACERATION	<input type="checkbox"/> 7847 EPISTAXIS	<input type="checkbox"/> 476 PERITONSILLAR ABSCESS	<input type="checkbox"/> 33700 CARDIOTYDIA
<input type="checkbox"/> 87202 ACUTE CANAL LACERATION	<input type="checkbox"/> 892 FOREIGN BODY, NOSE	<input type="checkbox"/> 30072 PHANTOM LUMP	<input type="checkbox"/> 6820 CELLULITIS, FACE
<input type="checkbox"/> 38531 ATTIC RETRAC W/CHOLESTEATOMA	<input type="checkbox"/> 8020 FRACTURE NASAL BONE (CLOSED)	<input type="checkbox"/> 482 PHARYNGITIS (ACUTE)	<input type="checkbox"/> 70927 FACIAL COSMETIC DEFORM
<input type="checkbox"/> 38589 ATTIC RETRAC W/O CHOLESTEATOMA	<input type="checkbox"/> 4780 HYPERTROPHIC TURBINATES	<input type="checkbox"/> 47824 RETROPHARYNGEAL ABSCESS	<input type="checkbox"/> 70191 FACIAL FLACID ATROPHY, ACQU
<input type="checkbox"/> 74402 AURAL ATRESIA CONGENITAL	<input type="checkbox"/> 8732 LACERATIONS, NASAL	<input type="checkbox"/> 5272 SALIVADENITIS	<input type="checkbox"/> 70190 FACIAL FLACID ATROPHY C
<input type="checkbox"/> 74408 AURAL ATRESIA ACQUIRED	<input type="checkbox"/> 7380 NASAL DEFORMITY, ACQUIRED	<input type="checkbox"/> 5275 SALIVOLITHIASIS	<input type="checkbox"/> 68093 FURUNCLE
<input type="checkbox"/> 9930 BAROTRAUMA, OTIC	<input type="checkbox"/> 7481 NASAL DEFORMITY, CONGENITAL	<input type="checkbox"/> 2104 SQUAMOUS PAPILLOMA-ORAL CAV	<input type="checkbox"/> 8022 FX, MANDIBLE
<input type="checkbox"/> 38611 BENIGN PAROXYSMAL POSIT VERTIGO	<input type="checkbox"/> 471 NASAL POLYP	<input type="checkbox"/> 5280 STOMATITIS	<input type="checkbox"/> 8024 FX, MAXILLA
<input type="checkbox"/> 38401 BULLOUS MYRINGITIS	<input type="checkbox"/> 47810 NASAL SEPTAL ABSCESS	<input type="checkbox"/> 47481 TONSILLAR TAG	<input type="checkbox"/> 346 HEADACHE, MIGRAINE
<input type="checkbox"/> 38010 CELLULITIS, EAR	<input type="checkbox"/> 9200 NASAL SEPTAL HEMATOMA	<input type="checkbox"/> 463 TONSILLITIS (ACUTE)	<input type="checkbox"/> 3468 HEADACHE, RHINOGENIC SI
<input type="checkbox"/> 3804 CERUMEN, IMPACTED	<input type="checkbox"/> 47380 POSTNASAL DRAINAGE	<input type="checkbox"/> 4741 TONSILS/ADENIDS-HYPERTROPHY	<input type="checkbox"/> 30781 HEADACHE, TENSION
<input type="checkbox"/> 38530 CHOLESTEATOMA (UNSPEC)	<input type="checkbox"/> 9981 POSTOP HEMORRHAGE	<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/> 5533 HIATAL HERNIA
<input type="checkbox"/> 7443 CONGENITAL MALFORMATIONS, EAR	<input type="checkbox"/> 477 RHINITIS, ALLERGIC	<input type="checkbox"/> 4641 TRACHEITIS	<input type="checkbox"/> 75602 HYPERTELORISM
<input type="checkbox"/> 74403 CONGENITAL MIDDLE EAR DEFORMITY	<input type="checkbox"/> 47203 RHINITIS, MEDICAMENTOSA	<input type="checkbox"/> 4785 VOCAL CORD NODULES	<input type="checkbox"/> 075 INFECTIOUS MONONUCLEOS
<input type="checkbox"/> 74428 CONGENITAL PROTRUD EAR (LOP EAR)	<input type="checkbox"/> 47202 RHINITIS, SICCA	<input type="checkbox"/> 21211 VOCAL CORD PAPILLOMA	<input type="checkbox"/> 7014 KELOID
<input type="checkbox"/> 38181 EUSTACHIAN TUBE DYSFUNCTION	<input type="checkbox"/> 47791 RHINITIS, VASOMOTOR	<input type="checkbox"/> 4783 VOCAL CORD PARALYSIS	<input type="checkbox"/> 2141 LIPOMA (SKIN)
<input type="checkbox"/> 931 FOREIGN BODY, EAR	<input type="checkbox"/> 69531 RHINOPHYMA	<input type="checkbox"/> 47836 VOCAL CORD PARALYSIS, CHRONIC	<input type="checkbox"/> 7856 LYMPHADENOPATHY
<input type="checkbox"/> 3890 HEARING LOSS, CONDUCTIVE	<input type="checkbox"/> 47812 SEPTAL PERFORATIONS	<input type="checkbox"/> 47835 VOCAL CORD PARALYSIS, IATROGENIC	<input type="checkbox"/> 9108 MAXILLOFACIAL TRAUMA
<input type="checkbox"/> 3899 HEARING LOSS, DEAFNESS, NOS	<input type="checkbox"/> 4812 SINUSITIS, ETHMOIDAL, ACUTE	<input type="checkbox"/> 95905 VOCAL CORD PARALYSIS, TRAUMATIC/ACUTE	<input type="checkbox"/> 3510 PARALYSIS, BELL'S
<input type="checkbox"/> 3892 HEARING LOSS, MIXED	<input type="checkbox"/> 4732 SINUSITIS, ETHMOIDAL, CHRONIC	<input type="checkbox"/> 4784 VOCAL CORD POLYPS	<input type="checkbox"/> 05311 PARALYSIS, RAMSAY HUNT SY
<input type="checkbox"/> 3891 HEARING LOSS, SENSORINEURAL	<input type="checkbox"/> 4611 SINUSITIS, FRONTAL, ACUTE	<input type="checkbox"/> 6821 CELLULITIS, NECK	<input type="checkbox"/> 95790 PARALYSIS, TRAUMATIC, N
<input type="checkbox"/> 05371 HERPES ZOSTER OTITIS	<input type="checkbox"/> 4731 SINUSITIS, FRONTAL, CHRONIC	<input type="checkbox"/> 7210 CERVICAL ARTHRITIS	<input type="checkbox"/> 52721 PAROTITIS, ACUTE
<input type="checkbox"/> 3864 LABYRINTHINE FISTULA	<input type="checkbox"/> 4610 SINUSITIS, MAXILLARY, ACUTE	<input type="checkbox"/> 78421 CYSTIC MASS IN NECK	<input type="checkbox"/> 52722 PAROTITIS, CHRONIC
<input type="checkbox"/> 3863 LABYRINTHITIS	<input type="checkbox"/> 4730 SINUSITIS, MAXILLARY, CHRONIC	<input type="checkbox"/> 2276 GLOMUS JUGULARE	<input type="checkbox"/> 70185 PERIODAL RHYTIDOSIS
<input type="checkbox"/> 38300 MASTOIDITIS, ACUTE	<input type="checkbox"/> 4618 SINUSITIS/PANSINUSITIS, ACUTE	<input type="checkbox"/> 78422 MASS IN NECK	<input type="checkbox"/> 75601 PSEUDOXYTELORISM
<input type="checkbox"/> 3831 MASTOIDITIS, CHRONIC	<input type="checkbox"/> 4738 SINUSITIS/PANSINUSITIS, CHRONIC	<input type="checkbox"/> 21501 NEUROMA, NECK	<input type="checkbox"/> 37435 PTOSIS, BROW
<input type="checkbox"/> 38391 MASTOIDITIS, COALESCENT	<input type="checkbox"/> 87320 TRAUMATIC NASAL INJURY, OPEN	<input type="checkbox"/> 95901 TRAUMA NECK W/ORGAN INVOLV	<input type="checkbox"/> 37430 PTOSIS, EYELID, UNSPEC
<input type="checkbox"/> 3832 MASTOIDITIS, OSTEOMASTOIDITIS	<input type="checkbox"/> 4659 UPPER RESPIRATORY INFECTION	<input type="checkbox"/> 95902 TRAUMA NECK W/O ORGAN INVOLV	<input type="checkbox"/> 52410 RETROGNATHISM
<input type="checkbox"/> 3839 MASTOIDITIS, UNSPEC	<input type="checkbox"/> 4843 ACUTE EPIGLOTTITIS	<input type="checkbox"/> 7582 THYROIDGLAND DUCT CYST	<input type="checkbox"/> 690 SEBORRHEIC DERMATITIS
<input type="checkbox"/> 3860 MENIERE'S SYNDROME	<input type="checkbox"/> 4631 ADENOTONSILLITIS, ACUTE	<input type="checkbox"/> 24621 THYROID MASS	<input type="checkbox"/> 5246 TMJ SYNDROME
<input type="checkbox"/> 3802 OTITIS EXTERNA	<input type="checkbox"/> 2107 ANGIOFIBROMA, NASOPHARYNGEAL	<input type="checkbox"/> 17000 EAR, TEMPORAL BONE CARCINOMA	<input type="checkbox"/> 70623 TORRE SYNDROME
<input type="checkbox"/> 38014 OTITIS EXTERNA, MALIGNANT	<input type="checkbox"/> 5282 APHTHOUS ULCER	<input type="checkbox"/> 1509 ESOPHAGUS	<input type="checkbox"/> V655 NO PROBLEM NOTED
<input type="checkbox"/> 3829 OTITIS MEDIA, ACUTE	<input type="checkbox"/> 490 BRONCHITIS	<input type="checkbox"/> 1489 HYPOPHARYNX	
<input type="checkbox"/> 3851 OTITIS MEDIA, ADHESIVE	<input type="checkbox"/> 1129 CANDIDIASIS	<input type="checkbox"/> 1619 LARYNX	
<input type="checkbox"/> 38110 OTITIS MEDIA, CHRONIC, SEROUS	<input type="checkbox"/> 98391 CAUSTIC/ACID INGESTIONS	<input type="checkbox"/> 1409 LIP	
<input type="checkbox"/> 3823 OTITIS MEDIA, CHRONIC, SUPPUR	<input type="checkbox"/> 4644 CROUP	<input type="checkbox"/> 1479 NASOPHARYNX	
<input type="checkbox"/> 3812 OTITIS MEDIA, MUCOID	<input type="checkbox"/> 47827 CYST, HYPOPHARYNX	<input type="checkbox"/> 1950 NECK, FACE, HEAD	
<input type="checkbox"/> 38860 OTORRHEA	<input type="checkbox"/> 47826 CYST, NASOPHARYNX	<input type="checkbox"/> 19883 NECK, HEAD METASTASIS	
<input type="checkbox"/> 3879 OTOSPONGIOSIS	<input type="checkbox"/> 5284 CYST, ORAL CAVITY	<input type="checkbox"/> 19501 NOSE	
<input type="checkbox"/> 38426 PERF TYMP MEMB NONTRAUMATIC	<input type="checkbox"/> 5278 CYST, RANULA	<input type="checkbox"/> 1459 ORAL CAVITY	
<input type="checkbox"/> 87261 PERF TYMP MEMB TRAUMATIC	<input type="checkbox"/> 47480 CYST, TONSIL	<input type="checkbox"/> 1469 DROPHARYNX	
<input type="checkbox"/> 3800 PERICHRONDRIITIS, AURICLE	<input type="checkbox"/> 5303 ESOPHAGEAL STRICTURE	<input type="checkbox"/> 1456 RETROMOLAR TRIGONE	
<input type="checkbox"/> 73399 POLYCHRONDRITIS	<input type="checkbox"/> 5301 ESOPHAGITIS	<input type="checkbox"/> 1429 SALIVARY GLANDS	
<input type="checkbox"/> 38503 TYMPANOSCLEROSIS W/MID EAR INV	<input type="checkbox"/> 9351 FOREIGN BODY, ESOPHAGUS	<input type="checkbox"/> 1609 SINUS	
<input type="checkbox"/> 38501 TYMPANOSCLEROSIS W/O MID EAR INV	<input type="checkbox"/> 9331 FOREIGN BODY, LARYNX	<input type="checkbox"/> 173 SKIN	
<input type="checkbox"/> 3869 VERTIGENOUS SYNDROME	<input type="checkbox"/> 9340 FOREIGN BODY, TRACHEA	<input type="checkbox"/> 141 TONGUE	
<input type="checkbox"/> 78042 VERTIGO	<input type="checkbox"/> 0542 GINGIVOSTOMATITIS, HERPETIC	<input type="checkbox"/> 1460 TONSIL	
<input type="checkbox"/> 38612 VESTIBULAR NEURITIS	<input type="checkbox"/> 7863 HEMOPTYSIS	<input type="checkbox"/> 4789 GRANULOMATA (THROAT)	
<input type="checkbox"/> 38642 WINDOW FISTULA, OVAL	<input type="checkbox"/> 21210 LARYNGEAL PAPILLOMA	<input type="checkbox"/> 38000 PERICHRONDRIITIS OF PHNA	
<input type="checkbox"/> 38641 WINDOW FISTULA, ROUND	<input type="checkbox"/> 4840 LARYNGITIS, ACUTE	<input type="checkbox"/> 70622 SEBACEOUS CYST	
<input type="checkbox"/> 7480 CHOANAL ATRESIA	<input type="checkbox"/> 4780 LARYNGITIS, CHRONIC	<input type="checkbox"/> 0781 VIRAL WART	
<input type="checkbox"/> 7540 DEVIATED SEPTUM, CONGENITAL	<input type="checkbox"/> 47879 LEUKOPLAKIA (LARYNX)		
	<input type="checkbox"/> 75921 LINGUAL THYROID		

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
V 0 0 0 0 0 0	V 0 0 0 0 0 0
1 1 1 1 1 1	1 1 1 1 1 1
5 2 2 2 2 2	5 2 2 2 2 2
3 3 3 3 3 3	3 3 3 3 3 3
4 4 4 4 4 4	4 4 4 4 4 4
6 5 5 5 5 5	6 5 5 5 5 5
7 7 7 7 7 7	7 7 7 7 7 7
8 8 8 8 8 8	8 8 8 8 8 8
9 9 9 9 9 9	9 9 9 9 9 9

GASTROENTEROLOGY PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury
 follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
 1 2 3 4 5
 6 7 8 9 +

PRESCRIPTIONS
 1 2 3 4 5
 6 7 8 9 +

X RAYS
 Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER
 Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PATIENT INFORMATION

DATE OF BIRTH

DAY	MONTH	YEAR
1	1	0
2	2	1
3	3	2
4	4	3
5	5	4
6	6	5
7	7	6
8	8	7
9	9	8
0	0	9

SPONSOR'S SSN

0	1	2	3	4	5	6	7	8	9
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT INFORMATION

PROV	DAY	MONTH	BIRTHDATE
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

000318

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 91085 BREATH HYDROGEN ANALYSIS
- ESOPHAGOSCOPY**
- 43202 W/BIOPSY/CYTOLOGY
- 43220 W/DILATION OF STRICTURE
- 43215 W/FOREIGN BODY REMOVAL
- 43204 W/SCLEROTHERAPY OF VARICES
- 43200 DIAGNOSTIC
- ESOPHAGOGASTRODUODENOSCOPY**
- 43246 W/BALLOON DILATION-PYLORUS
- 43230 W/BIOPSY/CYTOLOGY
- 43251 W/POLYPECTOMY
- DUODENOSCOPY**
- 43260 W/BILIARY STENT PLACEMENT
- 43265 W/CANNULATION-AMPULLA OF VATER
- 43260 W/CONTRAST INJECT-EITHER PANCREATIC OR BILE DUCT
- 43281 W/CONTRAST INJECT-BOTH PANCREATIC & BILE DUCT
- 43262 W/PAPILLO TOMY

- COLONOSCOPY BEYOND 25CM & BELOW SPLENIC FLEXURE**
- 45366 W/BIOPSY
- 45370 W/POLYPECTOMY
- 45373 W/POLYPECTOMY, MULT
- 45330 FLEXIBLE SIGMOIDOSCOPY
- COLONOSCOPY BEYOND SPLENIC FLEXURE**
- 45380 W/BIOPSY
- 45386 W/POLYPECTOMY
- 45387 W/POLYPECTOMY, MULTIPLE
- 44381 ENDOSCOPY W/BIOPSY, SMALL BOWEL
- 45306 PROCTOSCOPY, RIGID W/BIOPSY
- LAPAROSCOPY**
- 49304 W/LIVER BIOPSY
- 49301 W/PERITONEAL BIOPSY
- 47000 LIVER BIOPSY, PERCUTANEOUS
- 49080 PARACENTESIS, ABDOMINAL

- ESOPHAGEAL DILATION**
- 43455 W/BALLOON (STARK DILATOR)
- 43452 W/MERCURY WEIGHTED BOUGIE
- 43453 W/METAL OLIVE
- 81030 ESOPH ACID INFUS-BERNSTEIN TST
- 81012 ESOPH MOTILITY
- 81033 ESOPH PH MONITORING, PROLONGED
- 43460 ESOPH TAMPONADE W/BALLOON
- GASTRIC ANALYSIS**
- 81052 W/PENTAGASTRIN
- 81053 W/SHAM FEEDING
- 89100 DUODENAL DRAINAGE
- 89101 SECRETIN TEST

1					2				
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

- ACHALASIA**
- 5300
- 53051 MOTOR DISORDER NON-SPECIFIC
- 5303 ESOPHAGEAL RING
- 4581 ESOPHAGEAL VARICES
- ESOPHAGITIS**
- 53012 CAUSTIC
- 53010 INFECTIOUS
- 5301 REFLUX
- 5307 HEMORRHAGE, MALLORY/WEISS TEAR
- 5533 HIATAL HERNIA
- NEOPLASM**
- 2110 BENIGN
- 1509 MALIGNANT
- 5378 STRICTURE, PEPTIC

- 5559 CROHN'S DISEASE
- 5620 DIVERTICULUM
- 5789 MALABSORPTION DISORDER
- 56490 MOTILITY DISORDER
- NEOPLASM**
- 21121 BENIGN
- 152 MALIGNANT
- 5801 PARALYTIC ILEUS
- 0093 PRESUMED INFECTION DISEASE
- 0090 PROVEN INFECTION DISEASE
- 5650 ANAL FISSURE
- 5851 ANAL FISTULA
- 6980 PURITIS, ANI
- COLITIS**
- 0091 INFECTIOUS (PRESUMED)
- 00901 INFECTIOUS (PROVEN)
- 5561 ULCERATIVE, IDIOPATHIC
- 5551 CROHN'S
- 56211 DIVERTICULITIS
- 56210 DIVERTICULOSIS
- 4556 HEMORRHOIDS
- 5641 IRRITABLE BOWEL SYNDROME
- 2113 NEOPLASM, BENIGN (POLYP)
- 2303 CARCINOMA IN-SITU
- NEOPLASM, MALIGNANT**
- 1541 RECTUM
- 1533 SIGMOID COLON
- 1532 DESCENDING COLON
- 1531 TRANSVERSE COLON
- 1538 ASCENDING COLON
- 1534 CECUM
- 1535 APPENDIX
- 56948 PROCTITIS

- NEOPLASM, MALIGNANT**
- 1670 HEAD
- 1671 BODY
- 1572 TAIL
- 1573 PANCREATIC DUCT
- 1574 ISLETS OF LANGERHANS
- 1578 OTHER SPEC SITE, PANCREAS
- 1579 PANCREAS, PART UNSPEC
- 57781 PANCREATIC INSUFFICIENCY
- PANCREATITIS**
- 5770 ACUTE
- 5771 CHRONIC
- 5772 W/PSEUDOCYST/COMPLICATION
- BILIARY TRACT**
- CHOLANGITIS**
- 57610 ACUTE
- 57611 CHRONIC SCLEROSING
- CHOLECYSTITIS**
- 5750 ACUTE
- 57510 CHRONIC
- 5745 CHOLEDOCHOLITHIASIS
- 23903 NEOPLASM
- 5769 OTHER DISORDER, BILIARY TRACT

- 27741 BILIRUBIN METABOLISM, ABN
- CIRRHOSIS**
- 5712 ALCOHOLIC CIRRHOSIS
- 5710 ALCOHOLIC FATTY LIVER
- 5716 PRIMARY BILIARY
- 45620 W/BLEEDING VARICES
- 5723 W/PORTAL HYPERTENSION/ASCITES
- 5715 OTHER
- 5718 FATTY LIVER W/O ALCOHOL
- 57221 HEPATIC ENCEPHALOPATHY
- 5701 HEPATIC FAILURE, ACUTE
- V0171 HEPATITIS EXPOSURE
- 5724 HEPATORENAL SYNDROME
- HEPATITIS, ACUTE**
- 0701 VIRAL, TYPE A
- 0703 VIRAL, TYPE B
- 0705 VIRAL, NON-A/NON-B
- 5711 ALCOHOLIC
- 57332 TOXIC
- 070 VIRAL NOS
- HEPATITIS, CHRONIC**
- 57141 PERSISTENT
- 57142 ACTIVE, VIRAL
- 57331 ACTIVE, DRUG INDUCED
- NEOPLASM**
- 2115 BENIGN
- 1977 MALIGNANT, METASTATIC
- 1550 MALIGNANT, PRIMARY
- 5739 OTHER, LIVER DIS
- V655 NO PROBLEM NOTED

- STOMACH**
- 5356 DUODENITIS
- 53561 DUODENITIS W/HEMORRHAGE
- 5350 GASTRITIS
- 53501 GASTRITIS W/HEMORRHAGE
- 5780 HEMATEMESIS
- 5781 MELENA
- NEOPLASM**
- 2111 BENIGN
- 1519 MALIGNANT
- 5642 POST-GASTRECTOMY SYNDROME
- 53680 STASIS/RETENTION
- 532 DUODENAL ULCER
- 5324 W/HEMORRHAGE
- 53291 W/OBSTRUCTION
- 5325 W/PERFORATION
- 531 GASTRIC ULCER
- 5314 W/HEMORRHAGE
- 5315 W/PERFORATION
- 57895 OCCULT BLEEDING, GI
- 57894 VASCULAR ANOMALY W/HEMORRHAGE
- 5369 OTHER STOMACH DISORDERS

- 5559 CROHN'S DISEASE
- 5620 DIVERTICULUM
- 5789 MALABSORPTION DISORDER
- 56490 MOTILITY DISORDER
- NEOPLASM**
- 21121 BENIGN
- 152 MALIGNANT
- 5801 PARALYTIC ILEUS
- 0093 PRESUMED INFECTION DISEASE
- 0090 PROVEN INFECTION DISEASE
- 5650 ANAL FISSURE
- 5851 ANAL FISTULA
- 6980 PURITIS, ANI
- COLITIS**
- 0091 INFECTIOUS (PRESUMED)
- 00901 INFECTIOUS (PROVEN)
- 5561 ULCERATIVE, IDIOPATHIC
- 5551 CROHN'S
- 56211 DIVERTICULITIS
- 56210 DIVERTICULOSIS
- 4556 HEMORRHOIDS
- 5641 IRRITABLE BOWEL SYNDROME
- 2113 NEOPLASM, BENIGN (POLYP)
- 2303 CARCINOMA IN-SITU
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- 1533 SIGMOID COLON
- 1532 DESCENDING COLON
- 1531 TRANSVERSE COLON
- 1538 ASCENDING COLON
- 1534 CECUM
- 1535 APPENDIX
- 56948 PROCTITIS

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- 1670 HEAD
- 1671 BODY
- 1572 TAIL
- 1573 PANCREATIC DUCT
- 1574 ISLETS OF LANGERHANS
- 1578 OTHER SPEC SITE, PANCREAS
- 1579 PANCREAS, PART UNSPEC
- 57781 PANCREATIC INSUFFICIENCY
- PANCREATITIS**
- 5770 ACUTE
- 5771 CHRONIC
- 5772 W/PSEUDOCYST/COMPLICATION
- BILIARY TRACT**
- CHOLANGITIS**
- 57610 ACUTE
- 57611 CHRONIC SCLEROSING
- CHOLECYSTITIS**
- 5750 ACUTE
- 57510 CHRONIC
- 5745 CHOLEDOCHOLITHIASIS
- 23903 NEOPLASM
- 5769 OTHER DISORDER, BILIARY TRACT

- 27741 BILIRUBIN METABOLISM, ABN
- CIRRHOSIS**
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- 5710 ALCOHOLIC FATTY LIVER
- 5716 PRIMARY BILIARY
- 45620 W/BLEEDING VARICES
- 5723 W/PORTAL HYPERTENSION/ASCITES
- 5715 OTHER
- 5718 FATTY LIVER W/O ALCOHOL
- 57221 HEPATIC ENCEPHALOPATHY
- 5701 HEPATIC FAILURE, ACUTE
- V0171 HEPATITIS EXPOSURE
- 5724 HEPATORENAL SYNDROME
- HEPATITIS, ACUTE**
- 0701 VIRAL, TYPE A
- 0703 VIRAL, TYPE B
- 0705 VIRAL, NON-A/NON-B
- 5711 ALCOHOLIC
- 57332 TOXIC
- 070 VIRAL NOS
- HEPATITIS, CHRONIC**
- 57141 PERSISTENT
- 57142 ACTIVE, VIRAL
- 57331 ACTIVE, DRUG INDUCED
- NEOPLASM**
- 2115 BENIGN
- 1977 MALIGNANT, METASTATIC
- 1550 MALIGNANT, PRIMARY
- 5739 OTHER, LIVER DIS
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOO DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

EVALUATION / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
<input type="checkbox"/> 20601 ARTHROCENTESIS	<input type="checkbox"/> 45300 PROCTOSCOPY/SIGMOID	<input type="checkbox"/> 80085 EXAM, PHYS MIL, INCL RETIREMENT	<input type="checkbox"/> 80024 EXAM, GENERAL MEDICAL FLIGHT PHYSICAL
<input type="checkbox"/> 11100 BIOPSY	<input type="checkbox"/> 80700 SHOT RECORD REVIEW	<input type="checkbox"/> 80081 1/1A	<input type="checkbox"/> 80083 CLASS 2&3 TYPE B
<input type="checkbox"/> 20220 BIOPSY, BONE/MARROW	<input type="checkbox"/> 84010 SPIROMETRY	<input type="checkbox"/> 80084 INTERIM CLASS 2&3/FAA3	<input type="checkbox"/> 80025 PAP & PELVIC
<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 83015 STRESS TEST (TREADMILL)	<input type="checkbox"/> 80019 RTN WORK	<input type="checkbox"/> 80014 SCREENING, HEARING EVAL
<input type="checkbox"/> 69212 EAR IRRIGATION	<input type="checkbox"/> 86580 TB SKIN TEST, INTRADERM (ADMM)	<input type="checkbox"/> 80003 VISUAL ACUITY	
<input type="checkbox"/> 93000 EKG W/INTERPRETATION	<input type="checkbox"/> 86582 TB TEST (READ)		
<input type="checkbox"/> 82270 HEMOCULT	<input type="checkbox"/> 89076 TEACHING (BREAST SELF EXAM)		
<input type="checkbox"/> 10660 I&D	<input type="checkbox"/> 89077 TEACHING (SELF TESTICULAR EXAM)		
<input type="checkbox"/> 90720 IMMUNIZATIONS	<input type="checkbox"/> 89083 TEACHING (OTHER)		
<input type="checkbox"/> 80745 INJECTION/OBSERV	<input type="checkbox"/> 87006 THROAT CULTURE		
<input type="checkbox"/> 87220 KDM	<input type="checkbox"/> 81000 URINALYSIS (DP & SPN)		
<input type="checkbox"/> 89190 NASAL SMEAR	<input type="checkbox"/> 87204 VAGINAL SMEAR		
<input type="checkbox"/> 89157 NURSE PATIENT COUNSELING	<input type="checkbox"/> 87218 WET MOUNT		
<input type="checkbox"/> 90030 PRESCRIPTION REFILL W/O EXAM			

EVALUATION / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES	
<input type="checkbox"/> 7061 ACNE	<input type="checkbox"/> 4280 HEART FAILURE	<input type="checkbox"/> 601 PROSTATITIS	<input type="checkbox"/> 3019 PERSONALITY DISORDER
<input type="checkbox"/> 691 ATOPIC DERMATITIS	<input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL	<input type="checkbox"/> 7910 PROTEINURIA	<input type="checkbox"/> 2900 SENILE DEMENTIA
<input type="checkbox"/> 68092 CARBUNCLE, FURUNCLE	<input type="checkbox"/> 402 HYPERTENSION W/CARDIOVAS DIS	<input type="checkbox"/> 585 RENAL FAILURE, CHRONIC	<input type="checkbox"/> 3099 SITUATIONAL ADJUSTMENT REACTION
<input type="checkbox"/> 1129 CANDIDIASIS, NOS	<input type="checkbox"/> 42403 MITRAL VALVE PROLAPSE	<input type="checkbox"/> 60888 SCROTAL MASS	<input type="checkbox"/> 78053 SLEEP APNEA
<input type="checkbox"/> 682 CELLULITIS/ABSCESS	<input type="checkbox"/> 7851 PALPITATIONS	<input type="checkbox"/> 0999 SEX TRANSM DISEASE (UNSPEC)	<input type="checkbox"/> 30590 SUBSTANCE ABUSE
<input type="checkbox"/> 692 CONTACT DERMATITIS	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE	<input type="checkbox"/> 1310 TRICHOMONIASIS	ENDOCRINE/METABOLIC
<input type="checkbox"/> 700 CORNS/CALLOSITIES	<input type="checkbox"/> 39890 RHD (UNSPEC)	<input type="checkbox"/> 5929 URINARY CALCULUS, UNSPEC	<input type="checkbox"/> 6260 AMENORRHEA
<input type="checkbox"/> 1119 DERMATOMYCOSES	<input type="checkbox"/> 42490 OTHER VALVULAR DISEASE	<input type="checkbox"/> 5990 URINARY TRACT INFECTION	<input type="checkbox"/> 25001 DIABETES MELLITUS-TYPE I (ID)
<input type="checkbox"/> 9952 DRUG HYPERSENSITIVITY/ADV REACT	<input type="checkbox"/> 7890 ABDOMINAL PAIN	<input type="checkbox"/> 1122 UROGENITAL CANDIDIASIS	<input type="checkbox"/> 25000 DIABETES MELLITUS-TYPE II (MID)
<input type="checkbox"/> 68611 GRANULOMA, NOS	<input type="checkbox"/> 6650 ANAL FISSURE	<input type="checkbox"/> 6235 VAGINAL DISCHARGE	<input type="checkbox"/> 24091 GOITER
<input type="checkbox"/> 0539 HERPES ZOSTER	<input type="checkbox"/> 1540 CANCER, COLON W/RECTUM	EXTRINSIC	<input type="checkbox"/> 274 GOUT
<input type="checkbox"/> 78562 LYMPHADENOPATHY, INGUINAL	<input type="checkbox"/> 1519 CANCER, GASTRIC	<input type="checkbox"/> 7194 ARTHRALGIA	<input type="checkbox"/> 2420 GRAVES' DISEASE/HYPERTHYROID
<input type="checkbox"/> 6918 NEURODERMATITIS	<input type="checkbox"/> 1852 CANCER, OTHER ABD	<input type="checkbox"/> 7245 BACK PAIN	<input type="checkbox"/> 2724 HYPERLIPIDEMIA
<input type="checkbox"/> 6988 PRURITIS	<input type="checkbox"/> 5750 CHOLECYSTITIS, ACUTE	<input type="checkbox"/> 7273 BURSTITIS	<input type="checkbox"/> 2520 HYPERPARATHYROIDISM
<input type="checkbox"/> 696 PSORIASIS	<input type="checkbox"/> 5742 CHOLELITHIASIS	<input type="checkbox"/> 7109 COLLAGEN DISEASE, UNSPEC	<input type="checkbox"/> 79061 HYPERURICEMIA
<input type="checkbox"/> 7821 RASHES, OTHER	<input type="checkbox"/> 5559 CROHN'S DISEASE	<input type="checkbox"/> 71590 DEGENERATIVE JOINT DISEASE	<input type="checkbox"/> 2512 HYPOGLYCEMIA
<input type="checkbox"/> 708 URTICARIA	<input type="checkbox"/> 5712 CIRRHOSIS, ALCOHOLIC	<input type="checkbox"/> 7823 EDEMA	<input type="checkbox"/> 2521 HYPOPARATHYROIDISM
FAST TRACK	<input type="checkbox"/> 5715 CIRRHOSIS (LIVER W/O ALCOHOL)	<input type="checkbox"/> 7290 FIBROSITIS	<input type="checkbox"/> 2449 HYPOTHYROIDISM
<input type="checkbox"/> 3883 ACUTE LABYRINTHITIS	<input type="checkbox"/> 5640 CONSTIPATION	<input type="checkbox"/> 71946 KNEE PAIN	<input type="checkbox"/> 30278 IMPOTENCE, NON ORGANIC
<input type="checkbox"/> 462 ACUTE PHARYNGITIS	<input type="checkbox"/> 55891 DIARRHEA	<input type="checkbox"/> 7291 MYALGIA	<input type="checkbox"/> 60784 IMPOTENCE, ORGANIC
<input type="checkbox"/> 461 ACUTE SINUSITIS	<input type="checkbox"/> 56210 DIVERTICULOSIS	<input type="checkbox"/> 451 PHLEBITIS (UNSPEC)	<input type="checkbox"/> 628 INFERTILITY (FEMALE)
<input type="checkbox"/> 477 ALLERGIC RHINITIS (HAY FEVER)	<input type="checkbox"/> 7872 DYSPHAGIA	<input type="checkbox"/> 7234 RADICULITIS, CERVICAL	<input type="checkbox"/> 606 INFERTILITY (MALE)
<input type="checkbox"/> 7862 COUGH	<input type="checkbox"/> 5533 ESOPHAGEAL/HIATUS HERNIA	<input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS	<input type="checkbox"/> 2780 OBESITY
<input type="checkbox"/> 37230 CONJUNCTIVITIS	<input type="checkbox"/> 5369 FUNCTIONAL DISORDER STOMACH	<input type="checkbox"/> 7243 SCIATICA	<input type="checkbox"/> 2410 THYROID NODULE
<input type="checkbox"/> 7847 EPISTAXIS	<input type="checkbox"/> 55890 GASTROENTERITIS	<input type="checkbox"/> 7101 SCLERODERMA	GENERAL
<input type="checkbox"/> 3899 HEARING LOSS	<input type="checkbox"/> 5780 HEMATEMESIS	<input type="checkbox"/> 71941 SHOULDER PAIN	<input type="checkbox"/> 7599 CONGENITAL ANOMALY (UNSPEC)
<input type="checkbox"/> 3801 OTITIS EXTERNA	<input type="checkbox"/> 4556 HEMORRHOID W/O COMPLICATIONS	<input type="checkbox"/> 7100 SYSTEMIC LUPUS ERYTHEMATOSIS	<input type="checkbox"/> 7807 FATIGUE/MALaise
<input type="checkbox"/> 3829 OTITIS MEDIA	<input type="checkbox"/> 0701 HEPATITIS A	<input type="checkbox"/> 45981 VENOUS INSUFFICIENCY-PERIPH	<input type="checkbox"/> 7806 FEVER
<input type="checkbox"/> 36791 REFRACTIVE ERROR	<input type="checkbox"/> 0703 HEPATITIS B	NEURO	<input type="checkbox"/> 075 IMMUNIZATION
<input type="checkbox"/> 0340 STREP THROAT	<input type="checkbox"/> 0705 HEPATITIS NON A NON B	<input type="checkbox"/> 3419 DEMYELINATING/DEGENERATION DIS	<input type="checkbox"/> 075 INFECTIOUS MONO
<input type="checkbox"/> 4659 URI	<input type="checkbox"/> 5714 HEPATITIS, CHRONIC	<input type="checkbox"/> HEADACHE	<input type="checkbox"/> V700 MEDICAL EXAM
FAST TRACK	<input type="checkbox"/> 5733 HEPATITIS, NON INFECTIOUS	<input type="checkbox"/> 346 MIGRAINE	<input type="checkbox"/> 30510 SMOKING EXCESS
<input type="checkbox"/> 7859 BRUIT	<input type="checkbox"/> 55380 HERNIA, ABDOMINAL	<input type="checkbox"/> 78401 MUSCULOSKELETAL	<input type="checkbox"/> 7832 WEIGHT LOSS
<input type="checkbox"/> 7231 CERVICAL PAIN	<input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME	<input type="checkbox"/> 30781 TENSION	LABORATORY ABNORMALITY
<input type="checkbox"/> 78561 CERVICAL LYMPHADENOPATHY	<input type="checkbox"/> 5739 LIVER DYSFUNCTION, OTHER	<input type="checkbox"/> 7840 OTHER (UNSPEC)	<input type="checkbox"/> 79431 ABNORMAL EKG
FAST TRACK	<input type="checkbox"/> 7893 MASS, ABDOMINAL	<input type="checkbox"/> 78201 PARESTHESIA	<input type="checkbox"/> 796 ABNORMAL LAB
<input type="checkbox"/> 2172 FIBROADENOMA	<input type="checkbox"/> 5781 MELENA	<input type="checkbox"/> 332 PARKINSON'S DISEASE	<input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY
<input type="checkbox"/> 61011 FIBROCYSTIC DISEASE	<input type="checkbox"/> 7870 NAUSEA/VOMITING	<input type="checkbox"/> 3569 PERIPHERAL NEUROPATHY	<input type="checkbox"/> 2826 ANEMIA, SICKLE CELL
<input type="checkbox"/> 1749 MALIGNANT NEOPLASM, FEMALE	<input type="checkbox"/> 57895 OCCULT GI BLEEDING	<input type="checkbox"/> 7803 SEIZURE DISORDER, NOS	<input type="checkbox"/> 285 ANEMIA, UNSPEC
<input type="checkbox"/> 1759 MALIGNANT NEOPLASM, MALE	<input type="checkbox"/> 5779 PANCREATIC DISEASE	<input type="checkbox"/> 436 STROKE/HEMIPARESIS(CVA)	
<input type="checkbox"/> 61179 NIPPLE DISCHARGE	<input type="checkbox"/> 129 PARASITES, INTESTINE NOS	<input type="checkbox"/> 4359 TIA	
<input type="checkbox"/> 6119 OTHER BREAST DISEASE	<input type="checkbox"/> 532 ULCER-DUODENAL	<input type="checkbox"/> 7810 TREMOR	<input type="checkbox"/> V655 NO PROBLEM NOTED
FAST TRACK	<input type="checkbox"/> 531 ULCER-GASTRIC	PSYCHIATRIC/SOCIAL	
<input type="checkbox"/> 4660 ACUTE BRONCHITIS	<input type="checkbox"/> 5581 ULCERATIVE COLITIS	<input type="checkbox"/> 30500 ALCOHOL ABUSE	
<input type="checkbox"/> 493 ASTHMA	FAST TRACK	<input type="checkbox"/> 29100 ALCOHOL WITHDRAWAL	
<input type="checkbox"/> 494 BRONCHIECTASIS	<input type="checkbox"/> 7850 ABNORMAL PAP SMEAR	<input type="checkbox"/> 3000 ANXIETY DISORDER	
<input type="checkbox"/> 78652 CHEST WALL PAIN, NOS	<input type="checkbox"/> 600 BENIGN PROSTATIC HYPERTROPHY	<input type="checkbox"/> 311 DEPRESSION	
<input type="checkbox"/> 496 COPD	<input type="checkbox"/> V2509 CONTRACEPTIVE GUIDANCE	<input type="checkbox"/> 30070 HYPOCHONDRIASIS/SOMATIZATION	
<input type="checkbox"/> 7863 HEMOPTYSIS	<input type="checkbox"/> 7881 DYSURIA	<input type="checkbox"/> 78052 INSOMNIA	
<input type="checkbox"/> 5150 INTERSTITIAL PNEUMONITIS	<input type="checkbox"/> 5809 GLOMERULONEPHRITIS, ACUTE	<input type="checkbox"/> V6110 MARITAL PROBLEMS	
<input type="checkbox"/> 486 PNEUMONIA	<input type="checkbox"/> 5829 GLOMERULONEPHRITIS, CHRONIC	<input type="checkbox"/> 3109 ORGANIC BRAIN SYNDROME	
<input type="checkbox"/> 512 PNEUMOTHORAX	<input type="checkbox"/> 098 GONORRHEA	<input type="checkbox"/> 9779 OVERDOSE/INGESTION	
<input type="checkbox"/> 51881 PULMONARY NODULE	<input type="checkbox"/> 5997 HEMATURIA		
<input type="checkbox"/> 0119 TUBERCULOSIS, PULMONARY	<input type="checkbox"/> 603 HYDROCELE		
FAST TRACK	<input type="checkbox"/> 7883 INCONTINENCE		
<input type="checkbox"/> 413 ANGINA PECTORIS	<input type="checkbox"/> 6278 MENOPAUSAL SYNDROME		
<input type="checkbox"/> 42761 ARRHYTHMIA-SUPRAVENTRICULAR	<input type="checkbox"/> 0994 NON-SPECIFIC URETHRITIS		
<input type="checkbox"/> 42791 ARRHYTHMIA-CARDIAC	<input type="checkbox"/> 6149 PELVIC INFLAM DISEASE		
<input type="checkbox"/> 7885 CHEST PAIN	<input type="checkbox"/> 625 PELVIC PAIN (UNSPEC, FEMALE)		
<input type="checkbox"/> 7469 CONGENITAL HEART DISEASE			

JOB RELATED ILL/INJ (NOT LOD DET)	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
UNLISTED DX (if not listed in columns above)	
PRIMARY DX	SECONDARY DX
V 0 0 0 0 0	V 0 0 0 0 0
1 1 1 1 1	1 1 1 1 1
S 2 2 2 2 2	S 2 2 2 2 2
3 3 3 3 3	3 3 3 3 3
4 4 4 4 4	4 4 4 4 4
5 5 5 5 5	5 5 5 5 5
6 6 6 6 6	6 6 6 6 6
7 7 7 7 7	7 7 7 7 7
8 8 8 8 8	8 8 8 8 8
9 9 9 9 9	9 9 9 9 9

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
A	0 1 2 3 4 5 6 7 8 9	5 minutes		A	0 1 2 3 4 5 6 7 8 9
B	0 1 2 3 4 5 6 7 8 9	10 minutes		B	0 1 2 3 4 5 6 7 8 9
C	0 1 2 3 4 5 6 7 8 9	15 minutes		C	0 1 2 3 4 5 6 7 8 9
D	0 1 2 3 4 5 6 7 8 9	20 minutes		D	0 1 2 3 4 5 6 7 8 9
E	0 1 2 3 4 5 6 7 8 9	30 minutes		E	0 1 2 3 4 5 6 7 8 9
F	0 1 2 3 4 5 6 7 8 9	45 minutes		F	0 1 2 3 4 5 6 7 8 9
G	0 1 2 3 4 5 6 7 8 9	1 hour		G	0 1 2 3 4 5 6 7 8 9
H	0 1 2 3 4 5 6 7 8 9	1 hour/30 minutes		H	0 1 2 3 4 5 6 7 8 9
I	0 1 2 3 4 5 6 7 8 9	2 hours		I	0 1 2 3 4 5 6 7 8 9
J	0 1 2 3 4 5 6 7 8 9	2 hours/30 minutes		J	0 1 2 3 4 5 6 7 8 9
K	0 1 2 3 4 5 6 7 8 9	3 hours		K	0 1 2 3 4 5 6 7 8 9
L	0 1 2 3 4 5 6 7 8 9	3 hours/30 minutes		L	0 1 2 3 4 5 6 7 8 9
M	0 1 2 3 4 5 6 7 8 9	4 hours		M	0 1 2 3 4 5 6 7 8 9
N	0 1 2 3 4 5 6 7 8 9	4 hours/30 minutes		N	0 1 2 3 4 5 6 7 8 9
PROV #1		PROV #2		PROV #3	
YES NO		YES NO		YES NO	
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					
REASON FOR #2 CARE PROVIDER					
<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

0 1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

GENERAL SURGERY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN

0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
---------------------	---------------------	---------------------	---------------------	---------------------	---------------------

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

000164

MEDICATIONS NOT GENERALLY STOCKED IN THE TOSE MEDICAL SUPPLIES BUT REQUIRED FOR THIS SOLDIER

CARDIAC

- 01 Digoxin
- 02 Norpace
- 03 Corgard
- 04 Procardis
- 05 Quinidine
- 06 Other

NARCOTICS/CONTROLLED

- 07 Nitroglycerin
- 08 Phenobarbital
- 09 Other

ANTI-INFECTIVES

- 10 Griseofulvin
- 11 Penicillin
- 12 Minocin
- 13 Tetracycline
- 14 Bactrim/Septra
- 15 Macrodantin
- 16 Zovirax
- 17 INH
- 18 Myambutal
- 19 Rifampin
- 20 Other

BCP

- 21 Demulin
- 22 LoOvral
- 23 Nordette
- 24 ON/Normyl 1/35
- 25 ON/Normyl 1/50
- 26 ON/Normyl 1/80
- 27 Ovral
- 28 Premarin
- 29 Other

RESPIRATORY

- 30 Albuteral Inh
- 31 Bronkosol Inh
- 32 Isuprel Inh
- 33 Metaprel Inh
- 34 Vanceral Inh
- 35 Aminophylline
- 36 Theodur
- 37 Terbutaline
- 38 Other

NEURO/PSYCH

- 39 Mysoline
- 40 Dilantin
- 41 Tegretol
- 42 Depakene
- 43 Endep
- 44 Sinequan
- 45 Cafergot
- 46 Other

GASTRO-INTESTINAL

- 47 Asulfadine
- 48 Bellergal-S
- 49 Bentyl
- 50 Robinal
- 51 Questron
- 52 Librax
- 53 Tagamet
- 54 Reglan
- 55 Carafate
- 56 Motrin
- 56 Other

ARTHRITIS

- 57 Feldene
- 58 Indocin
- 59 Benemid
- 60 Allopurinol
- 61 Disalcid
- 62 Donnatal
- 62 Other

ANTI-HYPERTENSIVES

- 63 Inderal
- 64 Tenormin
- 65 Catapres
- 66 Apresoline
- 67 Aldomet
- 68 Lopressor
- 69 Minipress
- 70 Reserpine
- 71 Potassium Sup
- 72 Lozol
- 73 Hygroton
- 74 Lasix
- 75 HCTZ
- 76 Spirolactone
- 77 Dyrenium
- 78 Other

MISCELLANEOUS

- 79 Glucotrol
- 80 Synthroid
- 81 Antabuse
- 82 Coumadin
- 83 Eye Preparations
- 84 Skin Preparations
- 85 Other

INFECTIOUS DISEASE PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	0-5 minutes		
	6-10 minutes		
	11-15 minutes		
	16-20 minutes		
	21-25 minutes		
	26-30 minutes		
	31-35 minutes		
	36-40 minutes		
	41-45 minutes		
	46-50 minutes		
	51-55 minutes		
	56-60 minutes		
	61-65 minutes		
	66-70 minutes		
	71-75 minutes		
	76-80 minutes		
	81-85 minutes		
	86-90 minutes		
	91-95 minutes		
	96-100 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision } MARK ONLY ONE
 Consultation
 Procedure/Treatment
 Other

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YE
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

SPONSOR'S SSN

SPONSOR'S SSN					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (+)

PRESCRIPTIONS

(0) (1) (2) (3) (4) (5)
6 7 8 9 +

X RAYS

Plan films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

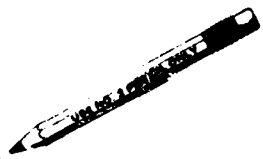
1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

- INSTRUCTIONS
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

009227

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- ANTHROPOCENTESIS**
- 20600 SMALL JOINT
 - 20605 INTERMEDIATE JOINT
 - 20610 MAJOR JOINT
 - 20220 BIOPSY, BONE/MARROW
 - 11100 BIOPSY, NOS
 - 85097 BONE MARROW INTERP.
 - 38425 CUTDOWN
 - 80011 DRESSING CHANGE
 - 89212 EAR IRRIGATION
 - 83000 EKG W/INTERPRET
 - 87205 GRAM STAIN & INTERPRETATION
 - 82270 HEMOCULT
 - 90720 IMMUNIZATIONS
 - 90782 INJECTION, THERAPEUTIC
 - 87220 KOH PREP
 - 87215 KOH PREP/WET MOUNT (BOTH)
 - 82270 LUMBAR PUNCTURE
 - 89190 NASAL SMEAR
 - 80030 PRESCRIPTION REFILL W/O EXAM
 - 45300 PROCTOSCOPY/SIGMOID
 - 84820 PULMONARY STRESS TEST
 - 90700 SHOT RECORD REVIEW
 - 84010 SPIROMETRY
 - 88580 TB SKIN TEST INTRAD (ADMIN)
 - 88582 TB SKIN TEST (READ)
 - 81000 URINALYSIS (DIP & SPW)
 - 87210 WET MOUNT

ADDITIONAL PROCEDURES									
1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY DIAGNOSIS OR SEVERAL IN MULTIPLE COLUMNS

- RULE OUT 1° 2°
- 68291 ABSCESS, NOS
 - 27918 ACQUIRED IMMUNE DEF SYN (AIDS)
 - 03990 ACTINOMYCOSIS
 - 0089 AMEBIASIS
 - 022 ANTHRAX
 - 7110 ARTHRITIS SEPTIC
 - 03191 ATYPICAL MYCOBACTERIAL INFECT
 - 0070 BALANTIDIASIS
 - 1180 BLASTOMYCOSIS
 - 023 BRUCELLOSIS
 - 1129 CANDIDIASIS, LOCAL (MONILIASIS)
 - 1125 CANDIDIASIS, DISSEMINATED
 - 6809 CARBUNCLE-FURUNCLE BOILS-UNSPEC
 - 0783 CAT-SCRATCH FEVER
 - 3251 CAVERNOUS SINUS THROMBOSIS
 - 6810 CELLULITIS
 - 6829 FINGER
 - 6829 OTHER CELL/ABSCESS
 - 6811 TOE
 - 3499 CNS DISORDER (UNSPEC)
 - 4801 CORYZA (ACUTE PHARYNGITIS)
 - 1175 CRYPTOCOCCOSIS
 - 0785 CYTOMEGALIC INCLUSION DIS
 - 5229 DENTAL INFECTION
 - 0092 DIARRHEA, INFECTIOUS
 - 0329 DIPHTEHRIA
 - 0048 DYSENTERY-BAC/SHIGELLA
 - 0499 ENCEPHALITIS
 - 0629 ENTEROVIRUS
 - 0639 MOSQUITO-BORNE
 - 0639 TICK-BORNE
 - 3239 UNSPEC
 - 4211 ENDOCARDITIS ACUTE/SUB INF
 - V0732 ENDOCARDITIS/PROPHYLAXIS
 - 001 ENTERITIS
 - 0080 CHOLERA
 - 0030 E. COLI
 - 00881 SALMONELLA
 - 00881 VIRAL
 - 4643 EPIGLOTTITIS
 - 035 ERYSIPELAS
 - 0271 ERYSIPELOTHRIX
 - 0579 EXANTHEM-VIRAL
 - 7808 FEVER OF UNKNOWN ORIGIN
 - 0058 FOOD POISONING, BACTERIAL
 - 0400 GAS GANGRENE
 - 0071 GIARDIASIS
 - 0701 HEPATITIS
 - 0703 HEPATITIS A
 - 0705 HEPATITIS B
 - 070 NON A, NON B
 - 070 VIRAL (NOS)
 - 5733 UNSPECIFIED
 - V0171 HEPATITIS EXPOSURE
 - 0542 HERPETIC ORINGVOSTOMATITIS
 - 054 HERPES SIMPLEX
 - 0539 HERPES ZOSTER
 - 115 HISTOPLASMOSSIS
 - 27901 HOST DEFENSE ABNORMALITIES
 - 27903 IGA
 - 27910 IGG
 - 27910 T-CELL
 - 684 IMPETIGO
 - 9985 INFECTION, POST-OP WOUND
 - 9583 INFECTION, POST-TRAUMA
 - 4871 INFLUENZA
 - 0859 LEISHMANIASIS
 - 0309 LEPROSY
 - 0270 LISTERIOSIS
 - 57391 LIVER DISORDERS
 - 57331 PROBABLY ANTIBIOTIC ASSOC
 - 57331 DRUG INDUCED
 - 0846 MALARIA
 - 0380 MENINGITIS, MENINGOCOCCAL
 - 0382 MENINGOCOCCEMIA
 - 320 MENINGITIS, BACTERIAL, NOS
 - 0383 WATERHOUSE-FRIDERICHSEN SYNDR
 - 32281 MENINGITIS, PRESUMED BACTERIAL
 - 0479 MENINGITIS, VIRAL (ASEPTIC)
 - 075 MONONUCLEOSIS, INFECTIOUS
 - 4229 MYOCARDITIS, ACUTE
 - 03991 MYOCARDIOSIS
 - 7302 OSTEOMYELITIS
 - 129 PARASITE, INTESTINE NOS
 - 42090 PERICARDITIS, ACUTE
 - 482 PHARYNGITIS W/O STREP
 - 0340 PHARYNGITIS/TONSILLITIS W/STREP
 - 5070 PNEUMONIA
 - 494 ASPIRATION
 - 486 BROCHECTASIS
 - 481 OTHER
 - 481 PNEUMOCOCCAL
 - 4824 STAPHYLOCOCCAL
 - 480 VIRAL
 - 04590 POLIO NOS
 - 0739 PSITTACOSIS
 - 8860 PYODERMA
 - 0269 RAT BITE FEVER
 - 59392 RENAL DISORDER (UNSPEC)
 - 082 RICKETTSIOSIS TICK BORNE
 - 038 SEPTICEMIA (UNSPEC)
 - 0990 SEXUALLY TRANSMITTED DISEASE
 - 07981 CHANCROID
 - 0980 CHLAMYDIA
 - 0980 GONORRHEA, GU
 - 0992 GRAUDDOMA INGUINALE
 - 05410 HERPES SIMPLEX, GENITAL
 - 0991 LGV
 - 0910 SYPHILIS, PRIMARY
 - 0979 SYPHILIS, NOS
 - 1310 TRICHOMONIASIS, GU
 - 78559 SHOCK, ENDOTOXIC, SEPTIC
 - 4738 PANUSINUSITIS, CHRONIC
 - 481 SINUSITIS, ACUTE
 - 473 SINUSITIS, CHRONIC
 - 1171 SPOROTRICHOSIS
 - 037 TETANUS
 - 04062 TOXIC SHOCK SYNDROME
 - 1309 TOXOPLASMOSSIS
 - 7995 TUBERCULIN POSITIVE
 - 018 TUBERCULOSIS
 - 0120 MILIARY, DISSEMINATED
 - 0119 PLEURAL EFFUSION
 - 0160 PULMONARY
 - 021 RENAL
 - 0021 TULAREMIA
 - 0020 TYPHOID FEVER
 - 4659 UPPER RESPIRATORY INFECTION ACUTE
 - 5990 URINARY TRACT INFECTION
 - 052 VARICELLA/CHICKENPOX
 - 0799 VIRUS SYNDROME, NOS
 - V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX (if not listed in columns above)

PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGY PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO Have you seen this patient before? PROV #2 YES NO

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

PRESCRIPTIONS

X RAYS

OTHER

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

JULY'S DIAL

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT

SPONSOR'S SSN

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

PATIENT INFORMATION

FMP

BIRTHDATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
C	B
D	C
E	D
F	E
G	F
H	G
I	H
J	I
K	J
L	K
M	L
N	M
O	N
P	O
Q	P
R	Q
S	R
T	S
U	T
V	U
W	V
X	W
Y	X
Z	Y

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

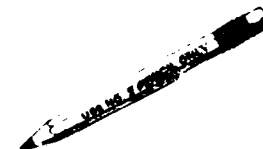
Yes
No

2. Patient being seen for new problem?

Yes
No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

000824

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- BIOPSY**
- 20200 MUSCLE
 - 64795 NERVE
 - 90630 CONSULTATION, INITIAL COMPLEX

- EEG**
- 95819 AWAKE
 - 95822 SLEEP ENHANCED
 - 95823 OTHER, PHYS/PHARMACTIVATION
 - 95860 ELECTROMYOGRAPHY, ONE EXTREMITY
 - 95861 ELECTROMYOGRAPHY, TWO-EXTREMITIES

- EVOCKED POTENTIALS**
- 85933 VISUAL (BLINK REFLEX)
 - 85935 AUDITORY ("H" REFLEX)
 - 85925 SOMATOSENSORY
 - 95882 COGNITIVE
 - 82270 LUMBAR PUNCTURE
 - 85900 NERVE CONDUCTION STUDIES
 - 95828 POLYSOMNOGRAPHY
 - 85999 OTHER PROCEDURES, NEURO

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

RULE OUT

DISORDERS OF HIGHER CORTICAL FUNCTION/BEHAVIOR

- 78094 AMNESIA
- 78095 TRANSIENT GLOBAL OTHER
- 78431 APHASIA
- 78433 BROCA'S
- 78433 CONDUCTION
- 78434 GLOBAL
- 78432 WERNICKE'S
- 78435 OTHER
- 78194 CORTICAL DEFICIT, OTHER
- 29301 CONFUSIONAL STATE, ACUTE

DEMENTIA

- 29120 ALCOHOLIC
- 3310 ALZHEIMER TYPE
- 2962 DEPRESSIVE
- 29040 ARTERIOSCLEROTIC
- 29010 PRESENILE
- 2900 SENILE
- 29030 SENILE W/DELIRIUM
- 32793 DRUG INDUCED
- 29043 MULTIPLE INFARCTION W/DEPRESS
- 311 DEPRESSION
- 29600 MANIC STATE

PSYCHOSIS

- 2989 FUNCTIONAL
- 2991 TOXIC/METABOLIC

PAROXYSMAL DISORDERS & RELATED

- 78031 CONVULSION, ACUTE FEBRILE
- 7804 DIZZINESS
- 34942 EPILEPSY
- 34942 COMPLEX PARTIAL TEMPORAL LOBE
- 3495 FOCAL MOTOR
- 34962 FOCAL ONSET W/SECONDARY GEN
- 34931 GENERALIZED TONIC CLONIC
- 3450 PETIT MAL (ABSENCE)
- 345 OTHER
- 347 NARCOLEPSY
- 78051 SLEEP APNEA W/INSOMNIA
- 78050 SLEEP DISORDER OTHER
- 7802 SYNCOPE
- 3560 VERTIGO
- 3560 MENIERE'S SYNDROME
- 78042 VESTIBULAR

PAIN & PAINFUL CONDITIONS

- 34621 MIGRADE
- 34621 CLUSTER
- 746 MIGRAINE
- 78401 MUSCULOSKELETAL
- 78403 POST TRAUMATIC
- 30781 PSYCHOGENIC
- 7840 OTHER
- 72422 LOW BACK PAIN W/RADIATING SYMP
- 7234 NECK & ARM PAIN, RADICULAR
- 3482 PSEUDOTUMOR CEREBRI
- 7243 SCIATICA
- 44651 TEMPORAL ARTERITIS

INFECTIOUS DISEASES

- 3240 ABSCESS CEREBRAL
- 1231 CYSTICERCOSIS CEREBRAL
- ENCEPHALITIS
- 0543 HERPETIC

OTHER

- 3239 OTHER
- 0539 HERPETIC RADICULOPATHY (SHINGLES)
- MENINGITIS
- 320 ACUTE BACTERIAL
- 0479 ACUTE VIRAL
- 3222 CHRONIC
- 0949 NEUROSPHYLIS
- 05310 POST-HERPETIC NEURALGIA
- 135 SARCOIDOSIS
- 052 VARICELLA
- 13691 OTHER INFECTIOUS PROCESS

NEUROVASCULAR DISORDERS

- 74781 ANEURYSM, INTRACRANIAL
- 7479 ARTERIOVENOUS MALFORMATION
- 7859 BRUIT, ASYMPTOMATIC
- 44784 FIBROMUSCULAR DYSPLASIA
- 8530 HEMATOMA, INTRACR POST INJURY
- 8520 HEMORRHAGE SUBARACHNOID TRAUMATIC
- 430 HEMORRHAGE, SUBARACHNOID OTHER
- STROKE
- 436 HEMORRHAGIC
- 4363 MULTIPLE LACUNAR
- 43591 TIA W/RINE
- 4359 TRANSIENT ISCHEMIC ATTACK
- 4599 OTHER VASCULAR DISORDER

NEOPLASTIC DISEASE

- 225 MENINGIOMA INTRACRANIAL OR SPINAL
- 1984 MENINGITIS, CARCINOMATOUS
- NEOPLASM
- 1983 METASTATIC INTRACRANIAL MALIGN
- 19913 PARANEOPLASTIC SYNDROME
- 19291 PERIPHERAL NERVE
- 1910 PRIMARY INTRACEREBRAL MALIGN
- 2299 PRIMARY BENIGN, NOT MENINGIOMA
- 1922 PRIMARY SPINAL CORD MALIGNANT
- 19301 SECONDARY, MALIGNANT
- 19912 OTHER NEOPLASTIC DISEASE

TRAUMATIC DISORDERS & RELATED

- BRACHIAL PLEXUS INJURY
- 95340 TRAUMATIC
- 95341 OTHER
- 8470 CERVICAL HYPEREXTENSION INJURY (WHIPLASH)
- 850 CONCUSSION, ACUTE
- 8518 CONTUSION CEREBRAL W/O IC WOUND
- FRACTURE
- 8010 BASAL SKULL W/O IC INJURY
- 80340 DEPRESSED, CLOSED
- 80380 DEPRESSED, OPEN
- 80300 SKULL FN DEPRESSED
- 8058 SPINAL
- HEMATOMA
- 8524 EPIDURAL, ACUTE
- 8522 SUBDURAL, ACUTE
- 43210 SUBDURAL W/O PARALYSIS
- INTERVERTEBRAL DISC HERNIATION
- 7220 CERVICAL
- 72212 LUMBAR OR SACRAL
- 8460 LUMBOSACRAL STRAIN
- 85791 NERVE INJURY PERIPHERAL
- 3102 POST CONCUSSION SYNDROME
- 72400 SPINAL STENOSIS

SPONDYLOSIS

- 7210 CERVICAL
- 7213 LUMBAR
- 75812 SPONDYLOLISTHESIS, CONGENITAL
- 3530 THORACIC OUTLET SYNDROME
- 95992 OTHER TRAUMATIC INJURY

PERIPHERAL & CRANIAL NERVE DISORDERS

- 3540 CARPAL TUNNEL SYNDROME
- 78202 HYPERESTHESIA
- 3522 LARYNGEAL, 9th CN
- 78201 PARESTHESIA
- 35591 NERVE DYSFUNCTION, OTHER
- NEUROPATHY
- 3575 ALCOHOLIC
- 2506 DIABETIC
- 3560 HEREDITARY
- 3741 OPTIC ISCHEMIC
- 3577 TOXIC METABOLIC
- 35592 OTHER
- PALSY
- 3510 BELL'S
- 3553 PERONEAL NERVE
- 3543 RADIAL NERVE
- 3570 POLYRADICULONEUROPATHY (ACUTE GB)

MOVEMENT DISORDERS

- CHOREA
- 3334 HUNTINGTON'S
- 392 SYDENHAM'S
- 3335 OTHER
- DYSTONIA
- 33389 FOCAL
- 3330 GENERALIZED
- MYOCLONUS
- 33320 HEREDITARY
- 33321 TOXIC-METABOLIC
- 3320 PARKINSONISM, PRIMARY
- 3321 PARKINSONISM, SECONDARY
- 35681 PROGRESSIVE SUPRANUCLEAR PALSY
- 3349 SPINOCEREBELLAR (HEREDITARY)
- 33382 TARDIVE DYSKINESIA
- 7235 TORTICOLLIS
- 30723 TOURETTES'S SYNDROME
- 3331 TREMOR, BENIGN ESSENTIAL
- 33390 OTHER MOVEMENT DISORDER

NEUROMUSCULAR DISORDERS

- 33520 MOTOR NEURON DISEASE
- MUSCULAR DYSTROPHY
- 35912 BECKER'S
- 35911 DUCHENNE'S
- 35914 FACIOSCAPULOHUMERAL
- 35913 LIMB GIRDLE
- 3592 MYOTONIC
- MYASTHENIA GRAVIS
- 3580 GENERALIZED
- 35800 OCULAR
- 3581 MYASTHENIC SYNDROME
- EATON LAMBERT
- 7913 MYOGLOBINURIA

MYOPATHY

- 3590 BENIGN CONGENITAL
- 35981 GLYCOGEN STORAGE
- 35983 INFECTIOUS
- 7104 INFLAMMATORY POLYMYOSITIS
- 35982 LIPID STORAGE
- 35984 TRAUMATIC
- 3585 NEUROMUSCULAR BLOCK, NON-MYX
- 3593 PARALYSIS, PERIODIC, FAN
- 3430 PARAPLEGIA, HEREDITARY
- MULTIPLE SCLEROSIS & R
- 3400 MULTIPLE SCLEROSIS, A
- 3401 MULTIPLE SCLEROSIS, C
- 32390 MYELITIS, ACUTE TRAN
- 3773 NEURITIS, OPTIC, INFLAMMA
- 32391 POST INFECTION ENCEPHALOMYE
- 0463 PROGRESSIVE MULTI-LEUKOENCEP

DEVELOPMENTAL & HEREDITARY DIS

- 74100 ARMOLOPHAGIC SYND SB W/7
- 75981 BIOCHEMICAL DEFECT, HERED
- 3439 CEREBRAL PALSY
- 7998 CHROMOSOMAL DISORDEI
- 7580 DOWN'S SYNDROME
- 78462 DYSLLEXIA
- HYDROCEPHALUS
- 3314 ACUTE OBSTRUCTIVE
- 3313 COMMUNICATING
- 31401 HYPERACTIVITY-ATTN DE
- 31230 IMPULSE CONTROL DISOF
- 74191 MENINGOCELE
- 319 MENTAL RETARDATION, IDIOP
- 3300 METACHROMATIC LEUKODYST
- 2377 NEUROFIBROMATOSIS
- 2771 PORPHYRIA
- 36274 RETINITIS PIGMENTOSA
- 74190 SPINA BIFIDA
- 7596 STURGE-WEISSER'S SYNDI
- 3360 SYRINGOMYELIA
- 7595 TUBEROUS SCLEROSIS
- 3152 OTHER SPEC LEARNING DIS
- 3589 OTHER NEUROMUSCULAR DI
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOG DET)

Yes		No	

UNLISTED DX (if not listed in columns above)

	PRIMARY DX					SECONDARY DX				
V	0	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1	PROV #2
YES NO	YES NO

Have you seen this patient before?
If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER		MARK ONLY ONE
<input type="radio"/> Teaching/Supervision	<input type="radio"/> Consultation	
<input type="radio"/> Procedure/Treatment	<input type="radio"/> Other	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
<input type="radio"/> Health maintenance <input type="radio"/> Acute problem <input type="radio"/> Chronic Problem <input type="radio"/> Trauma/Injury <input type="radio"/> follow-up <input type="radio"/> Surgical <input type="radio"/> follow-up

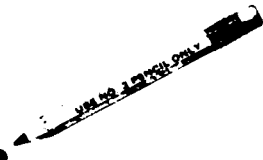
DISPOSITION	MARK ONLY ONE
<input type="radio"/> Discharged from clinic <input type="radio"/> Return PRN <input type="radio"/> Return appointment <input type="radio"/> Admitted <input type="radio"/> Expired	

ORDERED OUT OF CLINIC
LAB 0 1 2 3 4 5 6 7 8 9
PRESCRIPTIONS 0 1 2 3 4 5 6 7 8 9
X RAYS <input type="checkbox"/> Plain films <input type="checkbox"/> Barium study <input type="checkbox"/> IVP <input type="checkbox"/> CT scan <input type="checkbox"/> MR scan <input type="checkbox"/> Ultrasound <input type="checkbox"/> Nuclear med scan <input type="checkbox"/> Angiographic study <input type="checkbox"/> Other
OTHER <input type="checkbox"/> Adaptive appliance/equip. <input type="checkbox"/> EEG <input type="checkbox"/> EKG <input type="checkbox"/> Pul function <input type="checkbox"/> EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION
(MARK AS MANY AS APPLICABLE) <input type="radio"/> Referred to other clinic <input type="radio"/> Referred to VA <input type="radio"/> Referred to other Fed. Fac. <input type="radio"/> Referred to civilian provider <input type="radio"/> Referred to civ. Health Dept <input type="radio"/> Letters/Forms <input type="radio"/> Supplemental care <input type="radio"/> Champus for the handicapped <input type="radio"/> Other Champus <input type="radio"/> Quarters (military) <input type="radio"/> Home (non-military) <input type="radio"/> Work w/limitations <input type="radio"/> Profile <input type="checkbox"/> Specific preassigned clinic codes

INSTRUCTIONS

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- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

NEUROSURGERY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN	
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION	
FMP	BIRTH
0 1 2 3 4 5 6 7 8 9	DAY MONTH YEAR

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
B A C D E F G H I J K L M N O P Q R S T U V W X Y Z	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PLACE OF VISIT
<input type="checkbox"/> Clinic/Office <input type="checkbox"/> Ward <input type="checkbox"/> Telephone <input type="checkbox"/> Home <input type="checkbox"/> Other

APPOINTMENT STATUS
<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Emergency

STATUS OF VISIT
1. Patient seen this clinic last 12 months Yes No
2. Patient being seen for new problem? Yes No

00226

NUTRITION CARE PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	15 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	45 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1 hour	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	1 hour/30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2 hours/30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3 hours/30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4 hours/30 minutes	<input type="checkbox"/>	<input type="checkbox"/>

PROV #1	PROV #2
YES NO	YES NO
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Have you seen this patient before?
If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other
 (1) (2) (3) } MARK ONLY ONE

TODAY'S DATE

DAY	MONTH	YEAR
<input type="checkbox"/>	Jan	<input type="checkbox"/>
<input type="checkbox"/>	Feb	<input type="checkbox"/>
<input type="checkbox"/>	Mar	<input type="checkbox"/>
<input type="checkbox"/>	Apr	<input type="checkbox"/>
<input type="checkbox"/>	May	<input type="checkbox"/>
<input type="checkbox"/>	Jun	<input type="checkbox"/>
<input type="checkbox"/>	Jul	<input type="checkbox"/>
<input type="checkbox"/>	Aug	<input type="checkbox"/>
<input type="checkbox"/>	Sep	<input type="checkbox"/>
<input type="checkbox"/>	Oct	<input type="checkbox"/>
<input type="checkbox"/>	Nov	<input type="checkbox"/>
<input type="checkbox"/>	Dec	<input type="checkbox"/>

PATIENT

PATIENT INFORMATION

FBI #

DAY	MONTH	YEAR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired
 } MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
 1 2 3 4 5
 6 7 8 9 0

PRESCRIPTIONS
 1 2 3 4 5
 6 7 8 9 0

X RAYS
 Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER
 Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)
 Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes
 (1) (2) (3) (4) (5) (6) (7) (8) (9)

ADMINISTRATION

CLINIC CODE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Patient seen this clinic last 12 months

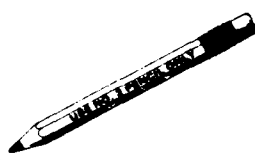
Yes
 No

2. Patient being seen for new problem?

Yes
 No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK DO NOT MARK IN THIS AREA

DO NOT MARK IN THIS AREA

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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00086

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 03001 ANTHROPOMETRIC MEASUREMENTS
- 03002 COMPREHENSIVE ASSESSMENT
- 90785 EPMP ASSESSMENT
- 03038 EVAL PARENTERAL/ENTERAL NUTRI
- 03008 FOLLOW-UP EVALUATION
- 03004 REASSESS/NT-NUTRITION STATUS
- 03000 SCREENING ASSESSMENT
- 03003 SKIN FOLD CALIPER (AWCP)
- 03009 OTHER EVALUATION

- 03010 DISCHARGE PLANNING
- 03011 NUTRITION HX CONSULTATION
- 03012 NONSTANDARD DIET CALCULATION
- 03013 NONSTD/UNUSUAL EDUC MAT PREP

NUTRIENT INTAKE ANALYSIS

- 03014 LIMITED
- 03016 COMPREHENSIVE
- 03018 PATIENT RELATED TEAM CONFER

NUTRITION CARE EDUCATION

- 03040 FITNESS/WELLNESS
- 03036 MOD-ALLERGY
- 03034 MOD-ATHLETIC TRAINING
- 03021 MOD-CONSISTENCY
- 03023 MOD-DIABETES/REACTIVE HYPOGLYCEMIA
- 03029 MOD-DIAGNOSTIC PROCEDURES

- 03024 MOD-DISEASE OF GI TRACT
- 03025 MOD-HYPERLIPIDEMIA/HYPERLIPOPROTEINEMIA
- 03022 MOD-OVERWEIGHT
- 03037 MOD-OVERWEIGHT (AWCP)
- 03033 MOD-UNDERWEIGHT
- 03030 MOD-PEDS/ADOLESCENT DISEASES
- 03032 MOD-PHYSIOLOGICAL STRESS
- 03027 MCD-PROTEIN
- 03028 MOD-RENAL
- 03028 MOD-SODIUM
- 03035 MOD-OTHER MINERAL
- 03031 MOD-VEGETARIANISM
- 03020 NUTRITION THRU LIFE SPAN
- 03039 OTHER NUTRI CARE ED
- 03019 OTHER PROCEDURE

ADDITIONAL PROCEDURES	
1	2
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

RULE OUT

- 410 ACUTE MI
- 4140 ATHEROSCLEROSIS
- 7865 CHEST PAIN
- 7469 CONGENITAL HEART DISEASE
- 4280 CONGESTIVE HEART FAILURE
- V4581 CABG POST SURGICAL
- 401 HYPERTENSION
- 42990 OTHER CARDIAC DISEASE

- 25001 DIABETES MELLITUS - ID
- 25000 DIABETES MELLITUS - NID
- 274 GOUT/HYPERURICEMIA
- 2429 GRAVES' DISEASE/HYPERTHYROIDISM
- 2720 HYPERCHOLESTEROLEMIA
- 2724 HYPERLIPIDEMIA
- 2512 HYPOGLYCEMIA
- 2449 HYPOTHYROIDISM
- 2529 PARATHYROID DISORDER
- 2539 OTHER ENDOCRINE DISORDER

GASTROINTESTINAL

- 7833 ABDOMINAL MASS
- 53581 ACID PEPTIC DISEASE
- 5650 ANAL FISSURE
- 5790 CELIAC DISEASE
- 5715 CIRRHOSIS & CHRONIC LIVER DIS
- 5559 CROHN'S DISEASE
- 56211 DIVERTICULITIS
- 56210 DIVERTICULOSIS
- 7872 DYSPHAGIA
- 5369 FUNCTIONAL DISORDER, STOMACH
- 5759 GALLBLADDER DISORDER
- 55890 GASTROENTERITIS
- 4556 HEMORRHOIDS
- 070 HEPATITIS
- 5533 HIATAL HERNIA
- 5641 IRRITABLE BOWEL SYNDROME
- 2713 LACTOSE INTOLERANCE
- 5739 LIVER DYSFUNCTION
- 5779 PANCREATIC DISEASE
- 5642 POST GASTRIC SURGERY SYNDROME
- 5929 UROLITHIASIS
- 56491 OTHER GI DISORDER

- 438 CVA
- 3570 GULLAIN BARRE
- 340 MULTIPLE SCLEROSIS
- 3499 OTHER CNS DISORDER

- 584 ACUTE RENAL FAILURE
- 685 CHRONIC RENAL FAILURE
- 5819 NEPHROTIC SYNDROME
- 7910 PROTEINURIA
- 58394 RENAL INSUFFICIENCY
- 58392 OTHER RENAL DISORDER

OB/GYN

- 61011 FIBROCYSTIC DISEASE, BREAST
- 8488 GESTATIONAL DIABETES
- V242 POST-NATAL CARE
- PRE-NATAL CARE
- V22 NORMAL
- V23 HIGH RISK
- 6424 TOXEMIA/PRE-ECLAMPSIA, MILD
- 6430 HYPERTENSIS GRAVIDARUM

ONCOLOGY

- 1709 BONE
- 1590 GI
- 1849 GYN
- 1950 HEAD & NECK
- 17193 LYMPH, BLOOD, SOFT TISSUE
- 19914 MAJOR ORGAN, UNSPEC
- 19912 OTHER MALIGNANT NEOPLASMS

PELAGICS

- 3439 CEREBRAL PALSY
- 7492 CLEFT PALATE/LIP
- 2770 CYSTIC FIBROSIS
- 25001 DIABETES MELLITUS-ID
- 7580 DOWN'S SYNDROME
- 78341 FAILURE TO THRIVE/GROW
- 31401 HYPERACTIVITY
- 27131 LACTOSE INTOLERANCE
- 208 LEUKEMIA
- 272 LIPID METABOLISM DISORDER
- 319 MENTAL RETARDATION
- 27801 OBESITY
- V4582 T&A

GENERAL

- 285 ANEMIA
- 949 BURN
- 5640 CONSTIPATION
- 55891 DIARRHEA
- 5251 ENDENTIA
- 2639 MALNUTRITION, PROTEIN/CALORIE
- 829 FRACTURES, UNSPEC
- 9598 MULTIPLE TRAUMA
- 7870 NAUSEA/VOMITING
- 2780 OBESITY
- 7832 WEIGHT LOSS
- 5218 WIRED JAW

PSYCHIATRY/PSYCHOLOGY

- 30500 ALCOHOL ABUSE
- 30710 ANOREXIA NERVOSA
- 30751 BULIMIA
- 319 MENTAL RETARDATION
- 977 OVERDOSE/INGESTION
- 30090 OTHER MENTAL DISORDER

PULMONARY

- 9953 ALLERGY
- 493 ASTHMA
- 496 COPD
- 486 PNEUMONIA
- 0119 TUBERCULOSIS
- 4659 URI
- 5199 OTHER RESPIRATORY DISEASE

V655 NO PROBLEM NOTED

UNLISTED DX (if not listed in columns above)

PRIMARY DX		SECONDARY DX	
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

OB/GYN PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	4 hours/24 hours		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT

PATIENT INFORMATION

FMP

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

SPONSOR'S SSN

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ORDERED OUT OF CLINIC

LAB

(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (0)

PRESCRIPTIONS

(0) (1) (2) (3) (4) (5)
(6) (7) (8) (9) (0)

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

(0) (1) (2) (3) (4)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months


Yes
 No

2. Patient being seen for new problem

Yes
 No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 

DO NOT MARK IN THIS AREA

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

00004

OCCUPATIONAL HEALTH PATIENT

PATIENT

#1 CARE PROVIDER				TIME SPENT #1		TIME SPENT #2		#2 CARE PROVIDER			
0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z				5 minutes 10 minutes 15 minutes 20 minutes 30 minutes 45 minutes 1 hour 1 hour/30 minutes 2 hours 2 hours/30 minutes 3 hours 3 hours/30 minutes 4 hours 4 hours/30 minutes		0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z			
PROV #1 YES NO				PROV #2 YES NO							
Have you seen this patient before? If yes, have you treated this patient for this problem before?											
REASON FOR #2 CARE PROVIDER <input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other MARK ONLY ONE											

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION		
FMP	BIRTHDAY MONTH	
0 1 2 3 4 5 6 7 8 9	DAY	MONTH
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
<input type="radio"/> Health maintenance <input type="radio"/> Acute problem <input type="radio"/> Chronic Problem <input type="radio"/> Trauma/Injury follow-up <input type="radio"/> Surgical follow-up

DISPOSITION
<input type="radio"/> Discharged from clinic <input type="radio"/> Return PRN <input type="radio"/> Return appointment <input type="radio"/> Admitted <input type="radio"/> Expired MARK ONLY ONE

ORDERED OUT OF CLINIC
LAB 0 1 2 3 4 5 6 7 8 9
PRESCRIPTIONS 0 1 2 3 4 5 6 7 8 9
X RAYS <input type="radio"/> Plain films <input type="radio"/> Barium study <input type="radio"/> IVP <input type="radio"/> CT scan <input type="radio"/> MR scan <input type="radio"/> Ultrasound <input type="radio"/> Nuclear med scan <input type="radio"/> Angiographic study <input type="radio"/> Other
OTHER <input type="radio"/> Adaptive appliance/equip. <input type="radio"/> EEG <input type="radio"/> EKG <input type="radio"/> Pul function <input type="radio"/> EMG

PURPOSE OF VISIT
Illness <input type="radio"/> New <input type="radio"/> Revisit Injury <input type="radio"/> New <input type="radio"/> Revisit <input type="radio"/> Job Rel Med Surveillance <input type="radio"/> Preplaca/Prassignment <input type="radio"/> Periodic <input type="radio"/> Baseline Health Assessment (light duty) <input type="radio"/> Pregnancy Surveillance <input type="radio"/> Chronic Disease Surveillance <input type="radio"/> Voluntary Health Screen <input type="radio"/> Follow-up

ADMINISTRATIVE REASON
<input type="radio"/> Fitness for Duty <input type="radio"/> Termination <input type="radio"/> Disability Retirement <input type="radio"/> Med Rec/Rpt Review/Eval <input type="radio"/> Claim Contraversion <input type="radio"/> Med Eval of Emp Absent 2 or more weeks due to job related injury or disease

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PLACE OF VISIT
<input type="radio"/> Clinic/Office <input type="radio"/> Ward <input type="radio"/> Telephone <input type="radio"/> Home <input type="radio"/> Other 1 2 3 4

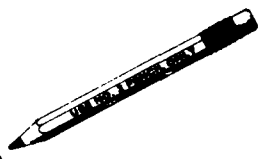
APPOINTMENT STATUS
<input type="radio"/> Scheduled <input type="radio"/> Unscheduled <input type="radio"/> Emergency

STATUS OF VISIT
1. Patient seen this clinic last 12 month <input type="radio"/> Yes <input type="radio"/> No 2. Patient being seen for new problem? <input type="radio"/> Yes <input type="radio"/> No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



001407

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

<p>INJURY</p> <p><input type="checkbox"/> MEDICAL TREATMENT</p> <p><input type="checkbox"/> FIRST AID INJURY</p> <p>BODY PART AFFECTED</p> <p><input type="checkbox"/> HEAD</p> <p><input type="checkbox"/> FACE</p> <p><input type="checkbox"/> EYE</p> <p><input type="checkbox"/> NECK</p> <p><input type="checkbox"/> SHOULDER</p> <p><input type="checkbox"/> UPPER ARM</p> <p><input type="checkbox"/> ELBOW</p> <p><input type="checkbox"/> FOREARM</p> <p><input type="checkbox"/> WRIST</p> <p><input type="checkbox"/> HAND</p> <p><input type="checkbox"/> CHEST</p> <p><input type="checkbox"/> ABDOMEN</p> <p><input type="checkbox"/> BACK</p> <p><input type="checkbox"/> PELVIS</p> <p><input type="checkbox"/> HIP</p> <p><input type="checkbox"/> THIGH</p> <p><input type="checkbox"/> LOWER LEG</p> <p><input type="checkbox"/> ANKLE</p> <p><input type="checkbox"/> FOOT</p>	<p>HEARING CONSERVATION</p> <p><input type="checkbox"/> 02015 AUDIOGRAM, PERIODIC</p> <p><input type="checkbox"/> 02010 FOLLOW-UP 16 HOURS</p> <p><input type="checkbox"/> 02011 FOLLOW-UP 40 HOURS</p> <p><input type="checkbox"/> 02008 AUDIOGRAM, REFERENCE</p> <p><input type="checkbox"/> 02009 AUDIOGRAM, 90-DAY</p> <p><input type="checkbox"/> 02012 AUDIOGRAM, NON-JOB RELATED</p> <p><input type="checkbox"/> 02013 AUDIOGRAM, TERMINATION</p> <p><input type="checkbox"/> 02012 ISSUE/FIT PROTECTIVE DEVICE</p> <p><input type="checkbox"/> 02014 OTOSCOPIIC CHECK</p> <p>VISION CONSERVATION</p> <p><input type="checkbox"/> 02223 CORNEAL STAIN</p> <p><input type="checkbox"/> 02343 EVALUATION OF EYEWEAR</p> <p><input type="checkbox"/> 02370 RT/ADJUST EYEWEAR</p> <p><input type="checkbox"/> 02380 ISSUE PLANO</p> <p><input type="checkbox"/> 02336 ISSUE PRESCRIPTION</p> <p><input type="checkbox"/> 02100 TONOMETRY</p> <p><input type="checkbox"/> 00043 VISION SCREENING</p> <p>HEALTH EDUCATION/COUNSEL</p> <p><input type="checkbox"/> 02000 HEALTH PROMOTION</p> <p><input type="checkbox"/> 02001 HEARING CONSERVATION</p> <p><input type="checkbox"/> 02002 OH PROGRAM ORIENTATION</p> <p><input type="checkbox"/> 02003 RADIATION PROTECTION</p>	<p><input type="checkbox"/> 02004 RESPIRATORY PROTECTION</p> <p><input type="checkbox"/> 02005 SUPERVISOR ORIENTATION</p> <p><input type="checkbox"/> 02006 TOXIC HAZARD</p> <p><input type="checkbox"/> 02007 VISION PROTECTION</p> <p>IMMUNIZATION</p> <p><input type="checkbox"/> 00702 DT</p> <p><input type="checkbox"/> 00731 HEPATITIS B</p> <p><input type="checkbox"/> 00724 INFLUENZA</p> <p><input type="checkbox"/> 00726 RABIES</p> <p><input type="checkbox"/> 00708 RUBELLA</p> <p><input type="checkbox"/> 00703 TETANUS TOXOID</p> <p><input type="checkbox"/> 00714 TYPHOID</p> <p><input type="checkbox"/> 00681 TB SKIN TEST (ADMIN)</p> <p><input type="checkbox"/> 00682 TB SKIN TEST (READ)</p> <p>MEDICAL EXAM BY OH PROVIDER</p> <p><input type="checkbox"/> 00024 COMPLETE</p> <p><input type="checkbox"/> 00034 PARTIAL</p> <p><input type="checkbox"/> 00018 RETURN TO WORK EXAM</p> <p><input type="checkbox"/> 00300 EKG W/INTERPRETATION</p> <p><input type="checkbox"/> 0078141 CHEST X-RAY INTERPRETATION</p> <p><input type="checkbox"/> 004010 SPIROMETRY</p> <p><input type="checkbox"/> 002018 RADIATION PROTECT PROG</p> <p><input type="checkbox"/> 002017 RESPIRATORY PROTECT PROG</p>
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RULE OUT

1° 2°

ADDITIONAL PROCEDURES

1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><input type="checkbox"/> 0114 COCCIDIOIDOMYCOSIS</p> <p><input type="checkbox"/> 0110 DEMATOPHYTOSIS</p> <p><input type="checkbox"/> 0701 HEPATITIS A</p> <p><input type="checkbox"/> 0703 HEPATITIS B</p> <p><input type="checkbox"/> 0705 HEPATITIS NON A NON B</p> <p><input type="checkbox"/> 115 HISTOPLASMOSIS</p> <p><input type="checkbox"/> 0569 RUBELLA</p> <p><input type="checkbox"/> 0119 TUBERCULOSIS, PULMONARY</p> <p>NEOPLASMS/MALIGNANT</p> <p><input type="checkbox"/> 1889 BLADDER</p> <p><input type="checkbox"/> 1896 GENITALIA, UNSPEC</p> <p><input type="checkbox"/> 1899 KIDNEY & OTHER URINARY ORGANS</p> <p><input type="checkbox"/> 1550 LIVER, PRIMARY</p> <p><input type="checkbox"/> 173 SKIN</p> <p><input type="checkbox"/> 162 TRACHEA, BRONCHUS, LUNG</p> <p>ENDOCRINE & METABOLIC DISEASE</p> <p><input type="checkbox"/> 2765 VOLUME DISORDERS (DEPLETION)</p>	<p><input type="checkbox"/> 468 ACUTE BRONCHITIS & BRONCHOLITIS</p> <p><input type="checkbox"/> 4642 ACUTE LARYNGITIS & TRACHEITIS</p> <p><input type="checkbox"/> 460 ACUTE NASO-PHARYNGITIS</p> <p><input type="checkbox"/> 4868 ALLERG ALVEOLITIS & PNEUMONITIS</p> <p><input type="checkbox"/> 501 ASBESTOSIS</p> <p><input type="checkbox"/> 493 ASTHMA</p> <p><input type="checkbox"/> 5060 BRONCHITIS, CHEMICAL</p> <p><input type="checkbox"/> 491 BRONCHITIS, CHRONIC</p> <p><input type="checkbox"/> 496 COPD</p> <p><input type="checkbox"/> 482 EMPHYSEMA</p> <p><input type="checkbox"/> 47814 OTHER NASAL DISORD</p> <p><input type="checkbox"/> 472 PHARYNGITIS/NASOPHARYNG, CHRONIC</p> <p><input type="checkbox"/> 511 PLEURISY, EXCLUD TBC</p> <p><input type="checkbox"/> 503 PNEUMOCOONOSIS DUE TO OTHER INORGANIC DUSTS</p> <p><input type="checkbox"/> 502 PNEUMOCOONOSIS SILICA</p> <p><input type="checkbox"/> 508 RESPIRATORY COND DUE TO OTHER & UNSPEC EXTERNAL AGENTS</p> <p><input type="checkbox"/> 477 RHINITIS, ALLERGIC</p>	<p><input type="checkbox"/> 7890 ABDOMINAL PAIN</p> <p><input type="checkbox"/> 7812 ABNORMAL GAIT</p> <p><input type="checkbox"/> 7832 ABNORMAL WEIGHT LOSS</p> <p><input type="checkbox"/> 7865 CHEST PAIN</p> <p><input type="checkbox"/> 7809 CHILLS</p> <p><input type="checkbox"/> 7800 COMA, ALTERED MENTAL STATE</p> <p><input type="checkbox"/> 7804 DIZZINESS & GIDDINESS</p> <p><input type="checkbox"/> 7860 DYSPNEA</p> <p><input type="checkbox"/> 7807 FATIGUE/MALaise</p> <p><input type="checkbox"/> 7806 FEVER OF UNKNOWN ORIGIN</p> <p><input type="checkbox"/> 7840 HEADACHE</p> <p><input type="checkbox"/> 7863 HEMOPTYSIS</p> <p><input type="checkbox"/> 7870 NAUSEA/VOMITING</p> <p><input type="checkbox"/> 7826 PALLOR OR FLUSHING</p> <p><input type="checkbox"/> 7851 PALPITATIONS</p> <p><input type="checkbox"/> 78201 PARESTHESIA</p> <p><input type="checkbox"/> 6469 PREGNANCY COMPLICATION, NOS</p> <p><input type="checkbox"/> 7803 SEIZURE DISOR, NOS</p> <p><input type="checkbox"/> 78050 SLEEP DISOR, NOS</p> <p><input type="checkbox"/> 7802 SYNCOPE & COLLAPSE</p> <p><input type="checkbox"/> 7850 TACHYCARDIA</p> <p><input type="checkbox"/> 36813 VISUAL DISCOMFORT</p>
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<p>DISEASES OF THE BLOOD</p> <p><input type="checkbox"/> 264 ANEMIA, APLASTIC</p> <p><input type="checkbox"/> 2838 ANEMIA, TOXIC, HEMOLYTIC</p> <p><input type="checkbox"/> 2897 METHEMOGLOBINEMIA</p> <p>MENTAL DISORDERS</p> <p><input type="checkbox"/> 30390 ALCOHOL DEPENDENCE, UNSPEC</p> <p><input type="checkbox"/> 3089 ACUTE REACTION TO STRESS, UNSPEC</p> <p><input type="checkbox"/> 29301 CONFUSION STATE, ACUTE, ORGANIC</p> <p><input type="checkbox"/> 300 NEUROTIC DISORDER</p> <p><input type="checkbox"/> 3019 PERSONALITY DISORDER, UNSPEC</p> <p><input type="checkbox"/> 30490 UNSPEC SUBSTANCE DEPENDENCE</p> <p>DISEASE NERVOUS SYSTEM/SENSE ORGANS</p> <p><input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME</p> <p><input type="checkbox"/> 366 CATARACT</p> <p><input type="checkbox"/> 37230 CONJUNCTIVITIS</p> <p><input type="checkbox"/> 3237 ENCEPHALITIS, TOXIC</p> <p><input type="checkbox"/> 345 EPILEPSY</p> <p><input type="checkbox"/> 3739 INFLAMMATION OF LID UNSPEC</p> <p><input type="checkbox"/> 3881 NOISE EFFECTS ON INNER EAR</p> <p><input type="checkbox"/> 3801 OTITIS EXTERNA</p> <p><input type="checkbox"/> 37024 PHOTOKERATITIS</p> <p><input type="checkbox"/> 3577 POLYNEUROPATHY, TOXIC METABOLIC</p>	<p><input type="checkbox"/> 570 ACUTE & SUBACUTE NECROSIS-LIVER</p> <p><input type="checkbox"/> 5213 EROSION OF TEETH, OCCUP</p> <p><input type="checkbox"/> 57332 HEPATITIS, TOXIC</p> <p><input type="checkbox"/> 550 INGUINAL HERNIA</p> <p><input type="checkbox"/> 532 ULCER, DUODENAL UNSPEC</p> <p>PERSONALITY DISORDERS</p> <p><input type="checkbox"/> 634 ABORTION, SPONTANEOUS, COMPLETE</p> <p><input type="checkbox"/> 584 ACUTE RENAL FAILURE</p> <p><input type="checkbox"/> 585 CHRONIC RENAL FAILURE</p> <p><input type="checkbox"/> 5997 HEMATURIA</p> <p><input type="checkbox"/> 628 INFERTILITY, FEMALE</p> <p><input type="checkbox"/> 606 INFERTILITY, MALE</p> <p>PERSONALITY DISORDERS</p> <p><input type="checkbox"/> 7061 ACNE</p> <p><input type="checkbox"/> 692 CONTACT DERMATITIS & OTHER ECZEMA</p> <p><input type="checkbox"/> 6921 DUE TO OILS & GREASES</p> <p><input type="checkbox"/> 6924 DUE TO OTHER CHEMICAL PRODUCTS</p> <p><input type="checkbox"/> 6926 DUE TO PLANTS</p> <p><input type="checkbox"/> 6927 DUE TO SOLAR RADIATION</p> <p><input type="checkbox"/> 6922 DUE TO SOLVENTS</p> <p><input type="checkbox"/> 69289 DUE TO OTHER SPEC AGENTS</p>	<p><input type="checkbox"/> 949 BURN</p> <p><input type="checkbox"/> 9919 COLD INJURY NOS</p> <p><input type="checkbox"/> 850 CONCUSSION, ACUTE, NOS</p> <p><input type="checkbox"/> 9249 CONTUSIONS</p> <p><input type="checkbox"/> 9299 CRUSHING INJURY, UNSPEC SITE</p> <p><input type="checkbox"/> 839 DISLOCATION</p> <p><input type="checkbox"/> 993 EFFECTS OF AIR PRESSURE</p> <p><input type="checkbox"/> 990 EFFECTS OF RADIATION</p> <p><input type="checkbox"/> 9948 ELECTROCUSSION</p> <p><input type="checkbox"/> 930 FOREIGN BODY, EYE, EXTERNAL</p> <p><input type="checkbox"/> 829 FRACTURE, NOS (CLOSED)</p> <p><input type="checkbox"/> 8291 FRACTURE, NOS (OPEN)</p> <p><input type="checkbox"/> 8929 HEAT INJURY NOS</p>
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<p>CIRCULATORY SYSTEM DISEASES</p> <p><input type="checkbox"/> 410 ACUTE MYOCARDIAL INFARCTION</p> <p><input type="checkbox"/> 427 CARDIAC DYSRHYTHMIAS</p> <p><input type="checkbox"/> 4148 CHRONIC ISCHEMIC HEART DISEASE</p> <p><input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL</p> <p><input type="checkbox"/> 4430 RAYNAUD'S SYNDROME</p>	<p><input type="checkbox"/> 72422 LOW BACK PAIN W/RADIATION</p> <p><input type="checkbox"/> 72421 LOW BACK PAIN W/O RADIATION</p> <p><input type="checkbox"/> 7270 SYNOVITIS/TENOSYNOVITIS</p> <p><input type="checkbox"/> 72441 THORACIC RADICULITIS</p> <p><input type="checkbox"/> 7181 TRAUMATIC ARTHRITIS</p>	<p>PERSONALITY DISORDERS</p> <p><input type="checkbox"/> 985 ALCOHOL</p> <p><input type="checkbox"/> 986 CARBON MONOXIDE</p> <p><input type="checkbox"/> 983 CORROSIVE AROMATIC ACIDS & CAUSTIC ALKALIES</p> <p><input type="checkbox"/> 984 LEAD</p> <p><input type="checkbox"/> 981 PETROLEUM PRODUCTS</p> <p><input type="checkbox"/> 982 SOLVENTS, NON-PETROLEUM BASED</p> <p><input type="checkbox"/> 9890 HYDROCYANIC ACID & CYANIDES</p> <p><input type="checkbox"/> 9892 CHLORINATED HYDROCARBONS</p> <p><input type="checkbox"/> 9893 ORGANOPHOSPHATE & CARBAMA</p> <p><input type="checkbox"/> 987 OTHER GASES, FUMES, & VAPOR</p> <p>PERSONALITY DISORDERS</p> <p><input type="checkbox"/> 9851 ARSENIC</p> <p><input type="checkbox"/> 9853 BERYLLIUM</p> <p><input type="checkbox"/> 9855 CADMIUM</p> <p><input type="checkbox"/> 9856 CHROMIUM</p> <p><input type="checkbox"/> 9850 MERCURY</p> <p><input type="checkbox"/> 9858 OTHER SPECIFIED METALS</p> <p><input type="checkbox"/> V655 NO PROBLEM NOTED</p>
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REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX (if not listed in columns above)

PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 04002 ADL/OCCUPATIONAL PERFORMANCE HOME/WORK/SCHOOL
- 04003 PLAY/LEISURE ABILITY
- 04001 SELF CARE
- 04006 COGNITIVE FUNCTION
- 04052 DEVELOPMENTAL STATUS
- 90765 EFMP ASSESSMENT
- NEUROMUSCULAR STATUS
- 04015 COORDINATION
- 04012 DEXTERITY
- 04016 ENDURANCE
- 04019 INTEGRATION OF REFLEXES
- 04021 MUSCULOSKELETAL SCREENING
- 04011 RANGE OF MOTION
- 04017 SENSATION
- 04020 SENSORY MOTOR DEVELOPMENT
- 04014 STRENGTH
- 04018 TONE, MOVEMENT & CONTROL
- 04013 VASCULAR STATUS
- 04051 PERCEPTUAL STATUS
- 04053 PROSTHETIC CHECKOUT
- 04005 PSYCHOLOGICAL SKILLS
- 03003 SKIN FOLD CALIPER (AWCP)
- 04004 SOCIAL COMM SKILLS
- 04050 OTHER EVALUATION
- ADL/OCCUPATIONAL PERFORMANCE
- 04083 HOME/WORK/SCHOOL
- 04064 PLAY/LEISURE ABILITY
- 04062 PRE-VOC ASSESSMENT TRAINING
- 04061 SELF CARE
- COGNITIVE FUNCTION
- 04083 COMPREHENSION
- 04084 CONCEPTUALIZATION
- 04081 ORIENTATION
- 04086 PROBLEM SOLVING ABILITY
- 04082 SEQUENCING
- 04085 VISUAL MOTOR PERCEPTION TRNG
- PHYSICAL FUNCTION
- 04089 DEVELOP NORMAL TONE, MOVEMENT, CONTROL
- 04091 DEXTERITY
- 04093 EDEMA CONTROL
- 04096 ENDURANCE
- 04092 GROSS/FINE MOTOR COORD
- 04098 INTEGRATE APPROP REFLEXES
- 04101 JOINT PROTECTION TECHNIQUES
- 04102 ORTHOTIC FABRICATION/TMG
- 04104 PAIN REDUCTION
- 04100 PROMOTE ADAPTIVE RESPONSES
- 04103 PROSTHETIC TRAINING
- 04094 RANGE OF MOTION
- 04087 SENSATION
- 04095 STRENGTH
- SOCIAL COMMUNICATION SKILLS
- 04071 AWARENESS OF SELF
- 04072 COPING BEHAVIOR/ADAPTATION
- 04073 LISTENING SKILLS
- 04074 RESUMPTION OF ROLES
- 04075 SELF CONTROL
- 04076 SELF ESTEEM
- 04077 SELF EXPRESSION
- 04078 SELF IDENTITY
- 04079 SENSITIVITY TO OTHERS
- 90915 BIOFEEDBACK
- 04123 BURN PROTOCOL
- 99155 COUNSELING
- 03010 DISCHARGE PLANNING
- 90011 DRESSING CHANGE

1		2	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ROLE OUT 1° 2°

- 3099 ADJUSTMENT DISORDER
- 29690 AFFECTIVE DISORDER
- 30710 ANOREXIA NERVOSA
- 3000 ANXIETY DISORDER
- 3129 CONDUCT DISORDER
- 311 DEPRESSION
- 30590 DRUG ABUSE
- 30490 DRUG DEPENDENCE
- 319 MENTAL RETARDATION
- V710 NP OBSERVATION
- 3109 ORGANIC BRAIN DISORDER
- 2979 PARANOID DISORDER
- 3019 PERSONALITY/CHARACTER DISORDER
- 2989 PSYCHOTIC DISORDER
- 29590 SCHIZOPHRENIC DISORDER
- 30081 SOMATOFORM DISORDER
- 95991 SUICIDE ATTEMPT
- 30090 OTHER MENTAL DISORDER
- GENERAL MEDICAL PROBLEMS
- 2899 BLOOD DISORDER
- 949 BURNS
- 19912 CANCER
- 42990 CARDIAC DISEASE
- 78092 CHRONIC PAIN
- 7109 COLLAGEN DISEASE
- 7599 ENDOCRINE DISORDER
- 37990 EYE DISORDER
- 3889 EAR DISORDER
- 56491 GI DISORDER
- 5998 GU DISORDER
- 401 HYPERTENSION
- 95930 KIDNEY DISEASE
- 8798 LACERATION
- 5739 LIVER DISEASE
- 47814 NASAL DISORDER
- 5259 ORAL/DENTAL PROBLEM
- 6469 PREGNANCY COMPLICATION
- 5139 RESPIRATORY DISEASE
- 0999 SEXUALLY TRANSMITTED DISEASE
- 7099 SKIN DISORDER
- 6869 SKIN INFECTION
- 7100 SYSTEMIC LUPUS ERYTHEMATOSUS
- 4599 VASCULAR DISEASE
- 33520 AMYOTROPHIC LATERAL SCLEROSIS
- 31400 ATTENTION DEFICIT DISORDER
- 23863 BRAIN TUMOR
- 3439 CEREBRAL PALSY
- 7803 CONVULSIONS/SEIZURE
- V5883 CRANIOTOMY
- 436 CVA
- 2900 DEMENTIA/SENILITY
- 7834 DEVELOPMENTAL DELAY-PHYSIOLOGIC
- 7872 DYSPHAGIA
- 3483 ENCEPHALOPATHY (UNSPEC)
- 345 EPILEPSY
- 3570 GURLLAIN BARRE SYNDROME
- 8543 HEAD TRAUMA
- 31401 HYPERACTIVITY
- 31491 MINIMAL BRAIN DYSFUNCTION
- 340 MULTIPLE SCLEROSIS
- 35910 MUSCULAR DYSTROPHY
- 3580 MYASTHENIA GRAVIS
- 21593 NEUROMA
- 35592 NEUROPATHY
- 332 PARKINSON'S DISEASE
- 95791 PERIPHERAL NERVE INJURY
- 74190 SPINA BIFIDA
- 9529 SPINAL CORD INJURY
- 3499 OTHER CNS DISORDER
- V5895 AMPUTATION AFTERCARE
- 7245 BACK PAIN
- 71599 BASAL JOINT ARTHROSIS
- 73621 BOUTONNIERE DEFORMITY (UNRELATED TO ARTHRITIS)
- 7273 BURSTITIS
- 72690 CAPSULITIS
- 3540 CARPAL TUNNEL SYNDROME
- 3544 CAUSALGIA
- 6829 CELLULITIS
- 95880 COMPARTMENT SYNDROMES
- 7599 CONGENITAL DEFORMITY
- 71840 CONTRACTURE
- 72704 DE QUERVAIN'S SYNDROME
- 839 DISLOCATION
- 7286 DUPUYTREN'S CONTRACTURE
- 7823 EDEMA
- 829 FRACTURE
- 9913 FROSTBITE
- 72743 GANGLION CYST
- V150 HYPERSENSITIVITY
- 13691 INFECTION
- 71948 JOINT PAIN/BACK
- V436 JOINT REPLACEMENT/ARTHROPLASTY
- 7195 JOINT STIFFNESS
- 7361 MALLEET FINGER
- 70624 MUCCOUS CYST
- 7289 MUSCLE WEAKNESS
- 35595 NERVE ENTRAPMENT SYNDROME
- NERVE PALS
- 35596 ANTERIOR INTEROSSEOUS
- 35594 POSTERIOR INTEROSSEOUS
- 3543 RADIAL
- 3542 ULNAR (TUNNEL OF GUYON'S)
- 71590 OSTEOARTHRITIS
- 3449 PARALYSIS/PARESIS
- 6819 PARONYCHIA
- 4430 RAYNAUD'S PHENOMENON
- 33791 REFLEX SYMPATHETIC DYSTRO
- 7140 RHEUMATOID ARTHRITIS
- 7373 SCOLIOSIS/KYPHOSCOLIOSIS
- 78201 SENSORY NEUROPATHY/PARESTHESIA
- 33792 SHOULDER-HAND SYNDROME
- 72400 SPINAL STENOSIS
- 7209 SPONDYLITIS
- 848 STRAIN/SPRAIN
- 7337 SUDECK'S ATROPHY
- 73622 SWAN NECK DEFORMITIES (UNRELATED TO ARTHRITIS)
- 72700 SYNOVITIS
- 8487 TENDON LACERATION
- 72692 TENDINITIS
- 72632 TENNIS ELBOW
- 72707 TENOSYNOVITIS
- 3530 THORACIC OUTLET SYNDROME
- 72703 TRIGGER FINGER/THUMB
- 2399 TUMOR
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

ONCOLOGY/HEMATOLOGIC PATIENT

PROVIDER #1 CARE PROVIDER

TIME SPENT #1

TIME SPENT #2

PROV #1

PROV #2

Have you seen this patient before?

If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

PRESCRIPTIONS

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile

(MARK AS MANY AS APPLICABLE)

Specific preassigned clinic codes

PATIENT

TODAY'S DATE

DAY MONTH YEAR

SPONSOR'S SSN

PATIENT INFORMATION

FMP

BIRTHDATE

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

- ### INSTRUCTIONS
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK
 DO NOT MARK IN THIS AREA

000897

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

- 20801 ASPIRATION/INJ JOINT
20220 BIOPSY BONE/MARROW
85000 BLEEDING TIME (DUKE)
85097 BONE MARROW INTERPRETATION
95120 IMMUNOTHERAPY
10060 INCISION/DRAIN ABSCESS
82270 LUMBAR PUNCTURE
98157 NURSE PATIENT COUNSELING
48080 PARACENTESIS
87205 PERIPHERAL SMEAR INTERPRETATION
99198 PHLEBOTOMY, DIAGNOSTIC
99195 PHLEBOTOMY, THERAPEUTIC
98521 PORT PUMP REFILL DAY 2-5
38000 START IV
80002 SUTURE REMOVAL
32000 THORACENTESIS, DIAGNOSTIC

- 86524 ARTERIAL INFUS
86509 COMPLEX INFUS MULTI-AGENT NOT PRE-MIXED
86512 COMPLEX INFUS PROLONGED PORT PUMP
86526 COMPLEX, PROLONGED INTRA-ARTERIAL
86508 COMPLEX, PUMP MULTI-AGENT NOT PRE-MIXED
86640 INTRATHECAL, RESERVOIR
86608 INVESTIGATIONAL DRUG
86536 LUMBAR PUNCTURE
86506 MULTI, PRE-MIX INFUS
86504 MULTI, PRE-MIX PUSH
86528 PUMP FILLING
86501 SINGLE, PRE-MIX, INFUS.
86500 SINGLE, PRE-MIX, PUSH

- 80787 AMPHOTERICIN
80788 ANTIBIOTICS
90795 B-12
80786 DESFERAL
86650 HEPARIN
80788 IMFERON
80787 MORPHINE
86502 STREPTOKINASE
36435 FACTOR REPLACEMENT
36433 IMMUNOGLOBULIN
36434 PLATELETS
36432 RBC

Table with 2 columns for additional procedures and multiple rows of checkboxes for marking applicability.

RULE OUT OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

- 413 ANGINA PECTORIS
4409 ARTERIOSCLEROSIS
7865 CHEST PAIN
4149 CHRONIC ISCHEMIC HEART DIS
4289 HEART FAILURE
401 HYPERTENSION
451 PHLEBITIS/THROMPHLEBITIS
4151 PULMONARY EMBOLISM/INFARCT
42490 VALVULAR HEART DISEASE, NOS
25541 ADDISON'S DISEASE
250 DIABETES MELLITUS, UNSPEC
24490 HYPOTHYROIDISM, ACQUIRED
7890 ABDOMINAL PAIN
571 CHRONIC LIVER DIS & CIRRHOSIS
5640 CONSTIPATION
55891 DIARRHEA, UNSPEC
562 DIVERTICULA OF INTESTINE
5301 ESOPHAGITIS, REFLUX
5649 FUNCTIONAL DISORD-INTESTINE
5355 GASTRITIS
070 HEPATITIS, INFECTIOUS, UNSPEC
5733 HEPATITIS, TOXIC, NON-INFEC
5333 HIATAL HERNIA
5770 PANCREATITIS, ACUTE
5339 PEPTIC ULCER DISEASE, NOS
57890 UGI BLEEDING
461 SINUSITIS, ACUTE
5280 STOMATITIS
4659 URI
284 ANEMIA
28481 APLASTIC
2851 BLOOD LOSS, ACUTE
2812 DEFICIENCY, FOLATE
28220 DEFICIENCY, G-5PD
280 DEFICIENCY, IRON
2811 DEFICIENCY, VITAMIN B-12
2827 HEMOGLOBINOPATHY, OTHER
2829 HEMOLYTIC, HEREDITARY
2839 HEMOLYTIC, ACQUIRED
28981 MACROCYTOSIS
2828 SICKLE CELL
2850 SIDEROBLASTIC
2824 THALASSEMIA
285 UNSPECIFIED

- 2860 COAGULOPATHY, INTRAVAS DISS
2865 COAGULOPATHY, DUE INHIBITORS
28711 COAGULOP, PLATELET DEFECT ACQ
2864 COAGULOP, PLAT DEF HEREDITARY
2860 DEFICIENCY, FACTOR VII
2861 DEFICIENCY, FACTOR IX
2863 DEFICIENCY, FACTOR, OTHER
2873 PURPURA-THROMBOCYTOPENIC (ITP)
2874 THROMBOCYTOPENIA, DRUG RELATED
2875 THROMBOCYTOPENIA, OTHER
27918 AIDS
27922 HEREDITARY
2040 LYMPHOCYTIC, ACUTE
2041 LYMPHOCYTIC, CHRONIC
20501 MYELOCYTIC, ACUTE
20511 MYELOCYTIC, CHRONIC
208 NOT OTHERWISE SPECIFIED
2888 LEUKOCYTOSIS
2880 LEUKOPENIA
27856 LYMPHADENOPATHY SYM/SIGN
20000 HISTIOCYTIC
201 HODGKIN'S
20282 LYMPHOCYTIC, MALIGNANT, NEC
74258 MYELODYPLASTIC SYNDROME
28982 MYELOFIBROSIS
2890 POLYCYTHEMIA, SECONDARY
28901 POLYCYTHEMIA, SPURIOUS
2384 POLYCYTHEMIA, VERA
28991 THROMBOCYTOSIS, ESSENTIAL
28992 THROMBOCYTOSIS, OTHER
2883 EDSINOPHILIA
7807 FATIGUE/MALAISE
2750 HEMOCHROMATOSIS
2894 HYPERSPLENISM
V719 OBSERVATION/EVALUATION
2771 PORPHYRIA
20231 RETICULOENDOTHELIOSIS, MALIG
7892 SPLENOMEGALY, SYM/SIGN
7808 FEVER OF UNKNOWN ORIGIN
0539 HERPES ZOSTER
3229 MENINGITIS, UNSPEC
488 PNEUMONIA, BACTERIAL
U798 VIRAL SYNDROME, NOS
493 ASTHMA
4660 BRONCHITIS, ACUTE
491 BRONCHITIS, CHRONIC
492 EMPHYSEMA

- 7184 ARTHRALGIA
7245 BACK PAIN
7273 BURSIITIS
7109 CONNECTIVE TISSUE DISEASE
274 GOUT
7330 OSTEOPOROSIS
7140 RHEUMATOID ARTHRITIS
7270 SYNOVITIS/TENOSYNOVITIS
30040 DEPRESSIVE NEUROSIS
345 EPILEPSY
7840 HEADACHE
78193 ILL DEFINED NEUROLOGIC SYMPT
7992 NERVOUSNESS
2905 ORGANIC MENTAL DIS, UNCOMPLIC
3569 PERIPHERAL NEUROPATHY, NOS
7802 SYNCOPE
4359 TRANSIENT CEREBRAL ISCHEMIA
5959 CYSTITIS, NOS
600 PROSTATIC HYPERTROPHY, BENIGN
586 RENAL FAILURE, UNSPEC
23976 ADRENAL
23903 BILIARY TRACT
1709 BONE, PRIMARY
1985 BONE, SECONDARY
217 BREAST, BENIGN
1749 BREAST, PRIMARY (FEMALE)
1759 BREAST, PRIMARY (MALE)
2592 CARCINOID SYNDROME
23951 CERVIX
23908 COLON
2113 COLON, BENIGN
17192 CONNECTIVE TISSUE, SARCOMA
23901 ESOPHAGUS
23906 GALLBLADDER
23952 KIDNEY
23911 LARYNX
23904 LIVER
1977 LIVER, SECONDARY
1829 LUNG, PRIMARY
1870 LUNG, SECONDARY
172 MELANOMA
22994 MESOTHELIOMA
2030 MYELOMA, MULTIPLE
23900 NASOPHARYNX
23977 NERVOUS SYSTEM
23953 OVARY
23905 PANCREAS
23954 PENIS
23978 PITUITARY
23861 PLASMACYTOMA

- 23912 PLEURA
23956 PROSTATE
23984 RECTUM/ANUS
23981 SALIVARY GLAND
23909 SIGMOID
2392 SKIN
23907 SMALL INTESTINE
23924 SPINAL COLUMN
23975 SPINAL MENINGES
23902 STOMACH
23956 TESTICLE
2126 THYROIDMA
23979 THYROID
23982 TONGUE
23983 TONSILS
2394 URINARY BLADDER
23957 UTERUS
5352 ADVERSE DRUG REACTION
45901 DRUG EXTRAVASATION
19915 REMOTE EFFECT OF NEOPLASM
7999 UNSPEC/UNDIAGNOSED DISEAS
V655 NO PROBLEM NOTED

UNLISTED DX (if not listed in columns above) table with columns for PRIMARY DX and SECONDARY DX, each with 10 checkboxes.

OPHTHALMOLOGY/OPTOMETRY PATIENT

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
		20 minutes			
		30 minutes			
		45 minutes			
		1 hour			
		1 hour/30 minutes			
		2 hours			
		2 hours/30 minutes			
		3 hours			
		3 hours/30 minutes			
		4 hours			
		4 hours/30 minutes			
PROV #1		Have you seen this patient before?		PROV #2	
YES NO		YES NO		YES NO	
		If yes, have you treated this patient for this problem before?			
REASON FOR #2 CARE PROVIDER					
<input type="checkbox"/> Teaching/Supervision <input type="checkbox"/> Consultation <input type="checkbox"/> Procedure/Treatment <input type="checkbox"/> Other (1, 2, 3)					
MARK ONLY ONE					

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury
 follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-mil.,ary)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT

SPONSOR'S SSN

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
D	B
F	C
S	D
	E
	F
	G
	H
	I
	J
	K
	L
	M
	N
	O
	P
	Q
	R
	S
	T
	U
	V
	W
	X
	Y
	Z

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
No

2. Patient being seen for new problem?


Yes
No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



139019

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

92375 SPECTACLE PROCEDURE (FIT, ORDER, ADJUST)

GENERAL EYE EXAM

- 82001 TRIAGE
- 90018 LIMITED
- 92004 COMPREHENSIVE
- 90850 CONSULTATIVE
- FLIGHT EXAM**
- 92290 CLASS 2
- 92291 CLASS 3
- 92292 CLASS ATC
- CONTACT LENS**
- 92492 EVALUATION
- 92493 FOLLOW-UP
- LOW VISION**
- 90201 EVALUATION
- 90202 FOLLOW-UP
- 92497 REFRACTION, MANUAL
- 92488 REFRACTION, AUTOMATED

BINOULAR VISION TRAINING

- 92065 EVALUATION
- 92066 FOLLOW-UP
- 92283 COLOR VISION
- 92282 CONTRAST SENSITIVITY
- 92284 DARK ADAPTATION
- 92270 ELECTRO-OCULOGRAPHY
- 92275 ELECTRORETINOGRAPHY
- 92235 FLUORESCEN ANGIOGRAPHY
- 92020 GONIOSCOPY
- 92780 KERATOMETRY
- 92481 LENSOmetry
- 92269 OPHTHALMODYNAMOMETRY
- 92045 PERIMETRY, AUTOMATED
- 92083 PERIMETRY, GOLDMANN
- 92088 PERIMETRY, TANGENT SCREEN
- 92286 PHOTOGRAPHY, ANTSEGMENT
- 92285 PHOTOGRAPHY, EXTERNAL
- 92250 PHOTOGRAPHY, FUNDUS
- 92081 POTENTIAL ACUITY METER
- 92120 TONOGRAPHY
- 92100 TONOMETRY

- 70516 ULTRASONOGRAPHY A-SCAN
- 70517 ULTRASONOGRAPHY B-SCAN
- 92280 VISUAL EVOKED RESPONSE

- 68100 BIOPSY, CONJUNCTIVA
- 67810 BIOPSY, EYELID
- 15820 BLEPHAROPLASTY, LOWER EYELID
- 15822 BLEPHAROPLASTY, UPPER EYELID
- 68683 CRYOTHERAPY, CHLARIY BODY
- 67103 CRYOTHERAPY, RETINAL
- 67851 DESTRUCTION, EYELID LESION
- 68820 DISCISSION, SECONDARY MEMBRANE
- 65420 EXCISION OF PTERYGIUM
- 92018 EYE EXAM UNDER ANESTHESIA
- 67600 INJECTION, RETROBULBAR
- 68200 INJECTION, SUBCONJUNCTIVAL
- 92005 IRRIGATION, EYE
- 92330 OCULAR PROSTHETICS PROCEDURE
- 65800 PARACENTESIS
- 68763 PHOTOCOAGULATION, ANTESEGMENT
- 67105 PHOTOCOAGULATION, RETINA
- 68820 PROBING OF NASOLACRIMAL DUCT

1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 67840 REMOVAL, EYELID LESION
- 85224 REMOVAL, FOREIGN BODY
- 68111 REMOVAL, LESION OF CONJUNCTIVA
- 67314 REPAIR OF ECTROPION
- 67921 REPAIR OF ENTROPION
- 12010 REPAIR OF LACERATION (EYELID)
- 13149 REPAIR OF LACERATION (FULL THICKNESS)
- 67880 TARSORRHAPHY

RULE OUT
 1° 2°

- 36800 AMBLYOPIA
- 36731 ANISOMETROPIA
- 36720 ASTIGMATISM
- 36830 BINOULAR VISION DEFICIENCIES
- 36885 COLOR VISION DEFICIENCIES
- 3682 DIPLLOPIA
- 36700 HYPEROPIA
- 3671 MYOPIA
- 36880 NIGHT BLINDNESS
- 36874 PRESBYOPIA
- 3690 PROFOUND VISUAL IMPAIRMENT
- 36810 SUBJECTIVE VISUAL DISTURBANCE
- 36840 VISUAL FIELD DEFECT
- 74320 BUPHTHALMOS
- 7434 CONG ANOM, ANTERIOR SEGMENT
- 7436 CONG ANOM, OCULAR ADNEXA
- 7435 CONG ANOM, POSTERIOR SEGMENT
- 74310 MICROPHYALMOS
- 76510 PREMATURITY
- 3730 BLEPHARITIS
- 3732 CHALAZION
- 37450 DEGENERATIVE DISORDERS
- 3741 ECTROPION
- 3740 ENTROPION
- 3731 HORDEOLUM
- 3735 INFECTIVE DERMATITIS
- 3733 NON-INFECTIOUS DERMATOSIS
- 37430 PTOSIS
- 3744 SENSORIMOTOR DISORDERS
- 3750 DACHRYOADENITIS
- 3752 EPIPHORA
- 3753 INFLAMMATION, ACUTE
- 3754 INFLAMMATION, CHRONIC
- 3755 STENOSIS OR INSUFFICIENCY
- 37650 ENOPHTHALMOS
- 37630 EXOPHTHALMOS
- 3762 EXOPHTHALMOS ENDOCRINE
- 3760 INFLAMMATION ACUTE
- 3761 INFLAMMATION, CHRONIC
- 37681 ORBITAL CYST

- 37840 ABNORMALITIES OF PUPIL
- 3775 DISORDERS OF CHIASM
- 3777 DISORDERS OF VISUAL CORTEX
- 3776 DISORDERS OF VISUAL PATHWAYS
- 351 FACIAL (7th) NERVE PALS
- 348 MIGRAINE
- 35800 MYASTHEMIA GRAVIS
- 37850 NYSTAGMUS
- 3771 OPTIC ATROPHY
- 3772 OPTIC DISC ANOMALIES
- 3770 OPTIC DISC EDEMA
- 3773 OPTIC NEURITIS
- 3774 OTHER DIS OF OPTIC NERVE
- 350 TRIGEMINAL (5th) NERVE DIS
- 2246 BENIGN, CHOROID
- 2243 BENIGN, CONJUNCTIVA
- 2244 BENIGN, CORNEA
- 2161 BENIGN, EYELID
- 2242 BENIGN, LACRIMAL
- 2241 BENIGN, ORBIT
- 2245 BENIGN, RETINA
- 1906 MALIGNANT, CHOROID
- 1903 MALIGNANT, CONJUNCTIVA
- 1731 MALIGNANT, EYELID
- 1902 MALIGNANT, LACRIMAL
- 1920 MALIGNANT, OPTIC NERVE
- 1901 MALIGNANT, ORBIT
- 1905 MALIGNANT, RETINA
- 940 BURN, EYE & ADNEXA
- 9219 CONTUSION OF EYE
- 930 FOREIGN BODY, EYE, EXTERNAL
- 8026 FRACTURE, BLOW OUT
- 80281 FRACTURE, OTHER ORBITAL
- 951 INJURY TO CRANIAL NERVES (EXC II)
- 950 INJURY TO OPTIC NERVE & PATHWAYS
- 8700 LACERATION, EYELID
- 8702 LACERATION, LACRIMAL PASSAGE
- 8719 OPEN WOUND OF EYE
- 8717 PENETRATION OF EYE
- 918 SUPERFICIAL INJURY EYE & ADNEXA

- 3722 BLEPHARO-CONJUNCTIVITIS
- 37250 CONJUNCTIVAL DEGENERATION
- 3720 CONJUNCTIVITIS, ACUTE
- 3721 CONJUNCTIVITIS, CHRONIC
- 3724 PTERYGIUM
- 3727 VASCULAR DISORDERS & CYSTS
- 3714 CORNEAL DEGENERATION
- 37150 CORNEAL DYSTROPHY
- 3712 CORNEAL EDEMA
- 3708 CORNEAL NEOVASCULARIZATION
- 3711 CORNEAL PIGMENTATION
- 3710 CORNEAL SCARS & OPACITIES
- 3700 CORNEAL ULCER
- 3705 KERATITIS, INTERSTITIAL & DEEP
- 3702 KERATITIS, SUPERFICIAL
- 3703 KERATOCONJUNCTIVITIS
- 3716 KERATOCONUS
- 36441 HYPHEMA
- 36405 HYPOPYON
- 36400 IRIDOCYCLITIS, ACUTE & SUBACUTE
- 36410 IRIDOCYCLITIS, CHRONIC
- 3646 IRIS & CHLARIY BODY CYSTS
- 3647 IRIS ADHESIONS & DISRUPTIONS
- 3645 IRIS DEGENERATIONS
- 36442 RUBEOSIS IRIDIS
- 36511 PRIMARY OPEN-ANGLE
- 3652 PRIMARY ANGLE-CLOSURE
- 3656 SECONDARY
- 3650 SUSPECT
- 3654 W/CONGENITAL ANOMALIES

- 37931 APHAKIA
- 36605 CATARACT, INFANTILE
- 3663 CATARACT, SECONDARY
- 3661 CATARACT, SENILE
- 3662 CATARACT, TRAUMATIC
- 3665 POST CATARACT OPACIFICATION
- 37932 SUBLUXATION OF LENS

- 37908 EPISCLERITIS
- 37907 POSTERIOR SCLEROSIS
- 3791 OTHER DISORDERS OF SCLERA
- 36310 CHORIO-RETINITIS, DISSEMINATED
- 36300 CHORIO-RETINITIS, FOCAL
- 3634 CHOROID DEGENERATION
- 3635 CHOROIDAL DYSTROPHIES-HEREDITARY
- 36250 MACULAR DEGENERATION
- 36130 RETINAL BREAKS
- 3626 RETINAL DEGENERATIONS-PERIPHERAL
- 3610 RETINAL DETACHMENT W/BREAK
- 3612 RETINAL DETACHMENT, SEROUS
- 3618 RETINAL DETACHMENT, OTHER INC. TRACTION
- 3627 RETINAL DYSTROPHIES, HEREDITARY
- 3620 RETINOPATHY, DIABETIC
- 3622 RETINOPATHY, NON-DIABETIC, PROLIF
- 3621 RETINOPATHY, VASCULAR
- 3611 RETINOSCHISIS AND RETINAL CYSTS
- 3628 RETINAL DISORDERS, OTHER
- 37921 VITREOUS DEGENERATION, DETACHMENT
- 37923 VITREOUS HEMORRHAGE
- 37924 VITREOUS OPACITIES
- 36042 ABSOLUTE GLAUCOMA
- 3602 DEGENERATIVE DISORDEHS, GLOBE
- 3600 ENOPHTHALMITIS
- 3603 HYPOTONY
- 36083 LOSS OF EYE, AFTERCARE
- 8713 OCULAR AVULSION
- 36041 PHTHISIS BULBI
- 6555 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes		No	
UNLISTED DX (if not listed in columns above)			
PRIMARY DX		SECONDARY DX	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 0 0 0	5 minutes		0 0 0 0
1 1 1 1	10 minutes		1 1 1 1
2 2 2 2	15 minutes		2 2 2 2
3 3 3 3	20 minutes		3 3 3 3
4 4 4 4	30 minutes		4 4 4 4
5 5 5 5	45 minutes		5 5 5 5
6 6 6 6	1 hour		6 6 6 6
7 7 7 7	1 hour/30 minutes		7 7 7 7
8 8 8 8	2 hours		8 8 8 8
9 9 9 9	2 hours/30 minutes		9 9 9 9
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

Teaching/Supervision MARK ONLY ONE
 Consultation
 Procedure/Treatment
 Other

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB 1 2 3 4 5
 6 7 8 9 +

PRESCRIPTIONS 0 1 2 3 4 5
 6 7 8 9 +

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK DO NOT MARK IN THIS AREA



OPTOMETRY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION

FMP

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

BIRTHDATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

SPONSOR'S SSN

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
C	B
D	C
E	D
F	E
G	F
H	G
I	H
J	I
K	J
L	K
M	L
N	M
O	N
P	O
Q	P
R	Q
S	R
T	S
U	T
V	U
W	V
X	W
Y	X
Z	Y

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

103258

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- 82001 TRIAGE/SCREENING
- 80016 LIMITED
- 82004 COMPREHENSIVE
- 80650 CONSULTATIVE

- 82085 EVALUATION
- 82086 FOLLOW-UP
- 82087 TRAINING SESSION

- 82482 EVALUATION
- 82484 FITTING
- 82485 REFITTING
- 82486 DISPENSING
- 82483 FOLLOW-UP
- 82489 VERIFICATION
- 82325 MODIFICATION/CLEANING

- 92289 CLASS I
- 92290 CLASS II
- 92291 CLASS III
- 92292 ATC/WO EXAM

- 82283 COLOR VISION
- 92282 CONTRAST SENSITIVITY
- 82284 DARK ADAPTATION
- 92270 ELECTRO-OCULOGRAPHY
- 92275 ELECTRO-RETINOGRAPHY

- PERIODIC/ROUTINE
- MEPS
- DOMERS
- DRIVERS LICENSE
- SVC SCHOOL
- OTHER

- 92281 SAFETY SPEC EXAM
- 92276 LASER EVALUATION
- 92277 MICROWAVE EVALUATION

- 82020 GONIOSCOPY
- 85786 KERATOMERTY
- 82481 LENBOMETRY
- 82085 PERIMETRY, AUTOMATED
- 82083 PERIMETRY, GOLDMANN
- 82088 PERIMETRY, TANGENT SCREEN

- CIVILIAN
- MILITARY
- NEW ORDER
- REORDER/VERIFICATION
- REPAIR/ADJUSTMENT/DISPENSING

- 92005 IRRIGATION, EYE
- 85224 REMOVAL FOREIGN BODY

- 92286 PHOTOGRAPHY, ANT SEGMENT
- 92285 PHOTOGRAPHY, EXTERNAL
- 82250 PHOTOGRAPHY, FUNDUS
- 82100 TONOMETRY
- 92278 DEPTH PERCEPTION
- 92280 VISUAL EVOKED RESPONSE
- 82486 AUTO REFRACTION

- AIRCREW
- SAFETY
- GM INSERTS
- TINTED LENS
- ELECTIVE
- MANDATORY
- SOFT LENS
- EW
- HARD LENS
- GAS PERM
- TORIC
- OTHER

- 90201 EVALUATION
- 90202 FOLLOW UP
- 90203 CONSULTATION/DISPENSING

RULE OUT

1° 2°

- 36800 AMBLYOPIA
- 36731 ANISOMETROPIA
- 36720 ASTIGMATISM
- 36700 HYPEROPIA
- 3674 PRESBYOPIA
- 3671 MYOPIA
- V6551 EMMETROPIA
- 36725 MYOPIC ASTIGMATISM
- 36723 HYPEROPIC ASTIGMATISM
- 36724 MIXED ASTIGMATISM
- OTHER VISUAL ANOMALIES
- 3685 COLOR VISION DEFICIENCIES
- 3682 DIPLOPIA
- 36860 NIGHT BLINDNESS
- 36817 PHOTOPHOBIA
- 36840 VISUAL FIELD DEFECT
- 36810 SUBJECTIVE VISUAL DISTURBANCE
- 36741 ACCOMMODATIVE DISORDER

- 3750 DACRYDAENITIS
- 3752 EPIPHORA
- 3753 INFLAMMATION, ACUTE
- 3754 INFLAMMATION, CHRONIC
- 3755 STENOSIS/INSUFFICIENCY

- 3713 CHANGES IN CORNEAL MEMBRANE
- 91811 CORNEAL ABRASION
- 3714 CORNEAL DEGENERATION
- 37150 CORNEAL DYSTROPHY
- 3712 CORNEAL EDEMA
- 3706 CORNEAL NEOVASCULARIZATION
- 3711 CORNEAL PIGMENTATION
- 3710 CORNEAL SCARS & OPACITIES
- 3700 CORNEAL ULCER
- 3705 KERATITIS, INTERSTITIAL
- 3702 KERATITIS, SUPERFICIAL
- 3703 KERATOCONJUNCTIVITIS
- 3718 KERATOCONUS

- 3640 IRIDOCYCLITIS
- 3647 IRIS, ADHESIONS & DISRUPTIONS
- 3645 IRIS DEGENERATIONS

- 37940 ABNORMALITIES OF PUPIL
- 346 MIGRAINE
- 35800 MYASTHENIA GRAVIS
- 37950 NYSTAGMUS
- 37840 HEADACHE (NOT MIGRAINE)
- 377 DISORDER OF OPTIC NERVE & VISUAL PATHWAYS

- 36511 PRIMARY OPEN-ANGLE
- 3652 PRIMARY ANGLE-CLOSURE
- 3656 SECONDARY
- 3650 SUSPECT
- 3654 W/CONGENITAL ANOMALIES

- 36310 CHOROIRETINITIS, DISSEMINATED
- 36300 CHOROIRETINITIS, FOCAL
- 3634 CHOROID DEGENERATION
- 36250 MACULAR DEGENERATION
- 3620 RETINOPATHY, DIABETIC
- 3621 RETINOPATHY, VASCULAR
- 3622 RETINOPATHY, NONDIABETIC PROLIF
- 37921 VITREOUS DEGENERATION DETACHMENT
- 37924 VITREOUS OPACITIES
- 3633 CHOROIRETINAL SCARS
- 3628 RETINAL DISORDER (OTHER)
- 921 CONTUSION OF EYE & ADNEXA
- 930 FOREIGN BODY, EXTERNAL

- 3730 BLEPHARITIS
- 3732 CHALAZION
- 37450 DEGENERATIVE DISORDERS
- 3741 ECTROPION
- 3740 ENTROPION
- 3731 HORDEOLUM
- 3735 INFECTIVE DERMATITIS
- 3733 NON INFECTIVE DERMATITIS
- 37430 PTOSIS
- 3744 SENSORIMOTOR DISORDERS

- 3722 BLEPHAROCONJUNCTIVITIS
- 37250 CONJUNCTIVAL DEGENERATION
- 3720 CONJUNCTIVITIS, ACUTE
- 3721 CONJUNCTIVITIS, CHRONIC
- 3724 PTERYGIUM
- 3727 VASCULAR DISORDERS & CYSTS

- 37931 APHAKIA
- 36605 CATARACT, INFANTILE
- 3663 CATARACT, SECONDARY
- 3661 CATARACT, SENILE
- 3662 CATARACT, TRAUMATIC
- 3665 POST CATARACT, OPACIFICATION
- 37932 SUBLUXATION OF LENS

- 3780 ESOTROPIA
- 37835 ESOTROPIA, ACCOMMODATIVE
- 3781 EXOTROPIA
- 37831 HYPERTROPIA
- 37834 MONOFIXATION SYNDROME
- 3786 STRABISMUS, MECHANICAL
- 3785 STRABISMUS, PARALYTIC
- 3787 STRABISMUS, OTHER
- 37848 HYPERPHORIA
- 37809 CONVERGENCE, INSUFFICIENCY
- 37895 CONVERGENCE, EXCESS
- 37819 DIVERGENCE, INSUFFICIENCY
- 37898 DIVERGENCE, EXCESS

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision Consultation Procedure/Treatment Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

① ② ③ ④ ⑤

⑥ ⑦ ⑧ ⑨ ⑩

PRESCRIPTIONS

① ② ③ ④ ⑤

⑥ ⑦ ⑧ ⑨ ⑩

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

ORTHOPEDICS/PODIATRY PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

SPONSOR'S SSN

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

PATIENT INFORMATION

FMP

DAY MONTH YEAR

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

ADMINISTRATION

UCA DATA

CLINIC CODE

INPATIENT OR REFERRAL CODE

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

① ② ③ ④ ⑤

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

198254

MAKE NO MARKS
IN THIS AREA

DATE OUT
01° 02°

- | | | | | | |
|--|--|---|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 7234 BRACHIAL RADICULITIS <input type="checkbox"/> 7238 CERVICAL SYNDROME <input type="checkbox"/> 83900 CERVICAL SUBLUXATION <input type="checkbox"/> 7220 DISPLACEMENT, CERVICAL DISK <input type="checkbox"/> 8050 FX, CERVICAL VERT <input type="checkbox"/> 8470 STRAIN <input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME | <ul style="list-style-type: none"> <input type="checkbox"/> 83104 AC SEPARATION-NON-OP <input type="checkbox"/> 7280 ADHESIVE CAPSULITIS <input type="checkbox"/> 72883 BICIPITAL TENDINITIS <input type="checkbox"/> 9534 BRACHIAL PLEXUS INJURY <input type="checkbox"/> 8100 CLAVICLE, CLOSED FRACTURE <input type="checkbox"/> 8101 CLAVICLE, OPEN FRACTURE <input type="checkbox"/> 81218 FRACTURE, CLOSED <input type="checkbox"/> 81200 HUMERUS FX, PROXIMAL END <input type="checkbox"/> 831 DISLOCATION <input type="checkbox"/> 7261 ROTATOR CUFF ARTHROPATHY <input type="checkbox"/> 72762 RUPTURED BICEPS TENDON <input type="checkbox"/> 8110 SCAPULA, CLOSED FRACTURE | <ul style="list-style-type: none"> <input type="checkbox"/> 92303 CONTUSION <input type="checkbox"/> <u>HUMERUS FRACTURE</u> <input type="checkbox"/> 81242 LATERAL CONDYLAR <input type="checkbox"/> 81243 MEDIAL CONDYLAR <input type="checkbox"/> 81241 SUPRACONDYLAR <input type="checkbox"/> 8124 LOWER HUMERUS <input type="checkbox"/> 81221 HUMERAL SHAFT <input type="checkbox"/> 81244 LOWER EPIPHYSIS <input type="checkbox"/> 84091 STRAIN <input type="checkbox"/> V5492 AFTERCARE, AMP, UPPER ARM | <ul style="list-style-type: none"> <input type="checkbox"/> 82310 CONTUSION <input type="checkbox"/> <u>FRACTURE</u> <input type="checkbox"/> 81323 RADIUS & ULNA SHAFT <input type="checkbox"/> 8134 RADIUS, DISTAL THIRD <input type="checkbox"/> 81331 RADIUS, OPEN <input type="checkbox"/> 81307 RADIUS, PROXIMAL <input type="checkbox"/> 81382 ULNA, CLOSED <input type="checkbox"/> 81332 ULNA, OPEN <input type="checkbox"/> 84:91 SPRAIN <input type="checkbox"/> V5493 AFTERCARE, AMP, FOREARM | <ul style="list-style-type: none"> <input type="checkbox"/> <u>AMPUTATION</u> <input type="checkbox"/> 888 FINGER <input type="checkbox"/> 8878 HAND <input type="checkbox"/> 71854 ANKYLOSIS OF FINGER <input type="checkbox"/> 81501 BENNETT'S FRACTURE <input type="checkbox"/> 72841 BURSTITIS <input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME <input type="checkbox"/> 81341 COLLES, CLOSED <input type="checkbox"/> 81351 COLLES, OPEN <input type="checkbox"/> 92320 CONTUSION, HAND <input type="checkbox"/> 92321 CONTUSION, WRIST <input type="checkbox"/> 834 DISLOCATION, FINGER <input type="checkbox"/> 833 DISLOCATION, WRIST <input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE <input type="checkbox"/> 81400 FRACTURE, WRIST <input type="checkbox"/> 72891 GAMEKEEPERS INJURY <input type="checkbox"/> 72743 GANGLION CYST <input type="checkbox"/> <u>FRACTURE</u> <input type="checkbox"/> 81500 METACARPAL(S), CLOSED <input type="checkbox"/> 81510 METACARPAL(S), OPEN <input type="checkbox"/> 81509 METACARPALS, MULTIPLE SITES <input type="checkbox"/> 81401 NAVICULAR, CLOSED <input type="checkbox"/> 81800 PHALANGE(S), CLOSED <input type="checkbox"/> 81603 PHALANGES, MULT SITES, CLOSED <input type="checkbox"/> 81613 PHALANGES, MULT SITES, OPEN <input type="checkbox"/> 71104 SEPTIC ARTHRITIS <input type="checkbox"/> 8830 SOFT TISSUE INJ, FINGER <input type="checkbox"/> 8835 SOFT TISSUE INJ, FINGERNAIL <input type="checkbox"/> 8421 SPRAIN, HAND <input type="checkbox"/> 8420 SPRAIN, WRIST <input type="checkbox"/> 72705 TENOSYNOVITIS <input type="checkbox"/> 72784 TENDON RUPTURE (FLEXOR) <input type="checkbox"/> 72703 TRIGGER FINGER/THUMB <input type="checkbox"/> V5491 AFTERCARE, AMP FINGER <input type="checkbox"/> V5480 AFTERCARE, AMP HAND | <ul style="list-style-type: none"> <input type="checkbox"/> <u>COMPRESSION FX (THORACIC)</u> <input type="checkbox"/> 8082 WITH NEURO LOSS <input type="checkbox"/> 8052 W/DUT NEURO LOSS <input type="checkbox"/> 8054 LUMBAR FX <input type="checkbox"/> 7222 HERNIATED NUCLEAR PULPOSUS <input type="checkbox"/> 72422 LOW BACK SYNDROME <input type="checkbox"/> 71593 OSTEOARTHRITIS <input type="checkbox"/> 7243 SCIATICA <input type="checkbox"/> 73730 SCOLIOSIS, ADOLESCENT <input type="checkbox"/> 7642 SCOLIOSIS, CONGENITAL <input type="checkbox"/> 72400 SPINAL STENOSIS <input type="checkbox"/> 75812 SPONDYLOLISTHESIS, CONGENITAL <input type="checkbox"/> 73841 SPONDYLOLISTHESIS, DEGEN <input type="checkbox"/> 8460 STRAIN, LUMBOSACRAL <input type="checkbox"/> 72441 THORACIC RADICULITIS |
| <ul style="list-style-type: none"> <input type="checkbox"/> 71594 OSTEOARTHRITIS <input type="checkbox"/> 72633 BURSTITIS <input type="checkbox"/> 92311 CONTUSION, ELBOW <input type="checkbox"/> 832 DISLOCATION <input type="checkbox"/> 72632 EPICONDYLITIS <input type="checkbox"/> 8419 SPRAIN/STRAIN <input type="checkbox"/> 72708 SYNOVITIS/TENOSYNOVITIS | <ul style="list-style-type: none"> <input type="checkbox"/> 7543 CONGENITAL DISLOCATION <input type="checkbox"/> 75436 CONGENITAL SUBLUXATION <input type="checkbox"/> 835 DISLOCATION <input type="checkbox"/> 71595 OSTEOARTHRITIS <input type="checkbox"/> 71995 HIP DISORDER, UNSPEC <input type="checkbox"/> <u>FRACTURES</u> <input type="checkbox"/> 82021 INTERTROCHANTERIC, CLOSED <input type="checkbox"/> 82022 SUBTROCHANTERIC, CLSD FEMUR <input type="checkbox"/> 820 FEMORAL NECK <input type="checkbox"/> 73312 HIP, STRESS <input type="checkbox"/> 7321 LEGG-PERTHES DISEASE <input type="checkbox"/> 73639 ROTATIONAL DEFORMITY <input type="checkbox"/> 75432 ROTATIONAL DEFORMITY-CONGENITAL <input type="checkbox"/> 7322 SLIPPED CAPITAL EPIPHYSIS <input type="checkbox"/> 73220 SLIPPED EPIPHYSIS <input type="checkbox"/> 84392 SPRAIN/STRAIN <input type="checkbox"/> 71925 SYNOVITIS, VLLONODULAR <input type="checkbox"/> 7265 TROCHANTERIC BURSTITIS <input type="checkbox"/> 71105 SEPTIC ARTHRITIS <input type="checkbox"/> V547 AFTERCARE, PROSTHETIC REPLACEMENT | | | | |

- 82400 CONTUSION FRACTURE
- 82123 DISTAL SUPRACONDYLAR, CLOSED
- 82122 EPIPHYSIS, CLOSED
- 82132 EPIPHYSIS, OPEN
- 82101 FEMORAL SHAFT, CLOSED
- 82111 FEMORAL SHAFT, OPEN
- 82102 FEMORAL SHAFT, PROXIMAL
- 82103 FEMORAL SHAFT, MID
- 82120 FEMORAL SHAFT, DISTAL
- 73311 FEMORAL SHAFT, PATHOLOGIC
- 82104 FEMORAL SHAFT, COMMUNUTED
- 72706 RUPTURED QUADRICEPS
- 84309 STRAIN
- V5494 AFTERCARE, AMP THIGH

- 85881 COMPARTMENT SYNDROME ACUTE
- 85882 COMPARTMENT SYNDROME CHRONIC
- 82410 CONTUSION FRACTURE
- 82321 FIBULA SHAFT CLOSED
- 82382 TIBIA/FIBULA
- 82380 TIBIA W/INTACT FIBULA
- 82330 TIBIA MIDSHAFT
- 73383 DELAYED UNION
- 73391 MALLUNION
- 73382 NON UNION
- 7324 OSGOOD-SCHLATTER
- 73887 ROTATIONAL DEFORMITY
- 72787 RUPTURE ACHILLES TENDON
- 84491 STRAIN
- 73314 STRESS FRACTURE
- 73689 TIBIAL TORSION
- V5495 AFTERCARE, AMP, LOWER LEG

- 4402 ARTEROSCLEROTIC PERIPHERAL VASCULAR DIS, EXTREMITIES
- 7273 BURSTITIS, NOS
- 3430 CEREBRAL PALSY
- 7135 CHARCOT'S DISEASE
- 8249 CONTUSION, UNSPEC SITE
- 71590 OSTEDARTHRTIS (DJD)
- 8388 DISLOCATION/SUBLUXATION, UNSPEC GANGRENE
- 78541 DRY, DIABETIC
- 78540 DRY, NON-DIABETIC
- 78543 MOIST, DIABETIC
- 78542 MOIST, NON-DIABETIC
- 274 SOUL
- V213 GROWTH DISCREPANCY
- 342 HEMIPLEGIA
- 8914 IMMERSION FOOT
- 7195 JOINT STIFFNESS
- 74191 MENINGOMYELOCELE
- 7281 MYOSITIS OSSIFICANS
- 3589 NEUROMUSCULAR DISEASE UNSPEC
- 2139 OSTEOCHONDROMA
- 2882 OSTEDMALACIA
- 7302 OSTEDMYELITIS
- 7330 OSTEDPOROSIS
- 7310 PAGET'S DISEASE
- 3441 PARAPLEGIA
- 7331 PATHOLOGICAL FX, UNSPEC
- 85791 PERIPHERAL NERVE INJURY
- 75738 POROKERATOSIS
- V4950 PRIOR SURGICAL REVASC, LIMB
- 73384 PSEUODARTHROSIS
- 3440 QUACRIPLEGIA
- 71140 RHEUMATOID ARTHRITIS
- 7110 SEPTIC ARTHRITIS
- 72190 SPONDYLITIS, NOS
- 7200 SPONDYLITIS, RHEUMATOID
- 72700 SYNOVITIS, NOS
- 7270 SYNOVITIS/TENOSYNOVITIS
- 2299 TUMOR, BENIGN, NOS
- 19912 TUMOR, MALIGNANT, NOS
- 799P3 WEAKNESS
- V855 NO PROBLEM NOTED

MAKE
NO
MARKS
IN
THIS
AREA

- 73881 ANGULAR DEFORMITY
- 71848 ANTERIOR KNEE PAIN SYNDROME
- 72751 BAKER'S CYST
- 72660 BURSTITIS
- 8381 CARTILAGE TEAR, LAT MENISCUS
- 8380 CARTILAGE TEAR, MED MENISCUS
- 7177 CHONDROMALACIA, PATELLA
- 73392 CHONDROMALACIA
- 82411 CONTUSION
- 836 DISLOCATION
- 8383 DISLOCATION PATELLA, CLOSED
- 75588 DISLOCATION PATELLA, CONGENITAL
- 8384 DISLOCATION PATELLA, OPEN
- 73891 EPIPHYSEAL DEFORMITY
- 8597 EPIPHYSEAL INJURY
- 8220 FRACTURE, PATELLA, CLOSED
- 8221 FRACTURE, PATELLA, OPEN
- 71918 HEMARTHROSIS, KNEE
- 717 INTERNAL DERANGEMENT
- 8440 LIGAMENT SPRAIN, LATERAL
- 8441 LIGAMENT SPRAIN, MEDIAL
- 83821 LIGAMENT TEAR, ANT CRUCIATE
- 83822 LIGAMENT TEAR, POST CRUCIATE
- 7178 LOOSE BODIES
- 71598 OSTEDARTHRTIS
- 73278 OSTEDCHONDRTIS DISSECANS
- 71996 PATELLA SYNDROME
- 72664 PATELLAR TENDINITIS
- 72961 RETAINED HARDWARE
- 73698 ROTATIONAL DEFORMITY
- 72709 SYNOVITIS/TENOSYNOVITIS
- 71926 SYNOVITIS, VILLODODULAR
- 8230 TIBIAL SPINE FX
- INSTABILITY OF THE KNEE
- 71886 ACUTE
- 71876 CHRONIC

- 72671 ACHILLES BURSTITIS/TENDINITIS
- 82421 CONTUSION
- 8370 DISLOCATION, CLOSED
- FRACTURE
- 8244 BIMALLEOLAR
- 8242 LATERAL MALLEOLUS
- 8240 MEDIAL MALLEOLUS
- 71587 OSTEDARTHRTIS ANKLE/FOOT
- 73277 OSTEDCHONDRTIS DISSECANS
- 8450 SPRAIN
- 72706 TENOSYNOVITIS

- 7271 BUNION
- 7325 CALCANEAL APOPHYSITIS
- 75470 CLUBFOOT, CONGENITAL
- 82420 CONTUSION
- 700 CORN & CALLOSITIES
- 83800 DISLOCATION, FOOT, CLOSED
- 83809 DISLOCATION, TOE
- FRACTURE
- 82520 FOOT, CLOSED
- 82530 FOOT, OPEN
- 82525 METATARSAL(S)
- 8250 OS CALCIS, CLOSED
- 8260 PHALANGE(S), CLOSED
- 8261 PHALANGE(S), OPEN
- 82521 TALUS
- 82526 TRANS-TALUS DOME
- 7350 HALLUXVALGUS
- 7354 HAMMER TOE, ACQUIRED
- 75566 HAMMER TOE, CONGENITAL
- 72873 HEEL SPUR
- 7030 INGROWN TOENAIL
- 72870 METATARSALGIA
- 3556 MORTON'S NEUROMA
- 72871 PLANTAR FASCITIS
- 87813 PLANTAR WART
- 73313 STRESS FRACTURE
- 7548 VALGUS DEFORMITY, FOOT
- 7545 VARUS DEFORMITY, FOOT

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MAKE NO MARKS
IN THIS AREA

MAKE NO MARKS IN THIS AREA

- 80024 EXAM, GENERAL MEDICAL
- 95831 MUSCLE TEST
- 95920 NEUROVASCULAR EVAL
- 95851 RANGE OF MOTION
- VASCULAR EVAL
- 93910 ARTERIES, LOWER LIMB
- 93950 VEINS, LOWER LIMB

- 11100 BIOPSY, SKIN
- 28290 BLINNOECTOMY, SIMPLE
- 17250 CHEMOCAUTERIZATION, SKIN LESION
- 28128 CONDYLECTOMY, SINGLE TOE
- 11044 DEBRIDE SKIN, MUSCLE, BONE
- 17200 ELECTROBURST DESTRUCT SKIN LESION
- 11429 EXCISION, NEOPLASM, LARGE
- 28080 EXCISION, MORTON NEUROMA
- 10120 FOREIGN BODY REMOVAL, SIMPLE
- 28285 HAMMERTOE OPERATION

- 80780 ANES. & STEROID, INTRALESIONAL
- NERVE BLOCKS
- 84462 ANKLE
- 84454 DIGITAL
- 84450 PERIPHERAL
- 84451 POST TIB
- 84453 WRIST

BODY/UPPER EXT APPLICATION

- 29085 GAUNTLET
- 29000 HALO TYPE
- 29085 LONG ARM
- 29010 RISSER JACKET, LOCALIZER
- 29075 SHORT ARM
- 29035 SHOULDER TO HIP
- 29020 TURNBUCKLE JACKET

- H&O
- 10080 ABSCESS
- 10004 CYST (INFECTED OR NONINFEC)
- 10140 HEMATOMA
- 10100 PARONYCHIA
- 36471 INJECT/SCLEROSE MULT VEINS
- 36470 INJECT/SCLEROSE SINGLE VEIN
- 20850 INSERTION OF WIRE/PIN

- CULTURE
- 87070 BACTERIAL
- 87220 KOH
- 87101 MYCOTIC
- 87184 SENSITIVITY
- 87210 WET MOUNT

LOWER EXTREMITY APPLICATION

- 29385 CYLINDER
- 29305 HIP SPICA, UNILATERAL
- 29325 HIP SPICA, BILATERAL
- 29345 LONG LEG
- 29355 LONG LEG, WALKER/AMB TYPE
- 29435 PATELLAR BEARING CAST
- 29456 POST AMPUTATION CAST
- 29405 SHORT LEG
- 29425 SHORT LEG, WALKER/AMB TYPE

- H&S
- 11730 AVULSION
- 11700 DEBRIDE 1-5
- 11701 DEBRIDE 6-10
- 11750 MATRIX DESTRUCTION
- 28303 OSTEOTOMY
- 28119 PLANTAR FASCIAL RELEASE
- 11052 REDUCTION OF CLAVI
- 20670 REMOVE PLATE, BAND, SCREW, WIRE
- 28301 RETROCALCANEAL EXOSTOECTOMY
- 13185 SECONDARY CLOSURE, NONSUNG WOUND
- 88074 SUTURE REMOVAL & DRESSING
- 12001 SUTURE WOUND
- 28234 TENOTOMY, FOOT/TOE

OTHER APPLICATION

- 29700 GAUNTLET, BOOT, BODY, REPAIR/REMOVAL
- 28850 FRACTURE MANIP & IMMOB, NOS
- 29705 FULL ARM/FULL LEG, REPAIR/REMOVAL
- 29800 REMOVAL, REPAIR, REAPPLICATION

ARTHROCENTESIS

- 20800 SMALL JOINT
- 20805 INTERM JOINT
- 20810 LARGE JOINT
- 98501 CYTOTOXIC INFUSION/INJECTION
- 98503 GOLD INJECTION
- 90782 GENERAL IM INJECTION
- 20551 SOFT TISSUE INJECTION
- 84208 SYNOVIAL FLUID ANALYSIS FOR CRYSTALS

SPICA, REPAIR/REMOVAL

- 29710 SPICA, REPAIR/REMOVAL

SPLINT/APPLICATION

- 29130 FINGER
- 29105 LONG ARM
- 29505 LONG LEG
- 29125 SHORT ARM
- 29515 SHORT LEG

STRAPPING-ANY AGE

- 29640 ANKLE
- 29260 ELBOW-WRIST
- 29280 HAND-FINGER
- 29520 HIP
- 29530 KNEE
- 29220 LOW BACK
- 29240 SHOULDER
- 29200 THORAX
- 29550 TOES
- 29580 UNNA BOOT
- 29799 UNLISTED STRAPPING

MAKE NO MARKS IN THIS AREA

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

198254

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	0000	0000	
	5 minutes	0000	
	10 minutes	0000	
	15 minutes	0000	
	20 minutes	0000	
	30 minutes	0000	
	45 minutes	0000	
	1 hour	0000	
	1.5 hours	0000	
	2 hours	0000	
	2.5 hours	0000	
	3 hours	0000	
	3.5 hours	0000	
	4 hours	0000	
	4.5 hours	0000	
	5 hours	0000	
	5.5 hours	0000	
	6 hours	0000	
	6.5 hours	0000	
	7 hours	0000	
	7.5 hours	0000	
	8 hours	0000	
	8.5 hours	0000	
	9 hours	0000	
	9.5 hours	0000	
	10 hours	0000	

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired
 Other

MARK ONLY ONE

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA



ORTHO APPLIANCE FORM

PATIENT

DAY	MONTH	YEAR
00	00	00
01	01	01
02	02	02
03	03	03
04	04	04
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09
10	10	10
11	11	11
12	12	12

SPONSOR'S SSN

00	00	00	00	00	00
01	01	01	01	01	01
02	02	02	02	02	02
03	03	03	03	03	03
04	04	04	04	04	04
05	05	05	05	05	05
06	06	06	06	06	06
07	07	07	07	07	07
08	08	08	08	08	08
09	09	09	09	09	09

FMP

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

ADMINISTRATION

UCA DATA

INPATIENT OR REFERRAL CODE

A	(A)	(A)	(A)
B	(B)	(B)	(B)
C	(C)	(C)	(C)
D	(D)	(D)	(D)
E	(E)	(E)	(E)
F	(F)	(F)	(F)
G	(G)	(G)	(G)
H	(H)	(H)	(H)
I	(I)	(I)	(I)
J	(J)	(J)	(J)
K	(K)	(K)	(K)
L	(L)	(L)	(L)
M	(M)	(M)	(M)
N	(N)	(N)	(N)
O	(O)	(O)	(O)
P	(P)	(P)	(P)
Q	(Q)	(Q)	(Q)
R	(R)	(R)	(R)
S	(S)	(S)	(S)
T	(T)	(T)	(T)
U	(U)	(U)	(U)
V	(V)	(V)	(V)
W	(W)	(W)	(W)
X	(X)	(X)	(X)
Y	(Y)	(Y)	(Y)
Z	(Z)	(Z)	(Z)

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

00645

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE) (1)

ADDITIONAL PROCEDURES

1				2			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

- 98100 REECE SHOE
- 98101 REECE SHOE W/EXTRA PADDING
- 98102 PLASTIZOTE INSOLE
- 98103 HEAT MOLDED PLASTIZOTE
- SPENCO
- 98104 INSERTS
- 98105 W/SCAPHOID PAD
- 98106 W/CUTOUTS
- 98107 W/CUTOUTS & SCAPHOID PADS
- 98108 W/METATARSAL PADS
- 98109 W/METATARSAL BARS
- 98110 W/DANCERS PAD
- 98111 FOREFOOT EXTENSION
- 98112 W/WEDGE
- 98113 W/SCAPHOID & WEDGE
- 98114 W/MET BAR & SCAPHOID PAD
- 98115 ADD MORTONS EXTENSION
- 98116 1/4, 3/8, 1/2 INCH HEEL LIFTS
- 98117 HEEL SPUR INSERT
- 98118 HEEL CUPS
- 98119 HEEL WEDGES (INTERNAL)
- 98120 STOCK ARCH SUPPORTS
- 98121 CORK & LEATHER ARCH SUPPORTS
- 98122 POLYPROPYLENE ARCH SUPPORTS
- 98123 DENNIS BROWN SPLINTS
- 98124 BMM
- 98125 UCB INSERTS
- 98126 FLEXI-FLANGE
- 98127 SOLE WEDGES (INTERNAL)
- 98128 SOFT SOLE
- 98129 OTHER (FEET)

- 98160 CART/HINGED/ELASTIC SUPPORT
- 98174 PATELLA STABILIZER UNIT
- 98181 CHO-PAT STRAP
- 98182 NEOPRENE SLEEVE
- 98183 LENOX HILL
- 98184 LERMAN
- 98186 IO (FABRICATED)
- 98175 SWEDISH KNEE CAGE
- 98188 MEASURE FOR JOBST HOSE
- 98187 MEAS F/JOBST HOSE W/GARTER BELT
- 98188 GARTER BELT
- 98189 WAIST SUSPENSION BELT
- 98170 LONG LEG ORTHOSIS
- 98171 PTFE (POLYPROPYLENE)
- 98172 PTFE (ORTHOPLAST)
- 98173 OTHER (KNEE/LEG)
- 98180 STUMP SOCKS
- 98181 DISTAL END PAD
- 98182 PYLONS/SATCH FOOT
- 98183 OTHER (PROSTHETICS)
- 98180 SCOTTISH-RITE
- 98191 PAVLIK HARNESS
- 98192 AKHO
- 98193 HO
- 98194 OTHER (HIPS)

- 98220 CERVICAL COLLAR
- 98221 FOUR POSTER
- 98222 S.O.M.I.
- 98223 JEWETT
- 98224 CASH
- 98225 TLSO
- 98226 CHAIR BACK
- 98227 TAYLOR BACK
- 98228 ABDOMINAL BANDER
- 98229 L-S/S-I CORSET
- 98231 DORSO-LUMBAR CORSET
- 98230 OTHER (SPINAL)
- 98240 STRETCH BOOTS
- 98241 STIRRUP CHANGES
- 98242 HEELS
- 98243 WEDGES (EXTERNAL)
- 98244 BUILD-UPS
- 98245 ROCKER BOTTOM
- 98246 RIPPLE SOLES
- 98247 CREPE SOLES
- 98248 LEATHER SOLES
- 98249 METATARSAL BARS (EXTERNAL)
- 98250 ADD VELCRO TO SHOES
- 98252 MEASURE FOR BOSTON SHOES
- 98251 OTHER (SHOES)

- 98140 LEATHER LACE OR CANVAS LACE
- 98141 FABRICATE LEATHER LACE
- 98142 ELASTIC ANKLET
- 98143 ORTHOPLAST STIRRUP SPLINT
- 98144 AFO (STOCK)
- 98145 AFO (FABRICATED)
- 98146 SHORT LEG ORTHOSIS
- 98147 M-R SPLINT
- 98148 OTHER (ANKLE)

- 98200 CVA SLING
- 98201 TENNIS ELBOW
- 98202 ELBOW PADS
- 98203 ELASTIC WRIST BAND
- 98204 CANVAS WRIST GAUNTLET
- 98205 POLYPROPYLENE WRIST GAUNTLET
- 98206 MEASURE FOR JOBST GLOVES
- 98207 FINGER SPLINTS
- 98208 AIRPLANE SPLINTS
- 98209 OTHER (ARMS/HANDS)

- 98260 CALF BAND LEATHER
- 98261 THIGH LACER
- 98262 REFURBISH LONG LEG ORTHOSIS
- 98263 REFURBISH SHORT LEG ORTHOSIS
- 98264 REFURBISH SCOTTISH-RITE
- 98265 RECOVER AIRPLANE SPLINT
- 98266 READJUST AIRPLANE SPLINT
- 98267 TRIM TLSO
- 98268 REPLACE STRAPS ON TLSO
- 98269 MINOR LENOX HILL REPAIRS
- 98270 REPAIR POST/POLYPROPYLENE ARCH
- 98271 HOOK & PILE
- 98272 CUT MATERIAL W/BANDSAW
- 98273 SEW MATERIAL
- 98274 REMOVE SHOE BUILD-UP
- 98275 OTHER (REPAIR/REPLACE/FABS)

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR APPLIANCE AND ONE SECONDARY (IF APPLICABLE)

Dx 1
Dx 2

- V5371 NEEDS ORTHOTIC APPLIANCE
- V5372 REPAIR OF ORTHOTIC APPLIANCE
- V5373 REPAIR OF PROSTHETIC
- V5574 PROBLEM W/PROSTHESIS
- V5575 OTHER

UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
		5 minutes			
		10 minutes			
		15 minutes			
A	1	20 minutes		A	1
B	2	30 minutes		B	2
C	3	45 minutes		C	3
D	4	1 hour		D	4
E	5	1 hour/30 minutes		E	5
F	6	2 hours		F	6
G	7	2 hours/30 minutes		G	7
H	8	3 hours		H	8
I	9	3 hours/30 minutes		I	9
J		4 hours		J	
K		4 hours/30 minutes		K	
L				L	
M	PROV #1			M	PROV #2
N	YES NO			N	YES NO
O		Have you seen this patient before?		O	
P		If yes, have you treated this patient for this problem before?		P	
Q				Q	
R				R	
S				S	
T				T	
U				U	
V				V	
W				W	
X				X	
Y				Y	
Z				Z	

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

8 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5

8 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PAIN/PHYSICAL MEDICINE PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

PATIENT INFORMATION

FRP	BIRTHDATE		
	DAY	MONTH	YEAR
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

SPONSOR'S SSN

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

ADMINISTRATION

UIC DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
C	B
D	C
E	D
F	E
G	F
H	G
I	H
J	I
K	J
L	K
M	L
N	M
O	N
P	O
Q	P
R	Q
S	R
T	S
U	T
V	U
W	V
X	W
Y	X
Z	Y

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

08003

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

MULTIPLURAL PROCEDURES

PAIN PROCEDURES

BLOCK

- 84530 CELIAC PLEXUS
- 82278 EPIDURAL
- 84520 LUMBAR SYMPATHETIC
- 84450 PERIPHERAL NERVE
- 84441 SPINAL
- 84510 STELLATE GANGLION
- 84417 SYMPATHETIC AXILLARY
- 84512 SYMPATHETIC BIER
- 82273 BLOOD PATCH
- 82276 DIFFERENTIAL SPINAL
- EPIDURAL**
- 84485 CATHETER PLACEMENT
- 84413 CERVICAL
- 82275 DIFFERENTIAL
- 82289 STERIODS
- 11802 INTRALESIONAL STEROID INJECTION
- 90771 INTRATHECAL STEROID
- JOINT INJECTION**
- 20605 INTERMEDIATE JOINT
- 20610 MAJOR JOINT
- 20600 SMALL JOINT
- NEUROLYTIC**
- 84460 CELIAC
- 82283 LUMBAR SYMPATHETIC
- 84461 PERIPHERAL
- 82280 SUBARACHNOID
- 20550 TRIGGER POINT INJECTION

PHYSICAL MEDICINE PROCEDURES

- 90789 ARISTOCORT
- 90772 CELESTONE
- 90791 DEPO-TESTOSTERONE (100 mg)
- 90792 DELATESTRYL
- 90793 KENALOG
- 90794 MARCAINE
- 80795 VITAMIN B12
- 90796 XYLOCAINE
- 90782 ALL OTHER
- 95933 BLINK RELFEX
- ELECTROMYOGRAPHY**
- 95860 ONE EXTREMITY
- 95881 TWO EXTREMITIES
- 87752 EXTREMITY TESTING-CYBEX EVAL
- EVOKED POTENTIALS**
- 95810 BRAINSTEM
- 95825 SENSORY
- 95911 VISUAL
- 95934 "F" WAVES
- 95935 "H" WAVES
- 97530 KINETIC ACTS TO INCRE COORD. STRENGTH &/OR ROM-ORHTHOTRON
- 87260 MANIPULATION
- 95900 NERVE CONDUCTION STUDIES
- 82281 PHENOL BLOCK
- 95937 REPETITIVE STIMULATION
- 95889 SINGLE FIBER EMG
- TRANSCUT ELECT NERVE STIMULAT**
- 97118 MANUAL
- 97014 UNATTENDED
- 20555 TRIGGER POINT STIMULATION
- 80028 PHYSICAL EXAMINATION

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY IF APPLICABLE

PAIN DIAGNOSIS

- 7245 BACK PAIN, NOS
- 7244 BACK PAIN, W/RADIATING SYMPTOMS
- 78092 CHRONIC PAIN
- 7840 HEADACHE
- 0539 HERPES ZOSTER W/O COMPLICAT
- 72422 LOW BACK PAIN/RADICULAR
- 7291 MYALGIA, MYOSITIS
- 35595 NERVE ENTRAPMENT SYNDROME
- 78096 PAIN SECONDARY TO MALIGNANCY
- 44392 PERIPHERAL VASCULAR INSUFFIC
- 72280 POST LAMINECTOMY SYNDROME
- 95310 POST HERPETIC NEURALGIA
- 7292 RADICULITIS, RADICULOPATHY
- 33791 REFLEX SYMPATHETIC DYSTROPHY
- 3501 TRIGEMINAL NEURALGIA & NEURITIS
- V655 NO PROBLEM NOTED

PHYSICAL MEDICINE DIAGNOSIS

- GENERAL**
- 7831 ABNORMAL WEIGHT GAIN
- 7832 ABNORMAL WEIGHT LOSS
- 9952 ADVERSE EFFECTS-UNSPEC DRUGS
- V719 OBSERVATION/EVALUATION
- 7999 UNSPEC UNDIAGNOSED DISEASE
- CARDIOVASCULAR/PULMONARY**
- 492 EMPHYSEMA
- 4405 GENERALIZED ISCHEMIC VASC DIS
- 451 PHLEBITIS/THROMBOPHLEBITIS
- 4430 RAYNAUD'S SYNDROME
- 454 VARICOSE VEINS (LEGS)
- DERMATOLOGY**
- 7854 GANGRENE
- 7079 ULCER/CHRONIC
- ENDOCRINE/METABOLIC**
- 250 DIABETES MELLITIS
- 274 GOUT
- 2780 OBESITY (NON ENDOCRINE)
- HEMATOLOGY & NEOPLASTIC DISEASE**
- 7100 LUPUS SYSTEMIC ERYTHEMATOSUS
- 4460 POLYARTERITIS NODOSA
- 725 POLYMYALGIA
- 7858 LYMPHADENOPATHY
- MUSCULOSKELETAL**
- ARTHRITIS**
- 71430 JUVENILE
- 71590 OSTE0
- 0993 REITER'S
- 7140 RHEUMATOID
- 71690 UNSPECIFIED TYPE
- 7273 BURSITIS
- 7109 CONNECTIVE TISSUE DISEASE
- 73397 COSTOCHONDRITIS
- 7141 FELTY'S
- 7290 FIBROSITIS
- 72813 HETEROTOPIC OSSIFICATION (POST OP)
- 7291 MYALGIA
- 7330 OSTEOPOROSIS
- 896 PSORIASIS
- 7243 SCIATICA
- 7181 SCLERODERMA
- 7209 SPONDYLITIS
- 7270 SYNOVITIS/TENOSYN
- 7338 TIETZ'S
- 3310 ALZHEIMER'S
- 3510 BELL'S PALSY
- 3540 CARPAL TUNNEL SYNDROME
- 4359 CEREBRAL ISCHEMIA (TIA)
- 3439 CEREBRAL PALSY
- 4340 CEREBRAL THROMBOSIS
- 436 CEREBROVASCULAR DISEASE (CVA)
- 34989 CNS DEGENERATIVE DISEASE
- 3152 COGNITIVE/LEARNING DISORDER
- 850 CONCUSSION
- 3419 DEMYELINATING DISEASE
- 345 EPILEPSY
- 4371 GEN ISCHEMIC CEREBROVASCULAR DISEASE
- 3451 GRAND MAL
- 30781 HEADACHE (TENSION)
- 346 MIGRAINE AND EQUIVALENTS
- 340 MULTIPLE SCLEROSIS
- 74258 MYELODYSPLASIA
- 347 NARCOLEPSY/CATAPLEXY
- 78193 NEUROLOGIC SYMPTOMS
- 3589 NEUROMUSCULAR DISORDER
- 78201 PARESTHESIA
- 332 PARKINSONISM/PARALYSIS AGITANS
- 35593 PERIPHERAL/SPINAL NERVE DISOR
- 3450 PETIT MAL
- 7845 SPEECH DISORDER
- 3389 SPINAL CORD DISEASE
- 33691 SPINAL CORD LESION W/O VERT FX
- 7802 SYNCOPSE/COLLAPSE
- 7235 TORTICOLLIS
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	25 minutes		
	30 minutes		
	35 minutes		
	40 minutes		
	45 minutes		
	50 minutes		
	55 minutes		
	60 minutes		
	65 minutes		
	70 minutes		
	75 minutes		
	80 minutes		
	85 minutes		
	90 minutes		
	95 minutes		
	100 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? Yes No

If yes, have you treated this patient for this problem before? Yes No

REASON FOR #1 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
 (1) (2) (3) (4) (5)
 (6) (7) (8) (9) (10)

PRESCRIPTIONS
 (1) (2) (3) (4) (5)
 (6) (7) (8) (9) (10)

X RAYS
 Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER
 Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

PEDIATRIC PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
	<input type="radio"/> Jan	
	<input type="radio"/> Feb	
(0) (1)	<input type="radio"/> Mar	(0)
(1) (2)	<input type="radio"/> Apr	(1)
(2) (3)	<input type="radio"/> May	(2)
(3) (4)	<input type="radio"/> Jun	(3)
(4) (5)	<input type="radio"/> Jul	(4)
(5) (6)	<input type="radio"/> Aug	(5)
(6) (7)	<input type="radio"/> Sep	(6)
(7) (8)	<input type="radio"/> Oct	(7)
(8) (9)	<input type="radio"/> Nov	(8) (9)
(9) (0)	<input type="radio"/> Dec	(9) (0)

PATIENT

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
		<input type="radio"/> Jan	
		<input type="radio"/> Feb	
(0) (1)	(0) (1)	<input type="radio"/> Mar	(0) (1)
(1) (2)	(1) (2)	<input type="radio"/> Apr	(1) (2)
(2) (3)	(2) (3)	<input type="radio"/> May	(2) (3)
(3) (4)	(3) (4)	<input type="radio"/> Jun	(3) (4)
(4) (5)	(4) (5)	<input type="radio"/> Jul	(4) (5)
(5) (6)	(5) (6)	<input type="radio"/> Aug	(5) (6)
(6) (7)	(6) (7)	<input type="radio"/> Sep	(6) (7)
(7) (8)	(7) (8)	<input type="radio"/> Oct	(7) (8)
(8) (9)	(8) (9)	<input type="radio"/> Nov	(8) (9)
(9) (0)	(9) (0)	<input type="radio"/> Dec	(9) (0)

SPONSOR'S SSN

(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(0)
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(0)	(1)
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(0)	(1)	(2)
(4)	(5)	(6)	(7)	(8)	(9)	(0)	(1)	(2)	(3)
(5)	(6)	(7)	(8)	(9)	(0)	(1)	(2)	(3)	(4)
(6)	(7)	(8)	(9)	(0)	(1)	(2)	(3)	(4)	(5)
(7)	(8)	(9)	(0)	(1)	(2)	(3)	(4)	(5)	(6)
(8)	(9)	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)
(9)	(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
(B) (A) (A) (A)	(A) (A) (A) (A)
(B) (B) (B)	(B) (B) (B)
(D) (C) (C)	(B) (C) (C)
(D) (D) (D)	(D) (D) (D)
(E) (F) (E)	(C) (E) (E)
(S) (F) (F)	(F) (F) (F)
(H) (G) (G)	(F) (G) (G)
(H) (H) (H)	(H) (H) (H)
(I) (I) (I)	(S) (I) (I)
(J) (J) (J)	(J) (J) (J)
(K) (K) (K)	(K) (K) (K)
(L) (L) (L)	(L) (L) (L)
(M) (M) (M)	(N) (M) (M)
(N) (N) (N)	(N) (N) (N)
(O) (O) (O)	(O) (O) (O)
(P) (P) (P)	(P) (P) (P)
(Q) (Q) (Q)	(Q) (Q) (Q)
(R) (R) (R)	(R) (R) (R)
(S) (S) (S)	(S) (S) (S)
(T) (T) (T)	(T) (T) (T)
(V) (V) (V)	(V) (V) (V)
(W) (W) (W)	(W) (W) (W)
(X) (X) (X)	(X) (X) (X)
(Y) (Y) (Y)	(Y) (Y) (Y)
(Z) (Z) (Z)	(Z) (Z) (Z)

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE
 (1) (2) (3) (4) (5)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?
 Yes
 No

2. Patient being seen for new problem?
 Yes
 No

434409

PROVIDER

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

EXAMINATIONS

- 90013 BREAST EXAM
90009 COMPLAINT SPECIFIC MED. EX
90008 COMPLAINT SPECIFIC F/U EXAM
99025 DEVELOP SCREEN-HANDICAPS CHLDHD
45989 DIGITAL EXAM OF RECTUM
90016 EYE EXAM, LIMITED
90024 GENERAL EXAM
90014 SCREENING HEARING
90029 SCREENING MEDICAL EXAM
87070 CULTURE, BACTERIAL
87080 CULTURE, THROAT
87205 GRAM STAIN
85014 HEMATOOCRIT
87215 WET MOUNT & KOH PREP
81000 URINALYSIS

- 36800 ARTERIAL STICK
20601 ASPIRATION, JOINT
51000 BLADDER TAP
20220 BIOPSY, BONE/MARROW
90790 CHEMOTHERAPY
90011 DRESSING CHANGE
90765 EFMP ASSESSMENT
90768 EFMP EVALUATION
90787 EFMP THERAPY
99155 GENL COUNSELLING NO PE
99158 GENL COUNS/ADVICE CONTRACEPT
95640 INHALATION THERAPY
90782 INJECTION, IM/SUBQ
98212 IRRIGATION OF EAR
38420 IV CUTDOWN <1 YR
38000 IV, START
92270 LUMBAR PUNCTURE
68420 MYRINGOTOMY
89180 NASAL SMEAR

- 90025 PAP SMEAR
99195 PHELEBOTOMY, THERAPEUTIC
10120 REMOVAL OF FOREIGN BODY (SUBQ)
90700 SHOT RECORD REVIEW
94010 SPIROMETRY
29100 SPLINT APPLICATION
12001 SUTURE PLACEMENT
90002 SUTURE REMOVAL
38438 TRANSFUSION, WHOLE BLOOD
92587 TYMPANOGRAM
53870 URETHRAL CATH.
36415 VEMPUNCTURE
17110 WART REMOVAL

Grid for marking additional procedures with columns 1 and 2.

PROCEDURES

- 90007 ACE BANDAGE APPLICATION

- 89180 NASAL SMEAR

- 90701 DPT
90702 DT
90724 FLU
90741 GAMA GLOBULIN
90712 ORAL POLIO VACCINE

- 90707 MMR
90732 PNEUMOVAX
88580 TB SKIN TEST, INTRAD (ADMIN)
86581 TB TINE TEST (ADMIN)
86582 TB TEST (READ)
90714 TYPHOID
90749 OTHER

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

FREQUENT DIAGNOSES

- 477 ALLERGIC RHINITIS
493 ASTHMA
49391 ASTHMA, W/STAT ASTHMATICUS
4681 BRONCHIOLITIS
490 BRONCHITIS
1129 CANDIDIASIS, UNSPEC SITE
37230 CONJUNCTIVITIS
5640 CONSTIPATION
7862 COUGH
00882 DIARRHEA/GASTROENTERITIS
4749 DISEASE T&A CHRONIC
891 ECZEMA/ATOPIC DERMATITIS
V219 EFM FUNCTIONAL NEED ASSESMT
7847 EPISTAXIS
V700 GENERAL MEDICAL EXAM
684 IMPETIGO
4871 INFLUENZA
683 LYMPHADENITIS, ACUTE
7856 LYMPHADENOPATHY
1339 MITES
7870 NAUSEA & VOMITING
3601 OTITIS EXTERNA, INFECTIVE
3820 OTM SUPPURATIVE, ACUTE
3814 OTM, SEROUS
1323 PEDICULOSIS/HEADLICE
462 PHARYNGITIS (ACUTE)
0340 PHARYNGITIS (STREP)
1274 PINWORMS
461 SINUSITIS
V254 SURVEIL, CONTRACEPTION METH
V202 SURVEIL, HEALTH DEVELOPMENT
1120 THRUSH
3849 TYMPANIC MEMBRANE DISORDER
460 URI/COMMON COLD
5990 URINARY TRACT INFECTION
052 VARICELLA, CHICKENPOX

RESPIRATORY

- 8788 LACERATION(S) W/O COMPLIC
V400 LEARNING PROBLEMS
V8128 NON-ACCIDENTAL TRAUMA
V8120 PARENT-CHILD PROBLEMS
V22 PREGNANCY, NORMAL
848 SPRAIN/STRAIN ALL SITES
30093 SUICIDE GESTURE
95891 SUICIDE ATTEMPT
7802 SYNCOPSE/COLLAPESE
78042 VERTIGO
V410 VISION PROBLEMS

GENITOURINARY

- 8260 AMENORRHEA
6959 CYSTITIS
8269 DISORDERS OF MENSTRUATION
8253 DYSMENORRHEA
5809 GLOMERULONEPHRITIS, ACUTE
5997 HEMATURIA
603 HYDROCELE
5819 NEPHROTIC SYNDROME
8149 PELVIC INFLAMMATORY DISEASE
8254 PREMENSTRUAL TENSION SYNDROME
7910 PROTEINURIA
5901 PYELONEPHRITIS, ACUTE
7625 UNDESCENDED TESTIS
81813 VULVOVAGINITIS

CARDIOVASCULAR

- 7469 CONGENITAL HF/ART DISEASE
427 DYSRHYTHMIAS
7962 ELEVATED B/P W/O HYPERTENSION
7852 FUNC & UNDIAG MURMURS
4289 HEART FAILURE
401 HYPERTENSION
391 RHEUM FEVER W/HRT INVOLV

MUSCULOSKELETAL/CONNECTIVE

- 71430 ARTHRITIS JUVENILE RHEUMATOID
7110 ARTHRITIS SEPTIC
7103 DERMATOMYOSITIS
7199 DISORDER OF JOINTS
8543 HEAD TRAUMA, CLOSED
95892 INJURIES & TRAUMA, OTHER
7326 OSTEOCHONDROSIS, JUVENILE
7373 SCOLIOSIS

CONGENITAL ANOMALIES

- 75249 ANOMALY, GENITAL FEMALE
75291 ANOMALY, GENITAL MALE
7589 CHROMOSOMAL
7539 GENITOURINARY
7543 HIP DISLOCATION
7579 INTUMENT
7569 MUSCULOSKELETAL
74291 NERVOUS SYSTEM

MENTAL DISORDERS

- 3099 ADJUSTMENT REACTIONS
31400 ATTENTION DEFICIT DISORDER
311 DEPRESSION
3139 EMOTIONAL/RELATIONSHIP DIST
3149 HYPERKINETIC SYNDROME
319 MENTAL RETARDATION
3009 NEUROSES UNSPEC
2989 PSYCHOSES UNSPEC
3152 SPECIFIC LEARNING DISORDER
3153 SPEECH/LANGUAGE DISORDER
30590 SUBSTANCE ABUSE
V855 NO PROBLEM NOTED

INFECTION

- 5282 APHTHOUS STOMATITIS
540 APPENDICITIS
5849 FUNCTNL DISORDERS-INTESTINES
5369 FUNCTNL DISORDERS-STOMACH
550 HERNIA, INGUINAL
5531 HERNIA, UMBILICAL
7505 P/LORIC STENOSIS
5209 TOOTH DEVEL/ERUPTION DISORD

NERVOUS & SENSE ORGANS

- 7834 ABN PHYSIOL DEVELOP
3439 CEREBRAL PALSY UNSPEC
3154 COORDINATION DISORDER
3158 DELAYED MILESTONES
7840 HEADACHE
3314 HYDROCEPHALUS
320 MENINGITIS, BACTERIAL
3212 MENINGITIS, VIRAL
348 MIGRAINE
74191 MYELOMENINGOCELE
345 SEIZURE, EPILEPSY UNSPEC
7803 SEIZURE, FEBRILE
7803 SEIZURE, OTHER

SKIN AND SUBQ

- 7061 ACNE
9951 ANGIONEUROTIC EDEMA
9249 BRUISE/CONTUSION
8809 CARBUNCLE/BOIL
8829 CELLULITIS
692 CONTACT DERMATITIS
0579 EXANTHEM VIRAL
7030 INGROWN TONAIL
6819 PARONYCHIA
8963 PITYRIASIS ROSEA
7051 PRICKLY HEAT
7821 RASH
690 SEBORRHEIC DERM
75732 STRAWBERRY NEVUS
110 TINEA
1110 TINEA VERSICOLOR
708 URTICARIA
0781 WARTS

ENDO, META, NUTRI DISORDERS

- 2469 CONDITIONS OF THYROID
25001 DIABETES MELLITUS, TYPE I
2599 ENDOCRINE DISORDER UNSPEC
2768 FLUID/ELECTROLYTE DISORDERS
7746 NEONATAL JAUNDICE UNSPEC
2899 NUTRITIONAL DEFICIENCY UNSPEC
2780 OBESITY

HEAR BLOOD/NEOPLASMS

- 2829 ANEMIA, HEMOLYTIC
280 ANEMIA, IRON DEFICIENCY
2826 ANEMIA, SICKLE CELL
281 ANEMIA, UNSPEC DEFICIENCY
2809 COAGULOPATHY
208 LEUKEMIA, UNSPEC
2298 NEOPLASM, BENIGN
19912 NEOPLASM, MALIGNANT
UNSPEC SITE

EYE

- 3739 INFLAMMATION OF LID UNSPEC
9219 INJURY TO EYE UNSPEC
375 LACRIMAL SYSTEM DISORDERS
37891 STRABISMUS

INFECTIOUS/PARASITIC DISEASE

- 0780 ADENOVIRUS
0419 BACTERIAL
07981 CHLAMYDIA
0792 COXSACKIE

UNLISTED DX table with columns for PRIMARY DX and SECONDARY DX, and rows for marking.

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
PROV #1	Have you seen this patient before?		PROV #2
YES NO			YES NO
	If yes, have you treated this patient for this problem before?		
	REASON FOR #2 CARE PROVIDER		
	<input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other		
	MARK ONLY ONE		

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury
 Surgical follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

PRESCRIPTIONS

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

PHYSICAL THERAPY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	

SPONSOR'S SSN

FIMP

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE

Home
 Other

Other

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

115442

EVALUATION, SERVICES/PROCEDURES			(MARK AS MANY AS APPLICABLE)		ADDITIONAL PROCEDURES															
					1					2										
MUSCULOSKELETAL EVALUATION					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 04030 ANKLE	<input type="checkbox"/> 08002 AMPUTEE EVAL	<input type="checkbox"/> 08025 FUNCTIONAL ACTIVITIES TRNG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04022 CERVICAL	<input type="checkbox"/> 08006 ASSISTIVE DEVICE EVAL	<input type="checkbox"/> 08026 GAIT TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04036 DISTAL LE	<input type="checkbox"/> 04062 DEVELOPMENTAL EVAL	<input type="checkbox"/> 07010 HOT PACKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04033 DISTAL UE	<input type="checkbox"/> 90785 EMFP ASSESSMENT	<input type="checkbox"/> 08011 ICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04026 ELBOW	<input type="checkbox"/> 85889 ELECTROMYOGRAPHY	<input type="checkbox"/> 06028 JOBST PUMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04031 FOOT	<input type="checkbox"/> 06005 GAIT/RUNNING ANALYSIS	<input type="checkbox"/> 06027 MANUAL THERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04028 HP	<input type="checkbox"/> 08000 GEN EVAL - BURNS	<input type="checkbox"/> 06021 MASSAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04029 KNEE	<input type="checkbox"/> 08003 HAND EVAL	<input type="checkbox"/> 06013 MEDCLATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04024 LS	<input type="checkbox"/> 95900 NERVE CONDUCTION VELOCITY	<input type="checkbox"/> 06014 MEDCOSMULATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04034 PROX LE	<input type="checkbox"/> 04019 REFLEX TESTING	<input type="checkbox"/> 06024 NEUROMUSCULAR RE-EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04032 PROX UE	<input type="checkbox"/> 88004 SCOLIOSIS CLINIC/SCREENING	<input type="checkbox"/> 06018 PARAFFIN BATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04025 SHOULDER	<input type="checkbox"/> 83003 SIGN FOLD CALIPER (AWCP)	<input type="checkbox"/> 06034 PATIENT EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04023 THORACIC	<input type="checkbox"/> 08001 SPORTS MED EVAL	<input type="checkbox"/> 06036 POOL THERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04027 WRIST/HAND	<input type="checkbox"/> 78141 X-RAY INTERPRETATION	<input type="checkbox"/> 06046 POSTURAL DRAINAGE/CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> 06044 PRE & POST PARTUM EXERCISE TRNG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04000 ADL EVAL	<input type="checkbox"/> 08030 BURN CARE	<input type="checkbox"/> 06037 MASTECTOMY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04015 COORDINATION EVAL	<input type="checkbox"/> 08032 CARDIAC REHAB	<input type="checkbox"/> 06042 SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 97752 CYBEX EVAL	<input type="checkbox"/> 08022 CONTRAST BATH	<input type="checkbox"/> 06043 OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 04020 MOTOR SENSORY REFLEXES EVAL	<input type="checkbox"/> 03010 DISCHARGE PLANNING																			
<input type="checkbox"/> 97705 PRESSURE GARMENT FITTING	<input type="checkbox"/> 87118 ELECTRICAL STIMULATION																			
<input type="checkbox"/> 04011 RANGE OF MOTION EVAL	<input type="checkbox"/> 08045 FACILITATN/INHIBITION TECHS																			
<input type="checkbox"/> 04014 STRENGTH EVAL	<input type="checkbox"/> 08031 FLUIDTHERAPY																			

RULE OUT
 1° 2°

<input type="checkbox"/> 720 ANKYLOSING SPONDYLITIS & OTHER INFLAMMATORY SPONDYLOPATHIES	<input type="checkbox"/> V5892 FOREARM
<input type="checkbox"/> 7194 ARTHRALGIA	<input type="checkbox"/> V5894 LEG
<input type="checkbox"/> 7231 CERVICAL PAIN	<input type="checkbox"/> V5893 THIGH
<input type="checkbox"/> 829 FRACTURE	<input type="checkbox"/> V5891 UPPER ARM
<input type="checkbox"/> 73728 HYPERLORDOSIS	<input type="checkbox"/> V5890 OTHER AMPUTATION
<input type="checkbox"/> V436 JOINT REPLACEMENT	
<input type="checkbox"/> 95971 KNEE INJURY/PAIN	<input type="checkbox"/> V5881 ABDOMINAL
<input type="checkbox"/> 73710 KYPHOSIS	<input type="checkbox"/> V5847 CARDIAC
<input type="checkbox"/> 72884 LOWER EXTREMITY DISORDER	<input type="checkbox"/> V5841 KNEE
<input type="checkbox"/> 7242 LUMBAR/SACRAL PAIN	<input type="checkbox"/> V5845 MASTECTOMY
<input type="checkbox"/> 7291 MUSCULAR-LIGAMENTOUS PAIN	<input type="checkbox"/> V5842 SHOULDER
<input type="checkbox"/> 71590 OSTEOARTHRITIS (OJD)	<input type="checkbox"/> V5843 THORACIC
<input type="checkbox"/> 73878 PODIATRIC CONDITIONS	<input type="checkbox"/> V5848 VASCULAR
<input type="checkbox"/> 7373 SCOLIOSIS/KYPHOSCOLIOSIS	
<input type="checkbox"/> 72992 SOFT TISSUE DISORDER	<input type="checkbox"/> 250 DIABETES
<input type="checkbox"/> 848 SPRAIN/STRAIN	<input type="checkbox"/> 274 GOUT
<input type="checkbox"/> 7331 STRESS FRACTURE	<input type="checkbox"/> 42890 HEART DISEASE
<input type="checkbox"/> 7241 THORACIC PAIN	<input type="checkbox"/> V2421 OB AFTERCARE
<input type="checkbox"/> 72983 UPPER EXTREMITY DISORDER	<input type="checkbox"/> 2780 OVERWEIGHT
<input type="checkbox"/> 95934 OTHER BONE AND JOINT INJURY	<input type="checkbox"/> 5199 PULMONARY DISEASE
	<input type="checkbox"/> 4439 PVD
BURNS	<input type="checkbox"/> 0993 REITER'S SYNDROME
<input type="checkbox"/> 94100 FACIAL	<input type="checkbox"/> 7140 RHEUMATOID/ARTHRITIS
<input type="checkbox"/> 94500 LOWER EXTREMITY	<input type="checkbox"/> 2389 TUMOR, UNSPEC
<input type="checkbox"/> 94200 TRUNK	
<input type="checkbox"/> 94300 UPPER EXTREMITY	PEDIATRIC
NEUROSURGERY	<input type="checkbox"/> 3439 CEREBRAL PALSY
<input type="checkbox"/> 23963 BRAIN TUMOR	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAYED
<input type="checkbox"/> 8543 HEAD INJURY, CLOSED	<input type="checkbox"/> V201 HIGH RISK INFANT
<input type="checkbox"/> 8541 HEAD INJURY, OPEN	<input type="checkbox"/> 35910 MUSCULAR DYSTROPHY
<input type="checkbox"/> 3441 PARAPLEGIA	
<input type="checkbox"/> 95792 PERIPHERAL NERVE REPAIR	DENTAL
<input type="checkbox"/> V4583 POST SURGICAL SPINE	<input type="checkbox"/> 5248 TMJ
<input type="checkbox"/> 3440 QUADRIPLEGIA	
<input type="checkbox"/> 9529 SPINAL CORD INJURY	DERMATOLOGY
<input type="checkbox"/> 23970 SPINAL CORD TUMOR	<input type="checkbox"/> 698 PSORIASIS
	<input type="checkbox"/> 7101 SCLERODERMA
NEUROLOGY	PSYCHIATRY
<input type="checkbox"/> 438 CVA	<input type="checkbox"/> 3089 PSYCHOPHYSIOLOGIC DISOR
<input type="checkbox"/> 3419 DEMYELINATING/DEGENERATION DISORDER	
<input type="checkbox"/> 3570 GULLAIN BARRE SYNDROME	<input type="checkbox"/> V855 NO PROBLEM NOTED
<input type="checkbox"/> 7840 HEADACHE	
<input type="checkbox"/> 342 HEMIPLEGIA	
<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	
<input type="checkbox"/> 3109 ORGANIC BRAIN SYNDROME	
<input type="checkbox"/> 3449 PALSY	
<input type="checkbox"/> 78201 PARESTHESIA/DYSESTHESIA	
<input type="checkbox"/> 332 PARKINSON'S DISEASE	
<input type="checkbox"/> 95781 PERIPHERAL NERVE INJURY/DYSFUNCTION	
<input type="checkbox"/> 3589 PERIPHERAL NEUROPATHY	
<input type="checkbox"/> 7292 RADICULITIS/RADICULOPATHY	

JOB RELATED ILL/INJ (NOT LOD DET)
 Yes No

UNLISTED DX (if not listed in columns above)

PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1 CARE PROVIDER				TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER			
A	0	0	0	5 minutes 10 minutes 15 minutes 20 minutes 30 minutes 45 minutes 1 hour 1 hour/30 minutes 2 hours 2 hours/30 minutes 3 hours 3 hours/30 minutes 4 hours 4 hours/30 minutes		A	0	0	0
B	1	1	1			B	1	1	1
C	2	2	2			C	2	2	2
D	3	3	3			D	3	3	3
E	4	4	4			E	4	4	4
F	5	5	5			F	5	5	5
G	6	6	6			G	6	6	6
H	7	7	7			H	7	7	7
I	8	8	8			I	8	8	8
J	9	9	9			J	9	9	9
K				K					
L				L					
M				M					
N				N					
O				O					
P				P					
Q				Q					
R				R					
S				S					
T				T					
U				U					
V				V					
W				W					
X				X					
Y				Y					
Z				Z					

PROV #1	PROV #2
YES NO	YES NO
Have you seen this patient before?	
If yes, have you treated this patient for this problem before?	

REASON FOR #2 CARE PROVIDER		MARK ONLY ONE
Teaching/Supervision		
Consultative		
Procedure/Treatment		
Other		

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
Health maintenance
Acute problem
Chronic Problem
Trauma/Injury
Follow-up
Surgical follow-up

DISPOSITION	MARK ONLY ONE
Discharged from clinic	
Return PRN	
Return appointment	
Admitted	
Expired	

ORDERED OUT OF CLINIC
LAB
0 1 2 3 4 5
6 7 8 9 +
PRESCRIPTIONS
0 1 2 3 4 5
6 7 8 9 +
X RAYS
Plain films
Barium study
IVP
CT scan
MR scan
Ultrasound
Nuclear med scan
Angiographic study
Other
OTHER
Adaptive appliance/equip.
EKG
EKG
Pul function
EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION (MARK AS MANY AS APPLICABLE)
Referred to other clinic
Referred to VA
Referred to other Fed. Fac.
Referred to civilian provider
Referred to civ. Health Dept.
Letters/Forms
Supplemental care
Champus for the handicapped
Other Champus
Quarters (military)
Home (non-military)
Work w/limitations
Profile
Specific preassigned clinic codes
1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

PLASTIC SURGERY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN								
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION				
FMP	BIRTHDATE			
	DAY	MONTH	YEAR	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
B A C D E F G H I J K L M N O P Q R S T U V W X Y Z	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PLACE OF VISIT	MARK ONLY ONE
Clinic/Office	
Ward	
Telephone	
Home	
Other	
1 2 3 4 5	

APPOINTMENT STATUS	MARK ONLY ONE
Scheduled	
Unscheduled	
Emergency	

STATUS OF VISIT
1. Patient seen this clinic last 12 months?
Yes
No
2. Patient being seen for new problem?
Yes
No

00349

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BLEPHAROPLASTY

- 15820 LOWER LID
- 15822 UPPER LID
- 30901 CONTROL HEMORRHAGE, NOSE
- 80011 DRESSING CHANGE
- 89800 EAR REVISION-PREVIOUS SURGERY
- 11950 INJECTION OF SUBSTANCE (E.G. STEROID/COLLAGEN/FILL MAT 1cc)
- 17385 LASER TREATMENT
- 19389 MAMMARY CAPSULOTOMY (CLOSED)
- 69310 MEATOPLASTY

OTOPLASTY

- 69301 BILATERAL
- 69300 UNILATERAL
- 10120 REMOVAL FOREIGN BODY, SUBCUT TISSUE
- 15830 RESTORATION OF EYEBROW
- 30400 RHINOPLASTY
- 11407 SCAR EXCISION/REVISION
- 11100 SKIN BIOPSY
- 15850 SKIN FLAPS
- 15350 SKIN GRAFT (ALLOGRAFT)
- 80002 SUTURE REMOVAL
- 15788 TATTOO REMOVAL
- 40600 VERMILIONECTOMY

HAIR OUT

1° 2°

ABSENCE

- 87203 ACQUIRED
- 74409 CONGENITAL
- 87201 AURICULAR LACERATION
- 7443 DEFORMITY (CONGENITAL)
- 74422 MACROTIA
- 74423 MICROTIA

DEFORMITY

- 7380 ACQUIRED
- 7481 CONGENITAL
- 73802 DEVELOPMENTAL
- DEVIATED SEPTUM**
- 470 ACQUIRED
- 7540 CONGENITAL
- 8020 FRACTURE NASAL BONE (CLOSED)
- 19501 MALIGNANT NEOPLASM

PTOSIS, EYELID

- 74361 CONGENITAL
- 37430 UNSPEC

DEFORMITY

- 37436 ACQUIRED
- 37437 LEVATOR
- 37435 PTOSIS, EYEBROW

- 52411 ASYMMETRY OF MANDIBLE
- 52400 MICROGENIA
- 52401 RECEDING CHIN (CONGENITAL)

DEFORMITY

- 7481 CLEFT
- 73812 ACQUIRED
- 75092 CONGENITAL
- 1408 MALIGNANT NEOPLASM
- 52781 MUCCOCELE

DEFORMITY

- 70180 AGING FACE
- 70181 CUTIS LAXA
- 73811 ACQUIRED
- 74481 CONGENITAL, NOS
- 70182 ELASTOSIS SENILIS
- 70183 RHYTIDOSIS FACIALIS
- 70926 SCAR

DEFORMITY

- 7578 ASYMMETRY
- 70923 CAPSULAR SCARRING (POST-AUG)
- 61010 CHRONIC MASTITIS (CYSTIC)
- 61180 DEFORMITY
- 61011 FIBROCYSTIC DISEASE
- 6111 GYNecomastia
- 61112 HYPERPLASIA
- 61113 HYPERTROPHY
- 75781 HYPOPLASIA
- 61191 IMPLANTS/AUGMENTATION
- 61114 MACROMASTIA
- 61181 PTOSIS

- 70184 CUTIS LAXA
- 72884 DIASTASIS RECTI

- 70182 EXCESS OR REDUNDANT SKIN
- 2726 LIPODYSTROPHY OF THIGHS

NEOPLASM

- 6809 BOLL/CARBUNCLE
- 7065 CYST
- 2280 HEMANGIOMA
- 8798 LACERATION W/O COMPLICATION
- 2141 LIPOMA
- NEOPLASM**
- 21894 BENIGN
- 173 MALIGNANT
- 75791 NEVUS
- 7822 NODULE, NOS
- ULCEr
- 7078 CHRONIC SKIN
- 7070 DECUBITUS

- 70921 ADHERENT
- 70922 ATROPHIC
- 70924 CONTRACTED
- HYPERTROPHIC
- KELOID
- 925 PAINFUL
- 3905 TATTOO

- 8022 MANDIBLE
- 80241 MALAR BONE
- 8024 MAXILLA
- 80281 ORBIT
- 80242 ZYGOMA

- 919 ABRASION, SCRATCH, BLISTER
- 7081 ACNE
- 70610 ACNE, CYSTIC
- 70400 ALOPEJA, NOT AA
- 948 BURNS, NOS
- 890 EFFECTS OF RADIATION
- 9089 LATE EFFECT OF TRAUMA
- 9059 LATE EFFECT OF TRAUMATIC AMPUTATION
- 87991 OPEN WOUND/TRAUMA/AMPUTATION
- 70622 SEBACEOUS CYST
- 6869 OTHER INFECTIONS SKIN/SUBCUTANEOUS

V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
<input type="checkbox"/> Yes					<input type="checkbox"/> No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 0 0 0	5 minutes		0 0 0 0
A 1 1 1 1	10 minutes		A 1 1 1 1
B 2 2 2 2	15 minutes		B 2 2 2 2
C 3 3 3 3	20 minutes		C 3 3 3 3
D 4 4 4 4	30 minutes		D 4 4 4 4
E 5 5 5 5	45 minutes		E 5 5 5 5
F 6 6 6 6	1 hour		F 6 6 6 6
G 7 7 7 7	1 hour/30 minutes		G 7 7 7 7
H 8 8 8 8	2 hours		H 8 8 8 8
I 9 9 9 9	2 hours/30 minutes		I 9 9 9 9
J	3 hours		J
K	3 hours/30 minutes		K
L	4 hours		L
M	4 hours/30 minutes		M

PROV #1	PROV #2
YES NO	YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PODIATRY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
0 0	0 0	0 0
1 1	1 1	1 1
2 2	2 2	2 2
3 3	3 3	3 3
4 4	4 4	4 4
5 5	5 5	5 5
6 6	6 6	6 6
7 7	7 7	7 7
8 8	8 8	8 8
9 9	9 9	9 9

SPONSOR'S SSN

0 0 0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9 9 9

I M P

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5

6 7 8 9 10

PRESCRIPTIONS

0 1 2 3 4 5

6 7 8 9 10

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0 0 0 0	A A A A
1 1 1 1	B B B B
2 2 2 2	C C C C
3 3 3 3	D D D D
4 4 4 4	E E E E
5 5 5 5	F F F F
6 6 6 6	G G G G
7 7 7 7	H H H H
8 8 8 8	I I I I
9 9 9 9	J J J J
	K K K K
	L L L L
	M M M M
	N N N N
	O O O O
	P P P P
	Q Q Q Q
	R R R R
	S S S S
	T T T T
	U U U U
	V V V V
	W W W W
	X X X X
	Y Y Y Y
	Z Z Z Z

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

1 2 3 4 5

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

32409

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

EVALUATION/SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

BIOMECHANICAL SERVICE

- 095850 BIOMECHANICAL EXAM
087702 ORTHOTICS CHECK
029790 PLASTER FOOT IMPRESSION
087703 PROSTHETIC CHECK
095831 MUSCLE TEST
095851 RANGE OF MOTION
080081 DIABETIC ROUTINE FOOT CARE

VASCULAR EVALUATION

- 093912 ANKLE PRESSURE MEASUREMENTS
093910 ARTERIES, LOWER LIMB
095920 NEUROVASCULAR EVALUATION
093950 VEINS, LOWER LIMB

OTHER APPLICATION

- 029355 LONG LEG WALKER
029435 PATELLAR BEARING CAST
029458 POST AMPUTATION CAST
029405 SHORT LEG NON-WALKER
029425 SHORT LEG WALKER/AMB
028950 FRACTURE MAMP & IMMOB
029800 REMOVAL/REPAIR, REAPPLICATION
029501 POST OPERATIVE SHOE
029502 POSTERIOR SPLINT-FOOT & ANKLE
029503 SLIPPER CAST

STRAPPING

- 029540 ANKLE
028550 TOES
029580 UNNA BOOT
029799 UNLISTED STRAPPING

NAILS

- 011700 DEBRIDE 1-5
011701 DEBRIDE 6-10
011752 EXCISION, NAIL, MEDIAL BORDER
011753 EXCISION, NAIL, LATERAL BORDER
011750 MATRIX DESTRUCTION
011740 NAIL TREPHINATION
011730 PARTIAL AVUL NAIL HALLUX
011731 PARTIAL AVULSION OF 2 NAILS
020800 PUNCTURE ASPIRATION BURSA
028153 RESECTION HEAD OF PHALANX (HAMMERTOE)
013164 SECONDARY CLOSURE (OPC) (SURGICAL WOUND)
015040 SKIN GRAFTING
090002 SUTURE REMOVAL
012001 SUTURE WOUND
028110 TAILOR'S BUNNOCETOMY
028234 TENOTOMY, FOOT/TOE

DEBRIDE WARTS/CALLUSES/WOUNDS

- 011100 BIOPSY, SKIN
015793 CHEMICAL PEEL
028126 CONDYLECTOMY, TOE
017340 CRYOTHERAPY
011044 DEBRIDE SKIN, MUSCLE, BONE
011060 1 LESION
011051 2-4 LESIONS
011062 REDUCTION OF CLAVI
011006 DEBRIDE ULCER OR ABSCESS
011043 DEBRIDE WOUND
090011 DRESSING CHANGE
011420 EXCISION OF BENIGN LESION
028090 EXCISION OF GANGLION, FOOT
028080 EXCISION OF NEUROMA

FOREIGN BODY REMOVAL

- 010120 SIMPLE
010121 COMPLICATED
028285 HAMMERTOE OPERATION (INTER-PHALANGIAL FUSION, FILLETING)
010080 I&D, ABSCESS
027199 MANIPULATION-NOT SPINE/PELVIS

Grid for additional procedures with columns 1 and 2, and rows for various procedure codes.

NEUROLGIC

- 084461 PERIPHERAL
020550 TRIGGER POINT INJECTION
064450 PERIPHERAL BLOCK
064451 POST TIBIAL BLOCK
080795 VIT B12
087070 BACTERIAL
087220 KOH
084452 ANKLE BLOCK
084454 DIGITAL BLOCK
020802 INTRA-ARTICULAR
080782 IM/SUBCUTANEOUS

SCALE OUT

0 1" 0 2"

- 09170 ABRASION, W/O INFECTION
09171 ABRASION, W/INFECTION
068291 ABSCESS
09172 BLISTER, FRICTION
09173 BLISTER, W/INFECTION
01129 CANDIDIASIS, NOS
06827 CELLULITIS, FOOT (EXCEPT TOE)
06811 CELLULITIS, TOE
06829 CELLULITIS, NOS
0692 CONTACT DERMATITIS
0790 CORNS & CALLOSITIES
06929 ECZEMA
068511 GRANULOMA
0798 HYPERHIDROSIS
098954 INSECT BITE
07030 INGROWN TOENAIL
07172 MELANOMA
0703 NAIL DISEASE
023922 NEOPLASM, DERMAL
070381 ONYCHAUXIS
01101 ONYCHOMYCOSIS
068112 PARONYCHIA OF TOE
07821 RASH, NOS
01104 TINEA PEDIS-ATHLETES FOOT
07071 ULCER (LOWER LIMB)
07072 ULCERATION OF FOOT, DIABETIC ASSOCIATED
07073 ULCERATION OF TOE, DIABETIC ASSOCIATED
07813 WARTS, PLANTAR

- 05496 AFTERCARE, AMP, LOWER LEG
05494 AFTERCARE, AMP ABOVE KNEE
071887 ANKLE INSTABILITY
07325 APOPHYSITIS, CALCANEAL
072710 BUNION, 1st METATARSAL
072711 BUNION, 5th METATARSAL
07273 BURSITIS, NOS
0949 BURNS, UNSPECIFIED
07135 CHARCOT'S DISEASE
09249 CONTUSION
09299 CRUSHING INJURY
09919 COLD INJURY, NOS
083800 DISLOCATION, FOOT, CLOSED
083809 DISLOCATION, TOE
07296 FOREIGN BODY IN TISSUE

GANGRENE

- 078541 DIABETIC, DRY
078543 DIABETIC, WET
078540 NON-DIABETIC, DRY
078542 NON-DIABETIC, WET
0274 GOUT
07195 JOINT STIFFNESS
03589 NEUROMUSCULAR DISEASE UNSPEC
03556 MORTON'S NEUROMA
071597 OSTEOARTHRITIS ANKLE/FOOT
02139 OSTEOCHONDROMA
073277 OSTEOCHONDRITIS DISSECANS, ANKLE
07302 OSTEOMYELITIS
07331 PATHOLOGICAL FX, UNSPEC
095791 PERIPHERAL NERVE INJURY
072871 PLANTAR FASCITIS
075738 POROKERATOSIS
04950 PRIOR SURGICAL REVAS, LIMB
07140 RHEUMATOID ARTHRITIS
07110 SEPTIC ARTHRITIS
073398 SESAMOIDITIS
08444 SHIN SPLINTS
08450 SPRAIN, ANKLE
072740 SYNOVIAL CYST
072700 SYNOVITIS, NOS
03555 TARSAL TUNNEL SYNDROME
072700 TENOSYNOVITIS/FOOT & ANKLE
02299 TUMOR, BENIGN, NOS
019912 TUMOR, MALIGNANT, NOS
078983 WEAKNESS

- 075453 FOREFOOT VARUS
075460 FOREFOOT VALGUS
073881 LIMB LENGTH DISCREPANCY
075450 SUB-TALAR VARUS
075462 SUB-TALAR VALGUS
075478 EQUINUS
075471 PES CAVUS
075461 PES PLANUS (PRONATORY COMPENSATION)
075570 TARSAL COALITIONS

FRACTURES

- 082520 FOOT, CLOSED
082530 FOOT, OPEN
082527 JONES-STYLOID FX 5th MET.
082525 METATARSAL
08250 OS CALCIS
08260 PHALANGES
08234 SESAMOID, FIBULAR
08235 SESAMOID, TIBIAL
082521 TALLUS
082526 TRANS-TALUS DOME

LACERATION

- 08920 FOOT, W/O COMPLICATION
08921 FOOT, W/COMPLICATION
08922 FOOT, W/TENDON INVOLVEMENT
08930 TOE, W/O COMPLICATION
08931 TOE, W/COMPLICATION
08932 TOE, W/TENDON INVOLVEMENT UNSPECIFIED
087989 GUNSHOT
087987 PUNCTURE

0 V655 NO PROBLEM NOTED

Form with sections: JOB RELATED ILL./INJ (NOT LOD DEF), UNLISTED DX (if not listed in columns above), PRIMARY DX, SECONDARY DX. Includes a grid for marking.

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 5 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 15 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 45 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> 1 hour/30 minutes <input type="checkbox"/> 2 hours <input type="checkbox"/> 2 hours/30 minutes <input type="checkbox"/> 3 hours <input type="checkbox"/> 3 hours/30 minutes <input type="checkbox"/> 4 hours <input type="checkbox"/> 4 hours/30 minutes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0

PROV #1
YES NO

PROV #2
YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

1 2 3 4 5

6 7 8 9 0

PRESCRIPTIONS

1 2 3 4 5

6 7 8 9 0

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

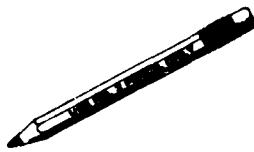
Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

**PREVENTIVE MEDICINE/CHN
PATIENT**

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
<input type="checkbox"/> 1-9	<input type="checkbox"/> Jan <input type="checkbox"/> Feb	<input type="checkbox"/> 00-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Mar <input type="checkbox"/> Apr	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> May <input type="checkbox"/> Jun	<input type="checkbox"/> 00-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Jul <input type="checkbox"/> Aug	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Sep <input type="checkbox"/> Oct	<input type="checkbox"/> 00-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Nov <input type="checkbox"/> Dec	<input type="checkbox"/> 10-99

SPONSOR'S SSN

<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9	<input type="checkbox"/> 1-9
------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
<input type="checkbox"/> 1-9	<input type="checkbox"/> Jan <input type="checkbox"/> Feb	<input type="checkbox"/> 00-99	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Mar <input type="checkbox"/> Apr	<input type="checkbox"/> 10-99	<input type="checkbox"/> 00-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> May <input type="checkbox"/> Jun	<input type="checkbox"/> 10-99	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Jul <input type="checkbox"/> Aug	<input type="checkbox"/> 10-99	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Sep <input type="checkbox"/> Oct	<input type="checkbox"/> 10-99	<input type="checkbox"/> 10-99
<input type="checkbox"/> 1-9	<input type="checkbox"/> Nov <input type="checkbox"/> Dec	<input type="checkbox"/> 10-99	<input type="checkbox"/> 10-99

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
<input type="checkbox"/> 1-9 <input type="checkbox"/> 0	<input type="checkbox"/> 1-9 <input type="checkbox"/> 0

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes No

2. Patient being seen for new problem?

Yes No

037189

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
<input type="checkbox"/> 5 minutes	<input type="checkbox"/> 10 minutes	<input type="checkbox"/> 15 minutes	<input type="checkbox"/> 20 minutes
<input type="checkbox"/> 30 minutes	<input type="checkbox"/> 45 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour/30 minutes
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours/30 minutes	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours/30 minutes
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours/30 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision } MARK ONLY ONE

Consultation

Procedure/Treatment

Other

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

} MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

1 2 3 4 5

6 7 8 9

PRESCRIPTIONS

1 2 3 4 5

6 7 8 9

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliance/equip.

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EKG

Pul function

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REFERRALS AND SUPPLEMENTAL DISPOSITION

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Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)

1 2 3 4 5 6 7 8 9

PRIMARY CARE PATIENT

PATIENT

TODAY'S DATE

DAY MONTH YEAR

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

SPONSOR'S SSN

1 2 3 4 5 6 7 8 9 0

PATIENT INFORMATION

PMP

BIRTHDATE

DAY MONTH YEAR

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H
<input type="checkbox"/> 9 <input type="checkbox"/> 0	<input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

} MARK ONLY ONE

1 2 3 4 5

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

} MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

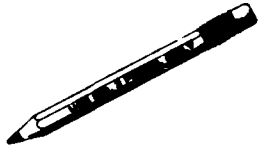
Yes No

2. Patient being seen for new problem?

Yes No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

1 2 3 4 5 6 7 8 9

081229

MAKE NO MARKS IN THIS AREA

DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)			
	BILL OUT		
	01*	02*	
INFECTIVE & PARASITIC DISEASE			
<input type="checkbox"/> 07811	CONDYLOMATA ACCUMINATUM	<input type="checkbox"/> 85900	NOSE TRAUMA*
<input type="checkbox"/> 098	GONORRHEA	<input type="checkbox"/> 4720	RUNNING/STUFFY NOSE*
<input type="checkbox"/> 0701	HEPATITIS A	<input type="checkbox"/> 481	SINUS PROBLEM*
<input type="checkbox"/> 0703	HEPATITIS B	MOUTH	
<input type="checkbox"/> V017	HEPATITIS EXPOSURE*	<input type="checkbox"/> 5231	GINGIVITIS
<input type="checkbox"/> 05410	HERPES GENITALIS	<input type="checkbox"/> 5279	SALIVARY GLAND DISEASE
<input type="checkbox"/> V019	INFECTION/PARAS DIS CONTAC, NOS	<input type="checkbox"/> 5289	SORES IN MOUTH*
<input type="checkbox"/> 075	INFECTIOUS MONONUCLEOSIS	<input type="checkbox"/> 5259	TEETH & SUPPORT STRUCT DIS*
<input type="checkbox"/> 0093	INTEST. DIS. PRESUMED INFECTION	<input type="checkbox"/> 5299	TONGUE DISEASE
<input type="checkbox"/> 0090	INTEST. DIS. PROVEN INFECTION	<input type="checkbox"/> 87363	TOOTH, BROKEN
<input type="checkbox"/> 1322	LICE, CRAB*	THROAT	
<input type="checkbox"/> 1320	LICE, HEAD	<input type="checkbox"/> 9330	FOREIGN BODY
<input type="checkbox"/> 3229	MENINGITIS, UNSPEC	<input type="checkbox"/> 78448	HOARSENESS*
<input type="checkbox"/> 0360	MENINGOCOCCAL MENINGITIS	<input type="checkbox"/> 4840	LARYNGITIS*
<input type="checkbox"/> 0362	MENINGOCOCCAL MENINGITIS	<input type="checkbox"/> 482	SORE THROAT*
<input type="checkbox"/> 1274	PINWORMS (ENTEROBIOSIS)	<input type="checkbox"/> 0340	STREP THROAT
<input type="checkbox"/> 1330	SCABIES	<input type="checkbox"/> 463	TONSILLITIS, ACUTE
<input type="checkbox"/> 0899	SEXUALLY TRANSMITTED DISEASE*	<input type="checkbox"/> 4749	TONSIL/ADEN CHRONIC DISEASE
<input type="checkbox"/> 0910	SYPHILIS, PRIMARY	RESPIRATORY	
<input type="checkbox"/> 1310	TRICHOMONIASIS	<input type="checkbox"/> 493	ASTHMA
<input type="checkbox"/> 7995	TUBERCULIN SKIN TEST POS.	<input type="checkbox"/> 494	BROCHIECTASIS
<input type="checkbox"/> 0799	VIRAL SYNDROME, NOS	<input type="checkbox"/> 4660	BRONCHITIS, ACUTE
EENT			
EYE			
<input type="checkbox"/> 3730	BLEPHARITIS	<input type="checkbox"/> 491	BRONCHITIS, CHRONIC
<input type="checkbox"/> 366	CATARACT	<input type="checkbox"/> 496	COPO
<input type="checkbox"/> 3732	CHALAZION	<input type="checkbox"/> 7862	COUGH*
<input type="checkbox"/> 37230	CONJUNCTIVITIS	<input type="checkbox"/> 7860	DYSPNEA (SHORT OF BREATH)*
<input type="checkbox"/> 91811	CORNEAL ABRASION	<input type="checkbox"/> 514	EDEMA, PULMONARY
<input type="checkbox"/> 36920	DECREASED VISION*	<input type="checkbox"/> 4151	EMBOLISM/INFARCTION
<input type="checkbox"/> 3682	DIPLOPIA (SEEING DOUBLE)*	<input type="checkbox"/> 492	EMPHYSEMA
<input type="checkbox"/> 3749	EYELID PROBLEM*	<input type="checkbox"/> 9349	FOREIGN BODY
<input type="checkbox"/> 9300	FOREIGN BODY, CORNEAL	<input type="checkbox"/> 7863	HEMOPHTYSIS
<input type="checkbox"/> 930	FOREIGN BODY IN EYE*	<input type="checkbox"/> 511	PLEURISY
<input type="checkbox"/> 365	GLAUCOMA	<input type="checkbox"/> 488	PNEUMONIA
<input type="checkbox"/> 36400	IRIDOCYCLITIS	<input type="checkbox"/> 7991	RESP FAILURE*
<input type="checkbox"/> 37990	PAIN/ITCH/DISCHARGE/REDNESS*	<input type="checkbox"/> 0119	TUBERCULOSIS, PULMONARY
<input type="checkbox"/> 36791	REFRACTIVE ERROR	<input type="checkbox"/> 4882	URI ACUTE (COLO)*
<input type="checkbox"/> V7201	REQUEST FOR GLASSES*	<input type="checkbox"/> 78804	WHEEZE*
<input type="checkbox"/> 9219	TRAUMA, EYE (OTHER)	DIGESTIVE	
EAR			
<input type="checkbox"/> 9930	BAROTRAUMA, OTIC	<input type="checkbox"/> 7890	ABDOMINAL PAIN*
<input type="checkbox"/> 3804	CERUMEN IMPAC (WAX IN EAR)*	<input type="checkbox"/> 586	ANAL ABSCESS
<input type="checkbox"/> 3899	DEAFNESS, PARTIAL OR COMPLETE	<input type="checkbox"/> 5650	ANAL FISSURE
<input type="checkbox"/> 3888	EAR DRAINAGE/PAIN/DISCOMFORT*	<input type="checkbox"/> 5651	ANAL FISTULA
<input type="checkbox"/> 95908	EAR TRAUMA*	<input type="checkbox"/> 56942	ANAL/RECTAL/PROC PAIN NOS*
<input type="checkbox"/> 38150	EUSTACHIAN BLOCK	<input type="checkbox"/> 7830	ANOREXIA
<input type="checkbox"/> 931	FOREIGN BODY IN EAR*	<input type="checkbox"/> 540	APPENDICITIS, ACUTE
<input type="checkbox"/> V412	HEARING PROBLEM*	<input type="checkbox"/> 57891	BLEEDING, LOWER GI
<input type="checkbox"/> V721	HEARING EXAM	<input type="checkbox"/> 57890	BLEEDING, UPPER GI
<input type="checkbox"/> 3801	OTITIS EXTERNA	<input type="checkbox"/> 57896	BLEEDING, GI NOS*
<input type="checkbox"/> 3820	OTITIS MEDIA, ACUTE	<input type="checkbox"/> 5809	BOWEL OBSTRUCTION
<input type="checkbox"/> 3814	OTITIS MEDIA SEROUS	<input type="checkbox"/> 5750	CHOLECYSTITIS
<input type="checkbox"/> 3883	TINNITUS*	<input type="checkbox"/> 5840	CONSTIPATION*
<input type="checkbox"/> 3889	VERTIGINOUS SYNDROMES	<input type="checkbox"/> 56891	DIARRHEA*
NOSE			
<input type="checkbox"/> 477	ALLERGY/HAYFEVER* (RHINITIS)	<input type="checkbox"/> 56210	DIVERTICULOSIS, COLON
<input type="checkbox"/> 7847	EPISTAXIS*	<input type="checkbox"/> 7872	DYSPHAGIA*
<input type="checkbox"/> 832	FOREIGN BODY IN NOSE*	<input type="checkbox"/> 5308	ESOPHAGUS DISORDER, NOS
		<input type="checkbox"/> 7873	FLATULENCE, BLOATING, ERUCT
		<input type="checkbox"/> 938	FOREIGN BODY
		<input type="checkbox"/> 55890	GASTROENTERITIS
		<input type="checkbox"/> 7871	HEARTBURN
		<input type="checkbox"/> 4556	HEMORRHOIDS W/O COMPLICATION
		<input type="checkbox"/> 5733	HEPATITIS, NOS
		<input type="checkbox"/> 5533	HIATAL HERNIA
		<input type="checkbox"/> 2512	HYPOGLYCEMIA
		<input type="checkbox"/> 550	INGUINAL HERNIA
		<input type="checkbox"/> 2510	INSULIN COMA
		<input type="checkbox"/> 5641	IRRITABLE BOWEL SYNDROME
		<input type="checkbox"/> 7870	NAUSEA/VOMITING*
		<input type="checkbox"/> 5770	PANCREATITIS
		<input type="checkbox"/> 6850	PILONIDAL CYST
		<input type="checkbox"/> 5693	RECTAL BLEEDING NOS
		<input type="checkbox"/> 6860	RECTAL ITCHING*
		<input type="checkbox"/> 5379	STOMACH & DUOD DIS, OTHER
		<input type="checkbox"/> 5339	ULCER, PEPTIC
GU SYSTEM			
GU			
		<input type="checkbox"/> 5959	CYSTITIS
		<input type="checkbox"/> 7881	DYSURIA*
		<input type="checkbox"/> 7884	FREQUENCY OF URINATION*
		<input type="checkbox"/> 5997	HEMATURIA
		<input type="checkbox"/> 5990	URINARY TRACT INFECTION
		<input type="checkbox"/> 5929	URINARY CALCULUS
		<input type="checkbox"/> 0994	URETHRITIS NON SPECIFIC
		<input type="checkbox"/> 7886	VOIDING DIFFICULTY*
MALE GU			
		<input type="checkbox"/> 600	BENIGN PROSTATIC HYPERTROPHY
		<input type="checkbox"/> 604	ORCHITIS OR EPIDIDYMITIS
		<input type="checkbox"/> 601	PROSTATITIS
		<input type="checkbox"/> 6089	TESTICULAR CONDITION
		<input type="checkbox"/> 60892	TESTICULAR PAIN*
		<input type="checkbox"/> 7867	URETHRAL DISCHARGE (MALE)*
		<input type="checkbox"/> 4564	VARICOCELE
		<input type="checkbox"/> V2504	VASECTOMY REQUEST*
FEMALE/GYN			
		<input type="checkbox"/> 6162	BARTHOLIN'S CYST
		<input type="checkbox"/> 61011	BREAST FIBROCYSTIC DISEASE
		<input type="checkbox"/> 61172	BREAST MASS
		<input type="checkbox"/> 6119	BREAST PROBLEMS*
		<input type="checkbox"/> 6160	CERVICITIS OR CERVIX EROSION
		<input type="checkbox"/> V2509	CONTRACEPTION, GYN REQUEST*
		<input type="checkbox"/> V2501	CONTRACEPTIVES, ORAL
		<input type="checkbox"/> V2549	CONTRACEPTIVE METHODS, OTHER
		<input type="checkbox"/> 6272	MENOPAUSAL SYMPT & POST MENO
		<input type="checkbox"/> 6269	MENSTRUAL PROBLEMS*
		<input type="checkbox"/> 1121	MONILIASIS VULVA & VAGINA
		<input type="checkbox"/> 7950	PAP SMEAR ABNORMALITY
		<input type="checkbox"/> 6149	PELVIC INFLAMMATORY DISEASE
		<input type="checkbox"/> 625	PELVIC PAIN*
		<input type="checkbox"/> 6489	PREGNANCY COMPLICATION
		<input type="checkbox"/> 6254	PREMENSTRUAL SYNDROME
		<input type="checkbox"/> V221	PRENATAL CARE
		<input type="checkbox"/> V723	REQUEST FOR PAP/PELVIC*
		<input type="checkbox"/> V724	SUSPECTS PREGNANCY*
		<input type="checkbox"/> 6238	VAGINAL BLEEDING*
		<input type="checkbox"/> 6235	VAGINAL DISCHARGE*
		<input type="checkbox"/> 6239	VAGINAL ITCHING/IRRITATION*
		<input type="checkbox"/> 6258	VAGINAL MASS/LUMP*
		<input type="checkbox"/> 62591	VAGINAL PAIN*
		<input type="checkbox"/> 61810	VAGINITIS/VULVITIS, NOS
		<input type="checkbox"/> V7231	WELL WOMAN EXAM

<input type="checkbox"/> 250 DIABETES MELLITUS	<input type="checkbox"/> 7803 SEIZURE DISORDER	<input type="checkbox"/> 8248 ANKLE	<input type="checkbox"/> 919 ABRASION, SCRATCHES*
<input type="checkbox"/> 2509 DIABETIC COMPLICATION	<input type="checkbox"/> 3029 SEXUAL PROBLEMS	<input type="checkbox"/> (OPEN FX USE ORTHO FORM)	<input type="checkbox"/> AMPUTATION
<input type="checkbox"/> 274 GOUT	<input type="checkbox"/> 30590 SUBSTANCE ABUSE, OTHER	<input type="checkbox"/> 81400 CARPAL	<input type="checkbox"/> 8879 ARM
<input type="checkbox"/> 79080 HYPERTHYROIDISM	<input type="checkbox"/> 30093 SUICIDE GESTURE	<input type="checkbox"/> 8100 CLAVICLE	<input type="checkbox"/> 886 FINGER
<input type="checkbox"/> 2449 HYPOTHYROIDISM	<input type="checkbox"/> 413 ANGINA PECTORIS	<input type="checkbox"/> 81341 COLLES	<input type="checkbox"/> 8960 FOOT
<input type="checkbox"/> 272 LIPID METABOLISM DISORDERS	<input type="checkbox"/> V8581 BLOOD PRESSURE CHECK*	<input type="checkbox"/> 8210 FEMUR	<input type="checkbox"/> 8974 LEG
<input type="checkbox"/> 2779 METABOLIC DISORDER UNSPEC	<input type="checkbox"/> 7982 BLOOD PRESSURE, ELEVATED	<input type="checkbox"/> 81800 FINGER(S)	<input type="checkbox"/> 8878 HAND
<input type="checkbox"/> 2780 OBESITY (W/T REDUCTION)*	<input type="checkbox"/> 427 CARDIAC DYSRHYTHMIA	<input type="checkbox"/> 825 FOOT	<input type="checkbox"/> 8950 TOE
<input type="checkbox"/> 2489 THYROID DIS UNSPEC	<input type="checkbox"/> 3082 CARDIOVASCULAR NEUROSIS	<input type="checkbox"/> 8208 HIP	<input type="checkbox"/> 87995 BITE, ANIMAL
<input type="checkbox"/> 2599 OTHER ENDOCRINE DISORDER	<input type="checkbox"/> 7885 CHEST PAIN*	<input type="checkbox"/> 81220 HUMERUS	<input type="checkbox"/> 87996 BITE, HUMAN
<input type="checkbox"/> 88291 ABSCESS	<input type="checkbox"/> 4269 CONDUCTION DISORDER	<input type="checkbox"/> 8238 LOWER LEG, NOS	<input type="checkbox"/> 9169 BITE, NON-VENOMOUS SNAKE
<input type="checkbox"/> 7081 ACNE*	<input type="checkbox"/> 4280 CONGESTIVE HEART FAILURE	<input type="checkbox"/> 81500 METACARPAL(S)	<input type="checkbox"/> 9895 BITE, VENOMOUS SNAKE
<input type="checkbox"/> 70400 ALOPECIA & OTHER HAIR DIS*	<input type="checkbox"/> 7823 EDEMA	<input type="checkbox"/> 82525 METATARSAL(S)	<input type="checkbox"/> BURN, THERMAL
<input type="checkbox"/> 1104 ATHLETES FOOT (TINEA PED)*	<input type="checkbox"/> 4289 HEART FAILURE	<input type="checkbox"/> 8020 NOSE	<input type="checkbox"/> 94971 <5% BODY SURFACE AREA
<input type="checkbox"/> 8809 BOWL/CARBUNCLE*	<input type="checkbox"/> 7852 HEART MURMUR	<input type="checkbox"/> 8088 PELVIS	<input type="checkbox"/> 94972 6-15% BODY SURFACE AREA
<input type="checkbox"/> 1129 CANDIDIASIS, NOS	<input type="checkbox"/> 401 HYPERTENSION	<input type="checkbox"/> 81381 RADIUS	<input type="checkbox"/> 94973 >16% BODY SURFACE AREA
<input type="checkbox"/> 8829 CELLULITIS, NOS	<input type="checkbox"/> 4372 HYPERTENSIVE CRISIS	<input type="checkbox"/> 81383 RADIUS AND ULNA	<input type="checkbox"/> 9496 BURNS CHEMICAL (ALL SITES)
<input type="checkbox"/> 8810 CELLULITIS, FINGER	<input type="checkbox"/> 883 LYMPH NODES ENLARG, INFECT	<input type="checkbox"/> 8070 RIBS	<input type="checkbox"/> 949 BURNS, UNSPECIFIED*
<input type="checkbox"/> 8811 CELLULITIS, TOE	<input type="checkbox"/> 7858 LYMPH NODES ENLARG, NOT INF*	<input type="checkbox"/> 81219 SHOULDER	<input type="checkbox"/> 850 CONCUSSION
<input type="checkbox"/> 70981 CHAPPED SKIN*	<input type="checkbox"/> 410 MYOCARDIAL INFARCTION, ACUTE	<input type="checkbox"/> 8030 SKULL	<input type="checkbox"/> 9249 CONTUSION, ALL SITES
<input type="checkbox"/> 892 CONTACT DERMATITIS	<input type="checkbox"/> 7851 PALPITATIONS	<input type="checkbox"/> 8058 SPINE	<input type="checkbox"/> 9298 CRUSHING INJURY
<input type="checkbox"/> 700 CORNS, CALLOSITIES*	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE	<input type="checkbox"/> 82529 TARSAL	<input type="checkbox"/> 7296 FOREIGN BODY IN TISSUE
<input type="checkbox"/> 8929 ECZEMA	<input type="checkbox"/> 451 PHLEBITIS & THROMBOPHLEBITIS	<input type="checkbox"/> 8260 TOE(S)	<input type="checkbox"/> 98954 INSECT BITES*
<input type="checkbox"/> 035 ERYSIPELAS	<input type="checkbox"/> 454 VARICOSE VEINS, LOWER EXT	<input type="checkbox"/> 81382 ULNA	<input type="checkbox"/> LACERATION
<input type="checkbox"/> 054 FEVER BLISTERS (COLD SORES)*	<input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY	<input type="checkbox"/> 796 ABNORMAL CLINICAL FINDINGS	<input type="checkbox"/> 8799 COMPLEX
<input type="checkbox"/> 9172 FRICTION BLISTER ON FEET*	<input type="checkbox"/> 2828 ANEMIA, SICKLE CELL	<input type="checkbox"/> 7809 CHILLS*	<input type="checkbox"/> 87981 SIMPLE (<2 inch)
<input type="checkbox"/> 0539 HERPES ZOSTER	<input type="checkbox"/> 285 ANEMIA, UNSPECIFIED	<input type="checkbox"/> 7808 EXCESSIVE SWEAT (HYPERHIDROSIS)	<input type="checkbox"/> 87982 SIMPLE (>2 inch)
<input type="checkbox"/> 684 IMPETIGO	<input type="checkbox"/> 2899 OTHER HEMATOLOGICAL ABNORMALITY	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED CAUSE*	<input type="checkbox"/> 8798 LACERATION (UNSPEC)
<input type="checkbox"/> 7030 INGROWN TOENAIL*	<input type="checkbox"/> 7119 ARTHRITIS & ARTHROSIS	<input type="checkbox"/> 7807 MALAISE, FATIGUE, TIREDNESS*	<input type="checkbox"/> 9598 MULTIPLE TRAUMA
<input type="checkbox"/> 7103 JOCK ITCH (TINEA CRURIS)*	<input type="checkbox"/> 7190 INFECTIOUS ARTHRITIS	<input type="checkbox"/> 7822 MASS & LOCAL SWELLING	<input type="checkbox"/> 869 MULTIPLE TRAUMA EXTREME INTERNAL
<input type="checkbox"/> 703 NAIL DISEASE	<input type="checkbox"/> 7190 JOINT EFFUSION	<input type="checkbox"/> 7832 WEIGHT LOSS, ABNORMAL	<input type="checkbox"/> 95990 SEXUAL ASSAULT
<input type="checkbox"/> 8963 PITIRIASIS ROSEA	<input type="checkbox"/> 71590 OSTEOARTHRITIS (DJD)	<input type="checkbox"/> 78983 WEAKNESS*	<input type="checkbox"/> 95991 SUICIDE ATTEMPT
<input type="checkbox"/> 8926 POISON IVY/SUMAC/DAX	<input type="checkbox"/> 7194 PAIN IN JOINT, ARTHRALGIA	<input type="checkbox"/> ADVERSE EFFECTS	<input type="checkbox"/> WOUND
<input type="checkbox"/> 6989 PRURITIS	<input type="checkbox"/> 7195 STIFFNESS IN JOINT, ARTHRITIS	<input type="checkbox"/> 9952 ADVERSE EFFECT MED PROPER DOSE	<input type="checkbox"/> 87987 PUNCTURE
<input type="checkbox"/> 70481 PSEUDOFOLLICULITIS BARBAE*	<input type="checkbox"/> 7260 MONARTICULAR RHEUMATISM	<input type="checkbox"/> 30500 ALCOHOL ABUSE, UNSPEC	<input type="checkbox"/> 87988 STAB
<input type="checkbox"/> 7821 RASH (EXANTHEMS, NOS)	<input type="checkbox"/> 7194 PAIN IN JOINT, ARTHRALGIA	<input type="checkbox"/> 9953 ALLERGIC REACTION NOS	<input type="checkbox"/> 87989 GUNSHOT
<input type="checkbox"/> 6930 RASH, DRUG*	<input type="checkbox"/> 7195 STIFFNESS IN JOINT, ARTHRITIS	<input type="checkbox"/> 9950 ANAPHYLAXIS	<input type="checkbox"/> SUPPLEMENTARY CLASSIFICATION
<input type="checkbox"/> 70622 SEBACEOUS CYST	<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS, SHOULDER	<input type="checkbox"/> 1995 CANCER-COMPLICATION ALL SITES	<input type="checkbox"/> V610 FAMILY DISRUPTION
<input type="checkbox"/> 69271 SUNBURN, MILD*	<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 9919 COLD INJURY, NOS	<input type="checkbox"/> V6110 MARITAL PROBLEM
<input type="checkbox"/> 1110 TINEA VERSICOLOR*	<input type="checkbox"/> 7270 TENOSYNOVITIS/SYNOVITIS	<input type="checkbox"/> 29101 DELIRIUM TREMENS	<input type="checkbox"/> V700 MEDICAL FXAM
<input type="checkbox"/> 708 URTICARIA NOS	<input type="checkbox"/> 7245 VERTEBRAL COLUMN SYNDROMES	<input type="checkbox"/> 9913 FROSTBITE*	<input type="checkbox"/> V6120 PARENT/CHILD PROBLEM
<input type="checkbox"/> 0781 WARTS	<input type="checkbox"/> 7245 BACK PAIN W/O RADIAT SYMPT*	<input type="checkbox"/> 9929 HEAT INJURY*	<input type="checkbox"/> V7051 POR QUALIFICATIONS*
<input type="checkbox"/> 07813 WARTS, PLANTAR*	<input type="checkbox"/> 7244 BACK PAIN W/RADIATING SYMPT	<input type="checkbox"/> 9914 IMMERSION FOOT*	<input type="checkbox"/> V6811 PRESCRIPTION REFILL*
<input type="checkbox"/> 3099 ADJUSTMENT REACTION	<input type="checkbox"/> 7231 NECK PAIN* (CERVICAL)	<input type="checkbox"/> TOXICOLOGIC PROBLEMS	<input type="checkbox"/> V05 PROPYLACTIC IMMUNIZATION*
<input type="checkbox"/> 30500 ALCOHOL ABUSE, UNSPEC	<input type="checkbox"/> 7295 EXTREMITY PAIN (T-7)*	<input type="checkbox"/> 8882 BERRIES/PLANTS	<input type="checkbox"/> V6811 REF FOR NON PRESCRIP MED*
<input type="checkbox"/> 3000 ANXIETY REACTION	<input type="checkbox"/> 7298 EXTREM PAIN NOT JOINT (T-9)*	<input type="checkbox"/> 989 CHEMICALS	<input type="checkbox"/> V624 SOCIAL MALADJUSTMENT
<input type="checkbox"/> 30003 ANXIETY/TENSION*	<input type="checkbox"/> 72741 GANGLION OF JOINT	<input type="checkbox"/> 9879 FUMES INHALATION	<input type="checkbox"/> V583 SUTURE REMOVAL*
<input type="checkbox"/> 3128 BEHAVIOR DISORDERS NEC	<input type="checkbox"/> 72742 GANGLION OF TENDON SHEATH	<input type="checkbox"/> 977 OVERDOSE ACCIDENTAL	<input type="checkbox"/> V655 NO PROBLEM NOTED
<input type="checkbox"/> 436 CVA	<input type="checkbox"/> 717 INTERNAL DERANGEMENT KNEE	<input type="checkbox"/> 978 OVERDOSE SUICIDE ATTEMPT	
<input type="checkbox"/> 7800 COMA/ALTERED MENTAL STATUS	<input type="checkbox"/> 7291 MUSCLE ACHES*		
<input type="checkbox"/> 79982 CONFUSION*	<input type="checkbox"/> 8450 ANKLE		
<input type="checkbox"/> 311 DEPRESSION*	<input type="checkbox"/> 8470 CLVRICAL		
<input type="checkbox"/> 7804 DIZZINESS & GIDDINESS*	<input type="checkbox"/> 8479 BACK		
<input type="checkbox"/> 79981 DROWSINESS*	<input type="checkbox"/> 84891 JOINT (LIGAMENTS)		
<input type="checkbox"/> 345 EPILEPSY, ALL TYPES	<input type="checkbox"/> 84892 MUSCLES & TENDONS		
<input type="checkbox"/> 7802 FAINTING/BLACK OUT*	<input type="checkbox"/> 848 OTHER		
<input type="checkbox"/> 7840 HEADACHE	<input type="checkbox"/> 72989 MUSCULOSKELETAL PROBLEM, OTHER		
<input type="checkbox"/> 346 HEADACHE, MIGRAINE	<input type="checkbox"/> 83981 DISLOCATION/SUBLUXATION		
<input type="checkbox"/> 30070 HYPOCHONDRIAC DISORDER	<input type="checkbox"/> 832 ARM		
<input type="checkbox"/> 78052 INSOMNIA & OTHER SLEEP DISOR	<input type="checkbox"/> 832 ELBOW		
<input type="checkbox"/> 7992 NERVOUSNESS*	<input type="checkbox"/> 834 FINGER		
<input type="checkbox"/> 3009 NEUROSIOS, OTHER UNSPEC	<input type="checkbox"/> 83401 METACARPAL		
<input type="checkbox"/> 78201 NUMBNESS/TINGLING*	<input type="checkbox"/> 8363 PATELLA		
<input type="checkbox"/> 3449 PARALYSIS*	<input type="checkbox"/> 831 SHOULDER		
<input type="checkbox"/> 3019 PERSONALITY DISORDER, UNSPEC	<input type="checkbox"/> 83809 TOE		
<input type="checkbox"/> 30090 PSYCHIATRIC COND, UNSPEC	<input type="checkbox"/> 833 WRIST		
<input type="checkbox"/> 2989 PSYCHOSIS, UNDIFFERENTIATED	<input type="checkbox"/> 839 OTHER		
<input type="checkbox"/> 7292 RADICULOPATHY/RADICULITIS			

JOB RELATED ILL/INJ (NOT LOD DE T)

Yes No

UNLISTED DX
(# not listed in columns above)

PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

EVALUATION SERVICES PROCEDURES

(MARK AS MANY AS APPLICABLE)

- 00099 ANESTHESIA (IV/LOCAL)
- 46800 ANOSCOPY
- 38600 ARTERIAL PUNCTURE
- 20605 ARTHROCENTESIS, INT. JOINT
- 20610 ARTHROCENTESIS, LARGE JOINT
- 20600 ARTHROCENTESIS, SMALL JOINT
- 29700 BI-VALVE OR REMOVAL CAST
- 11100 BIOPSY
- 53670 BLADDER CATH/IRRIGATION
- 10165 BLISTER CARE
- 16000 BURN 1* SIMPLE RX
- 03003 CALIPER, SKINFOLD (AWCP)
- 29001 CAST APPLICATION
- 17250 CHEMICAL CAUTERIZATION
- 85223 CORNEAL STAIN
- 17340 CRYOTHERAPY (CO2, LIQ NIT)
- 57020 CULDOCENTESIS
- 36425 CUT DOWN
- 36480 CVP CATHETER PLACEMENT
- 11410 CYST, EXCISION
- 90011 DRESSING CHANGE
- 69212 EAR IRRIGATION
- 93000 EKG W/INTERPRETATION
- 17200 ELECTROCAUTERIZATION
- 17210 ELECTROCOAGULATION
- 31501 ENDOTRACH INTUBATION (NASAL)
- 31500 ENDOTRACH INTUB (ORAL)
- 11750 EXCISION NAIL & MATRIX
- 92005 EYE IRRIGATION
- FOREIGN BODY REMOVAL**
- 65220 CORNEAL
- 69200 EXTERNAL EAR W/O GEN ANESTHESIA
- 30300 INTRANASAL IN SUBCUTANEOUS TISSUE
- 10120 SIMPLE
- 10121 COMPLICATED
- 99170 GASTRIC LAVAGE
- 90014 HEARING SCREENING
- 85014 HEMATOCRIT (DRAW/SPIN READ)
- 46320 HEMORRHOID ENUCLEAT
- 10080 I&D, ABSCESS
- 10020 I&D BOLL/CARBUNCLE
- 9904 I&D CYST
- 10062 I&D FELON
- 10140 I&D HEMATOMA
- 10090 I&D SEBACEOUS CYST
- 90745 INJEC/OBSERV. (ALLERGY/IMM)

- 90788 INJECTION, ANTIBIOTIC
- 99091 INPROCESS MED REC SCREEN
- 36000 IV, START
- 87220 KOH PREP
- 31515 LARYNGOSCOPY
- 82270 LUMBAR PUNCTURE
- 27199 MAMMULATION (NOT SPINE/PELVIS)
- 27195 MAMMULATION PELVIS
- 27197 MAMMULATION SPINE
- 99169 MULT TRAUMA RESUSC (TEAM LEADER)
- 11740 NAIL TREPHINATION
- 30903 NASAL PACKING/CAUTERY
- 99157 NURSE/PATIENT COUNSELING
- 92100 OCULAR TONOMETRY
- 49080 PARACENTESIS
- 33010 PERICARDIOCENTESIS
- 33020 PERICARDIOTOMY
- 49420 PERITONEAL DIALYSIS
- 90968 PERITONEAL LAVAGE
- 82996 PREGNANCY DETERMINATION
- 84658 RESPIRATORS
- 92960 RESUSCITATION, CARDIOVERSION
- 92950 RESUSCITATION, CPR
- 92970 RESUSCITATION, PACEMAKER TEMPORARY
- 99094 SECURITY CLEARANCE SCREEN
- 90700 SHOT RECORD REVIEW
- 45300 SIGMOIDOSCOPY/PROCTO
- 15040 SKIN GRAFTING
- 61154 SKULL TREPHINATION
- 22315 SPINAL IMMOBILIZATION
- 94010 SPIROMETRY
- 29100 SPLINT, APPLICATION
- 99180 SUPERVISED INTENSIVE CARE CONDITION
- 11000 SURGICAL DEBRIDEMENT
- 67961 SURGICAL REPAIR OF EYELID

- 90002 SUTURE REMOVAL
- 13100 SUTURE, COMPLEX
- 12001 SUTURE, SUPERFICIAL
- 86580 TB SKIN TEST INTRAD (ADMIN)
- 86582 TB TEST (READ)
- 86581 TB TIME TEST (ADMIN)
- 99078 TEACHING (BREAST SELF EXAM)
- 99077 TEACHING (TESTICULAR SELF EXAM)
- 32000 THORACENTESIS
- 32020 THORACOSTOMY W/WATER SEAL
- 32160 THORACOTOMY W/CARDIAC MASSAGE
- 31605 TRACHEOSTOMY/CRICOHYROID
- 81000 UA (DIP & SPIN)
- 36810 VENOUS/ARTERIAL CANNULATION
- 12003 WOUND REPAIR/DRESSING
- WOUND TREATMENT/DEBRIDEMENT**
- 26700 FINGER
- 28660 TOE
- 27560 PATELLA
- 23650 SHOULDER
- 24800 ELBOW
- WOUND TREATMENT/FRACTURES CLOSED**
- 25635 CARPAL
- 23505 CLAVICLE
- 25605 COLLES
- 27232 FEMUR, PROX. NECK W/MANIP & TRACTION
- 27502 FEMUR, SHAFT & SUPRACOND
- 27781 FIBULA
- 26725 FINGER
- 24505 HUMERUS
- 26805 METACARPAL
- 28475 METATARSAL
- 21320 NOSE
- 25505 RADIUS
- 25565 RADIUS/ULNA (SHAFT)
- 21800 RIB
- 28450 TARSAL
- 27752 TIBIA W/MANIPULATION
- 27802 TIBIA & FIBULA W/MANIP
- 28517 TOES
- 25530 ULNA

- EXAMS**
- 90024 GENERAL MEDICINE
- 90085 PHYS. MIL. INCL. RET
- 92003 VISUAL ACUITY
- FLIGHT PHYSICALS**
- 90081 1/1A
- 90083 CLASS 2&3 TYPE B
- 90084 INTERIM CLASS 2&3/FAA3
- IMMUNIZATIONS**
- 90723 ADENOVIRUS
- 90725 CHOLERA
- 90701 DPT
- 90702 DT
- 90731 HEPATITIS B
- 90742 HYPERIMMUNE SERUM GLOBULIN
- 90741 IMMUNOGLOBULIN
- 90724 INFLUENZA
- 90705 MEASLES
- 90733 MENINGOCOCCAL (POLY)
- 90707 MMR
- 90704 MUMPS VIRUS
- 90727 PLAGUE
- 90732 PNEUMOCOCCAL (POLYVAL)
- 90712 POLIOMYELITIS, ORAL
- 90713 POLIOMYELITIS (SALK)
- 90726 RABIES
- 90710 SMALLPOX
- 90703 TENANUS TOXOID
- 90714 TYPHOID
- 90717 YELLOW FEVER

MAKE NO MARKS IN THIS AREA

MAKE NO MARKS IN THIS AREA

ADDITIONAL PROCEDURES

1		2	
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0



081229

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER

- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

- Health maintenance
- Acute problem
- Chronic problem
- Trauma/Injury follow-up
- Surgical follow-up

DISPOSITION (MARK ONLY ONE)

- Discharged from clinic
- Return PRN
- Return appointment
- Admitted
- Expired

SPECIAL PROGRAMS

- FAP
- EFMP
- ADAPCP
- PRP
- NSP
- Adoption
- Other

ORDERED OUT OF CLINIC

LAB

PRESCRIPTIONS

X RAYS

- Plain films
- Barium study
- IVP
- CT scan
- MR scan
- Ultrasound
- Nuclear med scan
- Angiographic study
- Other

OTHER

- Adaptive appliance/equip
- EEG
- EKG
- Pul function
- EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION (MARK AS MANY AS APPLICABLE)

- Referred to other clinic
- Referred to VA
- Referred to other Fed. Fac.
- Referred to civilian provider
- Referred to civ. Health Dept.
- Letters/Furns
- Supplemental care
- Champus for the handicapped
- Other Champus
- Quarters (military)
- Home (non-military)
- Work w/limitations
- Profile
- Specific preassigned clinic codes

PSYCHIATRY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
	Jan	
	Feb	
	Mar	
	Apr	
	May	
	Jun	
	Jul	
	Aug	
	Sep	
	Oct	
	Nov	
	Dec	

SPONSOR'S SSN

PATIENT INFORMATION

FMP

BIRTHDATE

	DAY	MONTH	YEAR
		Jan	
		Feb	
		Mar	
		Apr	
		May	
		Jun	
		Jul	
		Aug	
		Sep	
		Oct	
		Nov	
		Dec	

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE

PLACE OF VISIT (MARK ONLY ONE)

- Clinic/Office
- Ward
- Telephone
- Home
- Other

APPOINTMENT STATUS (MARK ONLY ONE)

- Scheduled
- Unscheduled
- Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes No

2. Patient being seen for new problem?

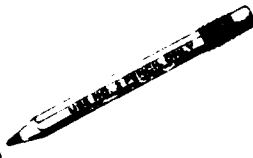
Yes No

000015

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



RULE OUT

1° 2°

3170X MILD
3180X MODERATE
1-W/ OTHER BEHAV SYMP

31401 W/HYPERACT
31400 W/O HYPERACT

31200 UNDERSOCIALIZED AGGRES
31210 UNDERSOCIALIZED NONAGGRES
31223 SOCIALIZED, AGGRESSIVE
31221 SOCIALIZED, NONAGGRES

30921 SEPARATION ANXIETY DIS
31321 AVOID DIS OF CHILD/ADOL
31300 OVERANXIOUS DIS
31323 ELECTIVE MUTISM
31381 OPPOSITIONAL DIS
31382 IDENTITY DIS

30710 ANOREXIA NERVOSA
30751 BULIMIA

30721 TRANSIENT TIC DIS
30722 CHRONIC MOTOR TIC DIS

30700 STUTTERING
30760 FUNCTIONAL ENURESIS
30770 FUNCTIONAL ENCOPIRESIS
30746 SLEEPWALKING DISORDER
30749 SLEEP TERROR DISORDER

2990X INFANTILE AUTISM
2999X CHILD UNSET PERVAS DEV DIS
1-RESIDUAL STATE

31500 DEVELOPMENTAL READING DIS
31510 DEVELOPMENTAL ARITH DIS
31531 DEVELOPMENTAL LANG DIS

PRIMARY OPEN DEMENTIAS

29830 SENILE ONSET, W/DELIRIUM
29820 SENILE ONSET, W/DELUSIONS
29821 SENILE ONSET, W/DEPRESSION
29800 UNCOMPLICATED
2981X PRESENILE ONSET
2984X MULTIFACET DEMENTIA
2987X DELIRIUM
2988X DELUSIONS
2989X DEPRESSION

SUBSTANCE-INDUCED

2910X ALCOHOL SYNERGIC INTOX
2920X WITHDRAWAL
2930X ORGANIC DELIRIUM
2940X ORGANIC HALLUCINOSIS
2950X ORGANIC PERSONALITY SYND
2960X ORGANIC PERSONALITY SYND

2980X DELIRIUM
2940X DEMENTIA
2930X ORGANIC DELUSIONAL SYND
2948X ORGANIC HALLUCINOSIS
2958X ORGANIC AFFECTIVE SYND
2968X ORGANIC PERSONALITY SYND

SCHIZOPHRENIC DISORDERS

2951X DISORGANIZED
2952X CATATONIC
2953X PARANOID
2954X UNDIFFERENTIATED
2955X RESIDUAL
2956X CHRONIC
2957X ACUTE
2958X CHRONIC W/ ACUTE EXACER
2959X CHRONIC W/ ACUTE EXACER
2960X IN REMISSION

PARANOID DISORDERS

2970X PARANOID
29770 SHARED PARANOID DIS
2980X ACUTE PARANOID DIS

PSYCH NOT ELSEWHERE CLAS

29840 SCHIZOPHRENIFORM DIS
29890 BRIEF REACTIVE PSYCHOSIS
2990X SCHIZOTYPAL DIS
2966X BIPOLAR DIS, MIXED

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

90801 ROUTINE EVALUATION
90849 INDIVIDUAL THERAPY
90849 GROUP THERAPY
90880 HYPNOTHERAPY
90847 FAMILY THERAPY
90848 MARITAL/COUPLE THERAPY
90802 ADMIN EVALUATION
02105 COLLATERAL CONTACT
90765 EFMP ASSESSMENT
90899 OTHER
02545 AXIS II DIS PRESENT

02546 UNSPECIFIED

32757 HALLUCINOGEN AFFECTIVE DISOR
32780 CANNABIS INTOXICATION
32765 CANNABIS DELUSIONAL DISORDER

32790 INTOXICATION
32781 WITHDRAWAL
32782 DELIRIUM
32783 DEMENTIA
32794 AMNESIC DISORDER
32795 DELUSIONAL DISORDER
32796 HALLUCINOSIS
32797 AFFECTIVE DISORDER
32798 PERSONALITY DISORDER

3050X ALCOHOL ABUSE
3039X ALCOHOL DEPENDENCE
3054X BARB/SIM ACT SED/HYPN ABUSE
3041X BARB/SIM ACT SED/HYPN DEP
3055X OPIOID ABUSE
3040X OPIOID DEPENDENCE
3056X COCAINE ABUSE
3057X AMPHET SIM ACT SYMPATH ABUS
3044X AMPHET SIM ACT SYMPATH DEP
3284X PCP/SIM ACT ARYL CYCL ABUSE
3053X HALLUCINOGEN ABUSE
3052X CANNABIS ABUSE
3043X CANNABIS DEPENDENCE
3059X OTHER MIX/UNSPEC SUBS ABUSE
3046X OTHER SPECIFIED SUBS DEPEND
3049X UNSPECIFIED SUBS DEPEND
3047X DEP COMB OPIOID NON ALCO SUBS
3048X DEP COMB SUBS EXCL OPIOID ALC
1- CONTINUOUS
2- EPISODIC
3- IN REMISSION

ORGANIC BRAIN SYNDROMES

2980X DELIRIUM
2940X DEMENTIA
2930X ORGANIC DELUSIONAL SYND
2948X ORGANIC HALLUCINOSIS
2958X ORGANIC AFFECTIVE SYND
2968X ORGANIC PERSONALITY SYND

SCHIZOPHRENIC DISORDERS

2951X DISORGANIZED
2952X CATATONIC
2953X PARANOID
2954X UNDIFFERENTIATED
2955X RESIDUAL
2956X CHRONIC
2957X ACUTE
2958X CHRONIC W/ ACUTE EXACER
2959X CHRONIC W/ ACUTE EXACER
2960X IN REMISSION

PARANOID DISORDERS

2970X PARANOID
29770 SHARED PARANOID DIS
2980X ACUTE PARANOID DIS

PSYCH NOT ELSEWHERE CLAS

29840 SCHIZOPHRENIFORM DIS
29890 BRIEF REACTIVE PSYCHOSIS
2990X SCHIZOTYPAL DIS
2966X BIPOLAR DIS, MIXED

(MARK AS MANY AS APPLICABLE)

02547 NONE
02548 MINIMAL
02549 MILD
02550 MODERATE
02551 SEVERE
02552 EXTREME
02553 CATASTROPHIC

02556 UNSPECIFIED
02557 SUPERIOR
02558 VERY GOOD
02559 GOOD
02560 FAIR
02561 POOR

2964X BIPOLAR DIS, MANIC
2965X BIPOLAR DIS, DEPRESSED
6= IN REMISSION
4= W/PSYCH FEATURES
7= W/PSYCH FEATURES MOOD INCONG
2= W/O PSYCH FEATURES
2962X MAJOR DEPRESS, SINGLE EPISODE
2963X MAJOR DEPRESS, RECURRENT
6= IN REMISSION
4= W/PSYCH FEATURES
7= W/PSYCH FEATURES MOOD INCONG
3= W/MELANCHOLIA
2= W/O MELANCHOLIA

30113 CYCLOTHYMIC DISORDER
30040 DYSTHYMIC DISORDER

30021 AGORAPHOB W/PANIC ATTACKS
30022 AGORAPHOB W/O PANIC ATTACK
30023 SOCIAL PHOBIA
30029 SIMPLE PHOBIA
30001 PANIC DISORDER
30002 GENERALIZED ANXIETY DIS
30000 OBSSSSIVE COMPULSIVE DIS
30030 ACUTE PTS DISORDER
30091 CHRONIC/DELAYED PTS DIS

DISSOCIATIVE DISORDERS

30001 PSYCHOGENIC AMNESIA
30013 PSYCHOGENIC FUGUE
30014 ALTERED PERSONALITY
30000 DEPERSONALIZATION DIS

PSYCHSEXUAL DISORDERS

3025X TRANSSEXUALISM
1- ASSEXUAL
2- HOMOSEXUAL
3- HETEROSEXUAL
3020X GENDER IDENTITY DIS CHILD
PARAPHILIAS
30281 FETTERISM
30280 TRANSVESTISM
30210 ZONOPHOBIA
30220 FLEBOPHOBIA
30240 EXHIBITIONISM
30282 MASCULINISM
3020X SEXUAL MASOCHISM
3020X SEXUAL SADISM

PSYCHSEXUAL DYSFUNCTIONS

30270 MAJOR SEXUAL DESIRE
30272 MAJOR SEXUAL INTEREST
30273 MAJOR SEXUAL ORGASM
30274 MAJOR SEXUAL ORGASM
30275 MAJOR SEXUAL ORGASM
30276 MAJOR SEXUAL ORGASM
30651 FUNCTIONAL VAGINISMUS
30200 OTHER PSYCHSEXUAL DIS

PERSONALITY DISORDERS

30110 PERSONALITY DISORDER
30111 PERSONALITY DISORDER
30112 PERSONALITY DISORDER
30113 PERSONALITY DISORDER
30114 PERSONALITY DISORDER
30115 PERSONALITY DISORDER
30116 PERSONALITY DISORDER
30117 PERSONALITY DISORDER
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30143 PERSONALITY DISORDER
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30145 PERSONALITY DISORDER
30146 PERSONALITY DISORDER
30147 PERSONALITY DISORDER
30148 PERSONALITY DISORDER
30149 PERSONALITY DISORDER
30150 PERSONALITY DISORDER
30151 CHRONIC FACT DIS
W/ PHYS EXAM

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

02562 VERY POOR
02563 GROSSLY IMPAIRED

31231 PATHOLOGICAL GAMBLING
31232 KLUPTMANIA
31233 PYROMANIA
31234 INTERMITTENT EXPLOSIVE DIS
31235 ISOLATED EXPLOSIVE DIS

30300 W/DEPRESSED MOOD
30924 W/ANXIOUS MOOD
30925 W/EXTREME EMOTIONAL FEATURES
30926 W/EXTREME CONDUCT
30927 W/EXTREME LIMIT A CONDUCT
30928 W/IMP/ACADEMIC INHIBITION
30929 W/WITHDRAWAL
3160X PSYCH FACT AFFECT PHYS COND

30900 PARANOID
30120 SCHIZOID
30121 SCHIZOTYPAL
30122 HISTRIONIC
30123 NARCISSISTIC
30170 ANTISOCIAL
30180 BORDERLINE
30181 OBSSSSIVE COMPULSIVE DIS
30182 ADDICTANT
30183 DEPENDENT
30184 COMPULSIVE
30185 PASSIVE AGGRESSIVE

30950 MAUNDERING
30958 BORDERLINE INTEL FUNCTION
30959 ADULT ANTISOCIAL BEHAVIOR
30960 CHILD ADULTS ANTISOC BEHAV
30961 ACADEMIC PROBLEM
30962 ACADEMIC PROBLEM
30963 COMPLICATED BEREAVEMENT
30964 NONCOMPLIANCE W/MED TREAT
30965 LIFE DISRUPT PROB
30966 MARITAL PROBLEM
30967 CURRENT CHILD PROBLEM
30968 SPECIFIC FAMILY CONFLICT
30969 OTHER INTERPERSONAL PROBLEM
30970 UNRESOLVED MENT DIS NONPSYCHOT
30971 NO EX COND ON AXIS I II
30972 NO EX COND DEFER ON AXIS I/II

JOB RELATED AL/INJ (NOT LOO DET)

No

UNLETTED DX
(If not listed in columns above)

AXIS I					AXIS II				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 5 minutes <input type="radio"/> 10 minutes <input type="radio"/> 15 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes <input type="radio"/> 45 minutes <input type="radio"/> 1 hour <input type="radio"/> 1 hour/30 minutes <input type="radio"/> 2 hours <input type="radio"/> 2 hours/30 minutes <input type="radio"/> 3 hours <input type="radio"/> 3 hours/30 minutes <input type="radio"/> 4 hours <input type="radio"/> 4 hours/30 minutes	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? If yes, have you treated this patient for this problem before?

REASON FOR #2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

SPECIAL PROGRAMS

FAP
 EFMP
 ADAPCP
 PRP
 NSP
 Adoption
 Other

1 2 3

REFERRALS AND SUPPLEMENTAL DISPOSITION

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(MARK AS MANY AS APPLICABLE)
 1 2 3 4 5 6 7 8 9

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK DO NOT MARK IN THIS AREA

PSYCHOLOGY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

PATIENT INFORMATION

FMP	BIRTHDATE						
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<table border="1"> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 </td> <td> <input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec </td> <td> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 </td> </tr> </table>	DAY	MONTH	YEAR	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
DAY	MONTH	YEAR					
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9					

SPONSOR'S SSN

<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0
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ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE
 1 2 3 4 5

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

000462

ADJUV

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1
YES NO

PROV #2
YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

} MARK ONLY ONE

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury
 follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

} MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS
0 1 2 3 4 5
6 7 8 9 +

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

PULMONARY PATIENT

BIRTH DATE		
DAY	MONTH	YEAR
0	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
0	1	0
1	1	0
2	1	0
3	1	0
4	1	0
5	1	0
6	1	0
7	1	0
8	1	0
9	1	0
0	2	0
1	2	0
2	2	0
3	2	0
4	2	0
5	2	0
6	2	0
7	2	0
8	2	0
9	2	0
0	3	0
1	3	0
2	3	0
3	3	0
4	3	0
5	3	0
6	3	0
7	3	0
8	3	0
9	3	0
0	4	0
1	4	0
2	4	0
3	4	0
4	4	0
5	4	0
6	4	0
7	4	0
8	4	0
9	4	0
0	5	0
1	5	0
2	5	0
3	5	0
4	5	0
5	5	0
6	5	0
7	5	0
8	5	0
9	5	0
0	6	0
1	6	0
2	6	0
3	6	0
4	6	0
5	6	0
6	6	0
7	6	0
8	6	0
9	6	0
0	7	0
1	7	0
2	7	0
3	7	0
4	7	0
5	7	0
6	7	0
7	7	0
8	7	0
9	7	0
0	8	0
1	8	0
2	8	0
3	8	0
4	8	0
5	8	0
6	8	0
7	8	0
8	8	0
9	8	0
0	9	0
1	9	0
2	9	0
3	9	0
4	9	0
5	9	0
6	9	0
7	9	0
8	9	0
9	9	0

PATIENT INFORMATION

FMP

BIRTHDATE

DAY MONTH YEAR

0 0 0

1 0 0

2 0 0

3 0 0

4 0 0

5 0 0

6 0 0

7 0 0

8 0 0

9 0 0

0 1 0

1 1 0

2 1 0

3 1 0

4 1 0

5 1 0

6 1 0

7 1 0

8 1 0

9 1 0

0 2 0

1 2 0

2 2 0

3 2 0

4 2 0

5 2 0

6 2 0

7 2 0

8 2 0

9 2 0

0 3 0

1 3 0

2 3 0

3 3 0

4 3 0

5 3 0

6 3 0

7 3 0

8 3 0

9 3 0

0 4 0

1 4 0

2 4 0

3 4 0

4 4 0

5 4 0

6 4 0

7 4 0

8 4 0

9 4 0

0 5 0

1 5 0

2 5 0

3 5 0

4 5 0

5 5 0

6 5 0

7 5 0

8 5 0

9 5 0

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1 6 0

2 6 0

3 6 0

4 6 0

5 6 0

6 6 0

7 6 0

8 6 0

9 6 0

0 7 0

1 7 0

2 7 0

3 7 0

4 7 0

5 7 0

6 7 0

7 7 0

8 7 0

9 7 0

0 8 0

1 8 0

2 8 0

3 8 0

4 8 0

5 8 0

6 8 0

7 8 0

8 8 0

9 8 0

0 9 0

1 9 0

2 9 0

3 9 0

4 9 0

5 9 0

6 9 0

7 9 0

8 9 0

9 9 0

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0	A
1	B
2	C
3	D
4	E
5	F
6	G
7	H
8	I
9	J
0	K
1	L
2	M
3	N
4	O
5	P
6	Q
7	R
8	S
9	T
0	U
1	V
2	W
3	X
4	Y
5	Z

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

} MARK ONLY ONE

(1) (2) (3) (4) (5)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

} MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes
 No

2. Patient being seen for new problem?

Yes
 No

033348

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

FIBEROPTIC BRONCHOSCOPY

- DIAGNOSTIC
- 31627 W/BRONCHIAL WASHING (BRUSHING)
- 31626 W/BRONCHIAL BIOPSY
- 31654 W/BRONCHOALVEOLAR LAVAGE
- 31658 W/NEEDLE ASP-CARINAL/PARATRACHEAL NODES
- 31628 W/TRANSBRONCHIAL LUNG BIOPSY
- 31646 THERAPEUTIC REMOVAL MUCUS PLUGGING
- 31650 SECRETIONS/PUS

320 LUNG

- 32405 BIOPSY LUNG, NEEDLE DIAG PERCUTANEOUS
- 32420 PNEUMOCENTESIS, PUNCTURE OF LUNG FOR ASP

INTERPRETATION & TESTS

- 87208 ACID-FAST-STAINS
- 94700 ARTERIAL BLOOD GASES (AT REST)
- 71251 CHEST CT
- 71031 CHEST ROENTGENOGRAM
- 78598 GALLIUM SCANS
- 87205 GRAM STAIN
- 87220 KOH PREPARATIONS
- 94020 PUL FUNCTION, ROUTINE
- 88317 PULMONARY PATHOLOGIC MATERIAL
- 86580 TB TEST, ADMIN
- 78589 VENTILATION/PERFUSION SCAN

SPECIALIZED PULMONARY FUNCTION STUDIES (REQ MD PRESENCE)

- 94705 ARTERIAL CANNULATION
- 36600 ARTERIAL PUNCTURE
- 94400 CARBON DIOXIDE STIMULATION TESTS
- 92950 CARDIOPULMONARY RESUSCITATION
- 94750 EXERCISE COMPLIANCE STUDIES
- 31501 ENDOTRACHEAL INTUBATION, NASAL
- 31500 ENDOTRACHEAL INTUBATION, ORAL
- 94681 EXER TEST-INCL CO2 OUTPUT %O2 EXT
- 95070 METHACHOLINE CHALLENGE TESTING
- 94401 OXYGEN STIMULATION TESTS
- 94680 O2 UPTAKE, EXPIRED GAS ANAL: REST-EXERCISE, DIRECT, SIMPLE
- 94620 PULMONARY STRESS TESTING
- 94690 EXERCISE TEST-REST, INDIRECT
- 93503 RIGHT HEART CATH/SWAN-GANZ CATH INSERTION, DIAGNOSTIC

ADDITIONAL PROCEDURES									
1					2				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

- 94681 SLEEP STUDIES
- 31605 TRACHEOSTOMY, CRICOTHROIDOSTOMY
- 31612 TRANSTRACHEAL ASPIRATION

THORACENTESIS

- 32000 DIAGNOSTIC
- 32001 THERA W/DRAINAGE OPEN CHEST
- 32400 W/BIOPSY-PLEURA CLSD CHEST

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND ONE SECONDARY (IF APPLICABLE)

RULE OUT		1°		2°		1°		2°		1°		2°	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFILTRATIVE LUNG DISEASE

- 5160 ALVEOLAR PROTEINOSIS
- CHEMICAL INJURY
- 9876 CHLORINE
- 9872 NITROUS OXIDE
- 988 OTHERS UNSPEC SUBSTANCE
- 2778 EOSINOPHILIC GRANULOMA
- 5183 EOSINOPHILIC PNEUMONIA
- INFECTIOUS/PNEUMONIA
- 4829 BACTERIAL
- 1140 COCCIDIOIDOMYCOSIS
- 11791 FUNGAL (NOT HISTO/COCCIDIO)
- 11595 HISTOPLASMOVIS
- 0119 MYCOBACTERIAL (TB)
- 483 MYCOPLASMA, PPD & OTHER UNSPEC
- 1363 PNEUMOCYSTIS CARINI
- 48281 PNEUMONIA, MYCOBACTERIAL (NON-TB)
- 486 PNEUMONIA, UNSPEC
- 0839 RICKETTSIAL
- 480 VIRAL

PNEUMOCONIOSES

- 501 ASBESTOSIS
- 500 COAL MINER'S
- 502 SILICA
- 505 OTHERS (UNSPEC)

42769 PREMATURE VENTRICULAR CONTRACTIONS

- 4280 RIGHT VENTRICULAR FAILURE
- 4271 VENTRICULAR TACHYCARDIA
- 42741 VENTRICULAR FIBRILLATION
- 42991 OTHER ARRHYTHMIAS

OTHER

- 30510 CIGARETTE ABUSE
- 460 COMMON COLD
- 496 COPD
- 7863 HEMOPTYSIS, ANY ETIOLOGY
- 78053 HYPERSOMNIA, W/SLEEP APNEA
- 79901 HYPOXEMIA
- 78051 INSOMNIA W/SLEEP APNEA
- 5130 LUNG ABSCESS
- 2779 METABOLIC DISORDER, UNSPEC
- 7931 X-RAY ABN SUSPECTED
- MUCOID IMPACTION
- 7701 NEWBORN
- 4961 TRACHEOBRONCHIAL
- 78631 PULMONARY HEMORRHAGE
- 135 SARCOIDOSIS
- 51981 UPPER AIRWAY OBSTRUCTION
- 47878 LARYNGEAL OBSTRUCTION
- 51911 TRACHEAL STENOSIS

NEOPLASMS

- 18298 ADENOCARCINOMA
- 23571 BRONCHIAL ADENOMA
- 18281 CARCINOID
- 18293 CYLINDROMA
- 16294 LARGE CELL UNDIFFERENTIATED LUNG CANCER
- 16291 POORLY DIFFERENTIATED
- 16292 UNDIFFERENTIATED
- 20283 LYMPHOMA/LEUKEMIA, PRIMARY-LUNG
- 18280 PRIMARY BRONCHOGENIC CARCINOMA
- 16295 SMALL CELL UNDIFFERENTIATED
- 18298 SQUAMOUS CELL

PLEURAL EFFUSION SECONDARY TO

- 5011 ASBESTOS
- 5111 BACTERIAL
- 5109 EMPYEMA
- 51183 FUNGAL
- 51181 MALIGNANCY
- 5117 PNEUMOCONIOSIS
- 51182 PRIMARY/MESOTHELIOMA
- 0120 TUBERCULOSIS

LUNG INJURY/TRAUMA

- 8070 FX RIB 2° CLOSED CHEST TRAUMA
- 8072 FX STERNUM 2° CLSD CHST TRMA
- 8602 HEMOTHORAX 2° CLSD CHST TRMA
- 86121 LUNG CONTUSION, CLSD CHST TRMA
- 512 PNEUMOTHORAX
- 9982 IATROGENIC
- 8605 PNEUMOHEMO THORAX (OPEN)
- 5120 SPONTANEOUS TENSION/COMPLICATED
- 8600 TRAUMATIC

METASTATIC MALIGNANCY

- 1961 LYMPHANGITIC
- 16297 PARENCHYMAL NODULES
- 163 PLEURAL

FOLLOW-UP EXAM

- V672 CHEMOTHERAPY
- V671 RADIOTHERAPY
- V581 MAINTENANCE CHEMOTHERAPY
- V580 RADIOTHERAPY SESSION

PULMONARY VASCULAR ABNORMALITIES

- 41781 ACUTE VASCULITIS, UNSPEC
- 44601 CHURG STRAUSS (EOSIN GRAN VASC)
- 44602 NECROTIZING SARCOIDAL ANGRITIS
- 4460 POLYARTERITIS NODOSA
- 4464 WEGENER'S GRANULOMATOSIS

OTHER VASCULAR DISEASE

- 4170 ARTERIOVENOUS FISTULA
- 4151 PULMONARY EMBOLUS-INFARCTION
- PULMONARY HYPERTENSION
- 4180 PRIMARY
- 4168 SECONDARY

OBSTRUCTIVE PULMONARY DISEASE

- 493 ASTHMA (UNSPEC W/O S.A.)
- 494 BRONCHIECTASIS
- 49181 BRONCHITIS OBLITERANS
- BRONCHITIS
- 4660 ACUTE
- 491 CHRONIC
- 2770 CYSTIC FIBROSIS
- 492 EMPHYSEMA

ORGANIC HEART DISEASE COMPLICATING PULMONARY DYSFUNCTION

- 410 ACUTE MYOCARDIAL INFARCTION
- ATRIAL & VENTRICULAR ARRHYTHMIAS
- 42731 ATRIAL FIBRILLATION
- 42732 ATRIAL FLUTTER
- 4281 LEFT VENTRICULAR FAILURE
- 42792 MULTIFOCAL ATRIAL TACHYCARDIA
- 4270 PAROXYSMAL ATRIAL TACHYCARDIA

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	(1)	(1)	(1)	(1)	(1)
2	2	2	2	2	(2)	(2)	(2)	(2)	(2)
3	3	3	3	3	(3)	(3)	(3)	(3)	(3)
4	4	4	4	4	(4)	(4)	(4)	(4)	(4)
5	5	5	5	5	(5)	(5)	(5)	(5)	(5)
6	6	6	6	6	(6)	(6)	(6)	(6)	(6)
7	7	7	7	7	(7)	(7)	(7)	(7)	(7)
8	8	8	8	8	(8)	(8)	(8)	(8)	(8)
9	9	9	9	9	(9)	(9)	(9)	(9)	(9)

RADIOTHERAPY PATIENT

#1 CARE PROVIDER		TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER	
(A)(B)(C)(D)	(E)(F)(G)(H)	(I)(J)(K)(L)	(M)(N)(O)(P)	(Q)(R)(S)(T)	(U)(V)(W)(X)
(Y)(Z)(1)(2)	(3)(4)(5)(6)	(7)(8)(9)(0)	(1)(2)(3)(4)	(5)(6)(7)(8)	(9)(0)(1)(2)

5 minutes
10 minutes
15 minutes
20 minutes
30 minutes
45 minutes
1 hour
1 hour/30 minutes
2 hours
2 hours/30 minutes
3 hours
3 hours/30 minutes
4 hours
4 hours/30 minutes

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

MARK ONLY ONE

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) Jan (1) Feb (2) Mar (3) Apr (4) May (5) Jun (6) Jul (7) Aug (8) Sep (9) Oct (0) Nov (1) Dec	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PATIENT INFORMATION

FMP: (0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

BIRTHDATE

DAY	MONTH	YEAR
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0) Jan (1) Feb (2) Mar (3) Apr (4) May (5) Jun (6) Jul (7) Aug (8) Sep (9) Oct (0) Nov (1) Dec	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

SPONSOR'S SSN

(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)
--------------------------------	--------------------------------	--------------------------------

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PRESCRIPTIONS
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

X RAYS

Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER

Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept. Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile

Specific preassigned clinic codes
(1)(2)(3)(4)(5)(6)(7)(8)(9)

ADMINISTRATION

CLINIC DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)	(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other

MARK ONLY ONE
(1)(2)(3)(4)(5)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency

MARK ONLY ONE

STATUS OF PAT

1. Patient seen this clinic last 12 months?

Yes
 No

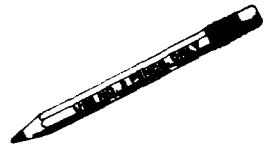
2. Patient being seen for new problem?

Yes
 No

04859

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

DO NOT MARK IN THIS AREA

(A)(B)(C)(D)(E)(F)(G)(H)(I)(J)(K)(L)(M)(N)(O)(P)(Q)(R)(S)(T)(U)(V)(W)(X)(Y)(Z)
--

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes 10 minutes 15 minutes 20 minutes 30 minutes 45 minutes 1 hour 1 hour 30 minutes		
PROV #1 YES NO	Have you seen this patient before? If yes, have you treated this patient for this problem before?		PROV #2 YES NO
REASON FOR #2 CARE PROVIDER <input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment <input type="radio"/> Other			

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic Problem
 Trauma/Injury
 Surgical follow-up

DISPOSITION (MARK ONLY ONE)

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired

ORDERED OUT OF CLINIC

LAB
 (1) (2) (3) (4) (5)
 (6) (7) (8) (9) (10)

PRESCRIPTIONS
 (1) (2) (3) (4) (5)
 (6) (7) (8) (9) (10)

X RAYS
 Plain films
 Barium study
 IVP
 CT scan
 MR scan
 Ultrasound
 Nuclear med scan
 Angiographic study
 Other

OTHER
 Adaptive appliance/equip.
 EEG
 EKG
 Pul function
 EMG


REFERRALS AND SUPPLEMENTAL DISPOSITION (MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
 Specific preassigned clinic codes
 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



DO NOT MARK IN THIS AREA

RHEUMATOLOGY PATIENT

TODAY'S DATE

DAY	MONTH	YEAR

PATIENT

SPONSOR'S SSN

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE

PLACE OF VISIT (MARK ONLY ONE)

Clinic/Office
 Ward
 Telephone
 Home
 Other

APPOINTMENT STATUS (MARK ONLY ONE)

Scheduled
 Unscheduled
 Emergency

STATUS OF VISIT

1. Patient seen this clinic last 12 months?
 Yes
 No

2. Patient being seen for new problem?
 Yes
 No

05479

EVALUATION/SERVICES, PROCEDURES (MARK AS MANY AS APPLICABLE) !

ADDITIONAL PROCEDURES

- ARTHRICENTESIS/INJECTION**
 20805 INTERMEDIATE JOINT
 20810 MAJOR JOINT
 20800 SMALL JOINT
 98501 CYTOTOXIC INFUSION/INJECTION
 98503 GOLD INJECTION
 20551 SOFT TISSUE INJECTION
 84208 EXAM, SYNOVIAL FLUID, CRYSTALS

1					2				
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
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0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4
0	1	2	3	4	0	1	2	3	4

MALE OUT 1° 2°

- 7141 FELTY'S SYNDROME
 71434 JUVENILE RA (ADULT)
 7140 RHEUMATOID ARTHRITIS
 4430 RAYNAUD'S SYNDROME
 7102 S.JOGREN'S (SIDCA)
 7200 ANKYLOSING SPONDYLITIS
 7131 ENTEROPATHIC ARTHRITIS
 8980 PSORIATIC ARTHRITIS
 0893 REITER'S SYNDROME
 0402 WHIPPLE'S DISEASE

- LUPUS ERYTHEMATOSUS AND OVERLAP SYNDROMES**
 69540 DISCORD LUPUS ERYTHEMATOSUS
 7100 SYSTEMIC LE
 71091 MCTD/OVERLAP SYNDROMES

- VASCULITIC SYNDROMES**
 2870 ALLERGIC PURPURA (SCHONLEIN-HENOCH)
 44761 ARTERITIS (UNSPEC)
 1361 BEHCET'S SYNDROME
 4431 BUERGER'S DISEASE
 44601 EOSINOPHILIC VASCULITIS (CHURG-STRAUSS)
 6952 ERYTHEMA NODOSUM
 2730 HYPERGAMMAGLOBULINEMIC PURPURA
 4465 GIANT CELL ARTERITIS
 44621 GOODPASTURE'S SYNDROME
 4463 LETHAL MIDLINE GRANULOMA
 72930 PANNICULITIS, WEBER-CHRISTIAN
 4460 POLYARTERITIS NODOSA
 725 POLYMYALGIA RHEUMATICA
 4467 TAKAYASU'S ARTERITIS
 4466 TTP
 4464 WEGENER'S GRANULOMATOSIS

- CONNECTIVE TISSUE DX W/FIBROSIS**
 71072 CREST SYNDROME
 7286 DUPUYTREN'S CONTRACTURE
 70103 LINEAR SCLERODERMA
 70102 LOCALIZED SCLERODERMA (MORPHEA)
 7101 SYSTEMIC SCLEROSIS

- INFLAM DISEASES OF MUSCLES**
 7103 DERMATOMYOSITIS
 7104 POLYMYOSITIS

- RHEUMATIC DISEASES-CHILDHOOD**
 2870 ALLERGIC PURPURA (SCHONLEIN-HENOCH)
 71430 JUVENILE RHEUM ARTHRITIS
 4461 KAWASAKI'S (MCL)

- RHEUMATIC FEVER**
 390 W/O HEART INVOLVEMENT
 391 W/HEART INVOLVEMENT

- 27913 CELLULAR IMMUNODEFICIENCY
 2782 COMBINED IMMUNODEFICIENCY
 2788 COMPLEMENT DEFICIENCY STATES
 2732 CRYOGLOBULINEMIA
 27901 IGA DEFICIENCY
 27903 IGG DEFICIENCY
 27902 IGM DEFICIENCY

- 274 GOUT
 2740 GOUTY ARTHROPATHY
 27481 GOUTY TOPHI OF EAR
 27482 GOUTY TOPHI OTHER SITES
 2772 HG-PRT DEFICIENCY
 7126 HYDROXYAPETITE ARTHROPATHY
 7122 PSEUDOGOUT

- 71580 OSTEOARTHRITIS
 73399 POLYCHONORITIS, RELAPSING

- AMYLOIDOTIC DISEASES**
 2773 AMYLOIDOSIS
 135 SARCOIDOSIS
 7137 SARCOID ARTHRITIS
 2728 RETICULOHISTOCYTOSIS, MULTICENTRIC

- ARTHRITIS WITH OTHER SYSTEMIC DISEASES**
 2520 HYPERTHYROIDISM
 2750 HEMOCHROMATOSIS

- 7118 FUNGAL ARTHRITIS
 0159 MYCOBACTERIAL ARTHRITIS
 7110 PYOGENIC ARTHRITIS
 7115 VIRAL ARTHRITIS
 7119 UNSPEC INFECTIOUS ARTHRITIS

- ARTHRITIS WITH OTHER SYSTEMIC DISEASES**
 7130 ENDOCRINE ARTHROPATHY
 71322 HEMOPHILIA ARTHROPATHY
 71321 HEMOGLOBINOPATHY ARTHROPATHY
 7312 HYPERTROPHIC PULMONARY OSTEO-ARTHROPATHY (BAMBERGER-MARIE)
 72991 MUSCULOSKELETAL SYNDROMES ASSOC WITH MALIGNANCY
 71323 SICKLE CELL ARTHROPATHY

- INHERITED DISORDERS OF CONNECTIVE TISSUE**
 75683 EHLERS-DANLOS SYNDROME
 7598 MARFAN'S SYNDROME

- 73329 FIBROUS DYSPLASIA
 7330 OSTEOPOROSIS
 2882 OSTEOMALACIA
 5880 OSTEODYSTROPHY, RENAL
 7310 PAGET'S DISEASE

- 7260 ADHESIVE CAPSULITIS-SHOULDER
 7340 ASEPTIC NECROSIS
 72751 BAKER'S CYST, KNEE
 7234 CERVICAL RADICULITIS
 7135 CHARCOT JOINT
 72632 EPICONDYLITIS LATERAL
 72631 EPICONDYLITIS MEDIAL
 7290 FIBROSITIS, NOS
 72743 GANGLION CYST
 7285 TROCHANTERIC BURSITIS
 7191 HEMARTHROSIS
 7190 HYDRARTHROSIS
 7285 HYPERMOBILITY SYNDROME
 72421 LOW BACK PAIN W/O RADIATION
 72422 LOW BACK PAIN W/RADIATION
 7166 MONOARTICULAR ARTHRS-UNSPEC
 7291 MYALGIA
 72633 OLECRANON BURSITIS, NONTRAUMA
 7331 PATHOLOGIC FRACTURE
 7284 PERIARTHROSIS OF WRIST
 7185 POLYARTICULAR ARTHRS-UNSPEC
 72685 PREPATELLAR BURSITIS
 7281 ROTATOR CUFF SYNDROME
 7278 RUPTURE OF TENDON, NON-TRAUMA
 7202 SACROILITIS NEC
 7243 SCIATICA

- 71941 SHOULDER PAIN
 72400 SPINAL STENOSIS
 7270 SYNOVITIS/TENOSYNOVITIS
 7336 TIETZE'S DISEASE
 5248 TMJ SYNDROME
 72703 TRIGGER FINGER

- 7655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED DX (if not listed in columns above)									
PRIMARY DX					SECONDARY DX				
V	0	0	0	0	V	0	0	0	0
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

SOCIAL WORK CLIENT

PATIENT

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0000	5 minutes	0000	0000
0001	10 minutes	0001	0001
0002	15 minutes	0002	0002
0003	20 minutes	0003	0003
0004	30 minutes	0004	0004
0005	45 minutes	0005	0005
0006	1 hour	0006	0006
0007	1 hour/30 minutes	0007	0007
0008	2 hours	0008	0008
0009	2 hours/30 minutes	0009	0009
0010	3 hours	0010	0010
0011	3 hours/30 minutes	0011	0011
0012	4 hours	0012	0012
0013	4 hours/30 minutes	0013	0013

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other
MARK ONLY ONE

TODAY'S DATE

DAY	MONTH	YEAR
00	00	00
01	01	01
02	02	02
03	03	03
04	04	04
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09

PATIENT INFORMATION

FMP	BIRTHDATE		
	DAY	MONTH	YEAR
00	00	00	00
01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07
08	08	08	08
09	09	09	09

SPONSOR'S SSN

0000000000
0101010101
0202020202
0303030303
0404040404
0505050505
0606060606
0707070707
0808080808
0909090909

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance
 Acute problem
 Chronic problem
 Trauma/Injury follow-up
 Surgical follow-up

DISPOSITION

Discharged from clinic
 Return PRN
 Return appointment
 Admitted
 Expired
 Transfer
 Hold/Wait
MARK ONLY ONE

SPECIAL PROGRAMS

FAP
 EFMP
 ADAPCP
 PRP
 NSP
 Adoption
 Other
(1)(2)(3)

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic
 Referred to VA
 Referred to other Fed. Fac.
 Referred to civilian provider
 Referred to civ. Health Dept.
 Letters/Forms
 Supplemental care
 Champus for the handicapped
 Other Champus
 Quarters (military)
 Home (non-military)
 Work w/limitations
 Profile
Specific preassigned clinic codes
(1)(2)(3)(4)(5)(6)(7)(8)(9)

ADMINISTRATION

CUCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
0000	0000
0101	0101
0202	0202
0303	0303
0404	0404
0505	0505
0606	0606
0707	0707
0808	0808
0909	0909
1010	1010
1111	1111
1212	1212
1313	1313
1414	1414
1515	1515
1616	1616
1717	1717
1818	1818
1919	1919
2020	2020
2121	2121
2222	2222
2323	2323
2424	2424
2525	2525
2626	2626
2727	2727
2828	2828
2929	2929
3030	3030
3131	3131
3232	3232
3333	3333
3434	3434
3535	3535
3636	3636
3737	3737
3838	3838
3939	3939
4040	4040
4141	4141
4242	4242
4343	4343
4444	4444
4545	4545
4646	4646
4747	4747
4848	4848
4949	4949
5050	5050

PLACE OF VISIT

Clinic/Office
 Ward
 Telephone
 Home
 Other
MARK ONLY ONE
(1)(2)(3)(4)(5)

APPOINTMENT STATUS

Scheduled
 Unscheduled
 Emergency
MARK ONLY ONE

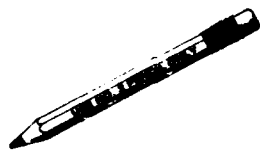
STATUS OF VISIT

1. Patient seen this clinic last 12 months?
 Yes
 No

2. Patient being seen for new problem?
 Yes
 No

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA

0000000000
0101010101
0202020202
0303030303
0404040404
0505050505
0606060606
0707070707
0808080808
0909090909
1010101010
1111111111
1212121212
1313131313
1414141414
1515151515
1616161616
1717171717
1818181818
1919191919
2020202020
2121212121
2222222222
2323232323
2424242424
2525252525
2626262626
2727272727
2828282828
2929292929
3030303030
3131313131
3232323232
3333333333
3434343434
3535353535
3636363636
3737373737
3838383838
3939393939
4040404040
4141414141
4242424242
4343434343
4444444444
4545454545
4646464646
4747474747
4848484848
4949494949
5050505050

000307

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

- COLLATERAL**
- 02420 FAM MEM
 - 02421 PHYSICIAN
 - 02422 NURSING
 - 02423 PAD
 - 02424 VA
 - 02425 JAG
 - 02426 CIVILIAN AGENCY
 - 02427 OTHER MIL MED FACIL
 - 02428 ADAPCP
 - 02429 SCHOOL
 - 02430 UNIT
 - 02431 COURT APPEARANCE
 - 02432 OTHER I
 - 02433 OTHER II
 - 02434 OTHER III

- PROCEDURES**
- 02400 INDIVIDUAL THERAPY/COUNSELING
 - 02401 MARITAL/COUPLE THERAPY
 - 02402 FAMILY THERAPY
 - 02403 GROUP THERAPY/COUNSELING
 - 02404 EVALUATION INTERVIEW
 - 03010 DISCHARGE PLANNING
 - 02105 COLLATERAL CONTACT
 - 02407 HOME VISIT
 - 02408 RESEARCH
 - 90786 EFMP ASSESSMENT
 - 02409 OTHER I
 - 02410 OTHER II
 - 02411 OTHER III

WALK OUT

- V6031 LIVES ALONE, UNABLE TO CARE FOR SELF
- S2102 PHYSICAL BARRIERS, HOME OR COMMUNITY
- S2103 HEALTH HAZARDS
- V601 INADEQUATE HOUSING
- S2105 BARRACKS CONDITION
- S2106 ADEQUATE HOUSING UNAVAILABLE FOR DEPENDS
- S2107 FACES EVICTION
- S2108 OTHER
- S2111 RESPONSIBLE RELATIVE UNABLE TO COPE
- S2112 INADEQUATE SUPPORT FROM EXTENDED FAMILY
- V6120 PARENT-CHILD PROBLEM
- V6110 MARITAL PROBLEM
- S2115 SITUAT FAMILY SEPARATION
- V617 UNWANTED PREGNANCY
- S2117 PROBLEM ASSOCIATED WITH BEING SOLE PARENT
- S2128 CHILD MOTHER
- S2119 PROBLEM ASSOCIATED W/TROOP DEPLOYMENT
- S2120 OTHER
- S2131 PROBLEM ADJUSTING TO MEDICAL CONDITION
- S2132 ADJUSTMENT TO ACUTE ILLNESS
- S2133 ADJUSTMENT TO CHRONIC ILLNESS
- S2134 ADJUSTMENT TO TERMINAL ILLNESS
- S2135 ADJUSTMENT TO CHRON DISABILITY
- S2136 POOR UNDERSTANDING OF INJURY: ILLNESS, DEATH
- S2137 POOR UNDERSTANDING OF TREATMENT PROCESS
- S2138 UNABLE TO FOLLOW TREATMENT PROGRAM
- S2139 UNWILLING TO FOLLOW TREATMENT PROGRAM
- S2140 SECONDARY GAINS FROM ILLNESS/INJURY
- S2141 INAPPROPRIATE USE OF MTF
- S2142 NEEDS DISCHARGE PLAN
- S2143 NEEDS NURSING HOME PLACEMENT
- S2144 DEPENDENCE ON MACHINES
- S2145 ASSAULT VICTIM
- S2146 REQUIRES/REQUESTS PROC NOT AVAILABLE THRU MIL/CHAMPUS
- S2147 OTHER

- S2151 INADEQUATE INCOME
- S2152 INADEQUATE HEALTH COVERAGE
- S2153 POOR MONEY MANAGEMENT
- S2154 INDEBTEDNESS
- S2155 PAY PROBLEMS
- S2156 BAD CHECK WRITING
- S2157 UNEXPECTED/EMERGENCY EXPENSES
- S2158 OTHER
- S2181 ILLITERATE
- V400 LEARNING PROBLEM
- S2163 POOR READER
- S2164 SCHOOL DROPOUT
- S2165 INADEQUATE TRAINING/EDUCATION
- S2166 NEEDS SPEC EDUCATIONAL PROGRAM REQUIRES INFORMATION RE.
- S2168 MGT OF ILLNESS/INJURY
- S2169 PRE/POST-NATAL ALTERNATIVES
- S2170 OTHER
- V6201 NEEDS EMPLOYMENT
- S2182 UNDEREMPLOYMENT
- V6202 LAID OFF
- S2184 SUPERIOR SUBORD RELATIONSHIP DIFFICULTIES
- S2185 LIMITATIONS IN KINDS OF EMPLOYMENT
- S2186 INAPPROPRIATE EMPLOYMENT
- S2187 INADEQUATE JOB PERFORMANCE
- S2188 OTHER
- V6251 NEED CONSENT TO ADMIT OR TREAT
- V6252 NEED CONSENT FOR SURGICAL PROCEDURES
- V6253 NEED CONSENT FOR DISCHARGE PLANNING
- V6254 NEED PROTECTIVE SERVICES FOR CHILDREN OR ADULTS
- V6255 NEED LEGAL ASSIST FOR CIVIL AND/OR MEDICAL MATTERS
- V6256 OTHER
- 30590 DRUG ABUSE
- 30500 ALCOHOL ABUSE
- S2203 SOCIAL ISOLATION
- S2204 PEER RELATIONSHIP DIFFICULTIES
- S2205 PROBLEMS WITH OTHER PERSONAL RELATIONSHIP
- V6282 BEREVEMENT, UNCOMPLICATED
- S2207 NORM REACT TO STRESS SITUATION
- S2208 BEHAVIORAL MANAGEMENT
- S2209 BEHAVIOR STRESSFUL TO PTS/STAFF
- S2210 BEHAVIOR STRESSFUL TO SELF/FAMILY/SIG OTHER

- S2211 OTHER
- S2221 MANAGEMENT PROBLEMS
- S2222 ABSENCE FROM SCHOOL
- S2223 DISCIPLINE PROBLEMS AT SCHOOL
- S2224 DELINQUENCY
- S2225 OTHER
- S2231 PROBLEMS ADJUSTING TO DIFFERENT CULTURE
- S2232 CONFLICTS OF CUSTOMS, MORES, ETC
- S2233 LANGUAGE LIMITATIONS
- S2234 OTHER
- S2241 LACK OF RELIGIOUS SUPPORT
- V6261 RELIGION OPPOSES MEDICAL CARE
- S2243 RELIGIOUS PRACTICE CONFLICTS
- S2244 CONSCIENTIOUS OBJECTOR
- S2245 OTHER
- S2251 NO RESOURCES AVAILABLE
- S2252 RESOURCES INACCESSIBLE
- S2253 RESOURCES INADEQUATE FOR NEEDS OF PATIENT/FAMILY
- S2254 RESOURCE DELAY RESPONDING TO NEED
- V6391 NO VACANCIES IN OTHER HEALTH CARE FACILITIES
- S2256 OTHER
- S2261 PATIENT/FAMILY HAS NO PRIVATE TRANSPORTATION RESOURCES
- S2262 NO COMMUNITY RESOURCES AVAILABLE
- S2263 RESOURCES UNABLE TO RESPOND ON TIMELY BASIS

- S2264 UNRELIABLE TRANSPORTATION
- S2265 RESOURCES UNABLE TO MEET NEEDS OF PATIENT/FAMILY
- S2266 OTHER
- S2271 ELDERLY
- S2272 CHILD
- S2273 OTHER
- S2274 SUS ELDERLY ABUSE
- S2275 CONF ELDERLY ABUSE
- V6122 SUS CHILD NEG
- V6123 CONF CHILD NEG
- V6124 SUS CHILD ABUSE
- V6125 CONF CHILD ABUSE
- S2279 SUS SPOUSE ABUSE
- S2280 CONF SPOUSE ABUSE
- S2281 OTHER ABUSED PERSON
- S2291 MULTI-PROBLEM SITUATION
- S2292 NEEDS ADOPTIVE SERVICES
- S2293 STRESS OF DIVORCE PROCEEDINGS
- S2294 REFUGEE
- S2295 ENVIRONMENTAL DISASTER
- S2296 REQUEST/NEEDS INFORMATION
- S2297 PROBLEMS CAUSED BY ADMIN/BUREAUCRATIC FAILURE
- S2298 OTHER I
- S2299 OTHER II
- S2300 OTHER III
- S2301 OTHER IV
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)									
Yes					No				
UNLISTED PRB/DX (if not listed in columns above)									
PRIMARY					SECONDARY				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
S	2	2	2	2	S	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
	5 minutes		
	10 minutes		
	15 minutes		
	20 minutes		
	30 minutes		
	45 minutes		
	1 hour		
	1 hour/30 minutes		
	2 hours		
	2 hours/30 minutes		
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			
U			
V			
W			
X			
Y			
Z			

PROV #1 YES NO PROV #2 YES NO

Have you seen this patient before? YES NO

If yes, have you treated this patient for this problem before? YES NO

REASON FOR #2 CARE PROVIDER

Teaching/Supervision } MARK ONLY ONE
 Consultation }
 Procedure/Treatment }
 Other }
 1 2 3

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)

Health maintenance

Acute problem

Chronic Problem

Trauma/Injury

follow-up

Surgical follow-up

DISPOSITION

Discharged from clinic

Return PRN

Return appointment

Admitted

Expired

MARK ONLY ONE

ORDERED OUT OF CLINIC

LAB

0 1 2 3 4 5
6 7 8 9 +

PRESCRIPTIONS

0 1 2 3 4 5
6 7 8 9 +

X RAYS

Plain films

Barium study

IVP

CT scan

MR scan

Ultrasound

Nuclear med scan

Angiographic study

Other

OTHER

Adaptive appliances/equip.

EEG

EKG

Pul function

EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION

(MARK AS MANY AS APPLICABLE)

Referred to other clinic

Referred to VA

Referred to other Fed. Fac.

Referred to civilian provider

Referred to civ. Health Dept.

Letters/Forms

Supplemental care

Champus for the handicapped

Other Champus

Quarters (military)

Home (non-military)

Work w/limitations

Profile

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

UROLOGY PATIENT

PATIENT

TODAY'S DATE

DAY	MONTH	YEAR
	<input type="radio"/> Jan	
	<input type="radio"/> Feb	
<input type="radio"/> 1	<input type="radio"/> Mar	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> Apr	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> May	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> Jun	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> Jul	<input type="radio"/> 4
<input type="radio"/> 6	<input type="radio"/> Aug	<input type="radio"/> 5
<input type="radio"/> 7	<input type="radio"/> Sep	<input type="radio"/> 6
<input type="radio"/> 8	<input type="radio"/> Oct	<input type="radio"/> 7
<input type="radio"/> 9	<input type="radio"/> Nov	<input type="radio"/> 8
	<input type="radio"/> Dec	<input type="radio"/> 9

SPONSOR'S SSN

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT INFORMATION

FMP	BIRTHDATE			
	DAY	MONTH	YEAR	YEAR
0 0	0 0	Jan		0 0
		Feb		
1 1	1 1	Mar		1 1
		Apr		
2 2	2 2	May		2 2
		Jun		
3 3	3 3	Jul		3 3
		Aug		
4 4	4 4	Sep		4 4
		Oct		
5 5	5 5	Nov		5 5
		Dec		
6 6	6 6			6 6
7 7	7 7			7 7
8 8	8 8			8 8
9 9	9 9			9 9

ADMINISTRATION

UCA DATA

CLINIC CODE	INPATIENT OR REFERRAL CODE
B	A
C	B
D	C
E	D
F	E
G	F
H	G
I	H
J	I
K	J
L	K
M	L
N	M
O	N
P	O
Q	P
R	Q
S	R
T	S
U	T
V	U
W	V
X	W
Y	X
Z	Y

PLACE OF VISIT

Clinic/Office

Ward

Telephone

Home

Other

1 2 3 4 5

MARK ONLY ONE

APPOINTMENT STATUS

Scheduled

Unscheduled

Emergency

MARK ONLY ONE

STATUS OF VISIT

1. Patient seen this clinic last 12 months?

Yes

No

2. Patient being seen for new problem?

Yes

No

000321

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK DO NOT MARK IN THIS AREA

EVALUATION SERVICES/PROCEDURES

(MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

	1	2	3	4	5	6	7	8	9	0
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

SPECIAL LAB SERVICES

- 82331 CALCIUM LOADING TEST
- 87205 GRAM STAIN & INTERPRETATION
- 89321 PROSTATIC SECRETIONS, EXPRESSED
- 89320 SEMEN ANALYSIS, COMPLETE
- 82355 STONE ANALYSIS
- 81000 URINALYSIS (DIP & SPIN)
- 87088 URINE CULT & COLONY COUNT
- 90011 DRESSING CHANGE
- 90002 SUTURE REMOVAL

- 74427 ANTEGRADE URETHROGRAM
- 74428 ANTEGRADE NEPHROSTOGRAM
- 74400 ROUTINE
- 74416 WITH TOMOGRAPHY
- 74482 KUB
- 74428 LOOP-A-GRAM
- 74482 PERCATHETER URETHROGRAM
- 74416 PLAIN FILM TOMOGRAM, KIDNEY
- 74481 RETROGRADE CYSTOGRAM
- 74483 RETROGRADE URETHROGRAM
- 74441 VASOGRAM
- 74458 VOIDING CYSTURETHROGRAM

- 52310 W/REMOVAL OF F.B.
- 74478 W/RETROGRADE PYELOGRAM
- 52234 W/SMALL BLADDER TUMOR RESECTION & FULGURATION
- 52320 W/URETERAL CALCULUS REMOVAL W/URETERAL CATHETERIZATION
- 52004 UNILATERAL
- 52005 BILATERAL
- 50040 NEPHROSTOMY
- 52335 URETEROSCOPY
- 57482 VAGINOSCOPY (COLPOSCOPY)

- 51725 LIMITED
- 51785 W/EMG STUDIES
- 51772 W/SUBTRACTED PRESSURES
- 51795 W/VOIDING STUDY
- 51721 DMSO BLADDER INSTALLATIONS
- 11420 EXCISION OF SEBACEOUS CYST
- 51738 FLOW RATES
- 54055 FULGURATION OF CONDYLOMA
- 51720 INTRAVESICAL CHEMOTHERAPY
- 90032 PELVIC EXAM-FEMALE
- 55899 PROSTATIC MASSAGE
- 53060 SKENE'S GLAND DRAINAGE
- 53270 SKENE'S GLAND EXCISION
- 50701 URETERAL DILATATION URETHRAL DILATION
- 53660 FEMALE
- 53620 MALE
- 53670 URETHRAL CATHETER PLACEMENT
- 53675 URETHRAL CATHETER CHANGE
- 53450 URETHRAL MEATOPLASTY
- 55250 VASECTOMY

- 51784 CYSTOSCOPY
- 52000 CYSTURETHROSCOPY, ROUTINE
- 52007 W/BIOPSY
- 52281 W/DILATION OF STENOSIS
- 52224 W/FULGURATION
- 52285 W/HYDRO-DILATION OF BLADDER
- 52317 W/UTHALOPAXY, SIMPLE

- 90789 ADMIN OF HCG-TESTOSTERONE
- 90788 ANTIBIOTIC INJECTION
- 55700 BIOPSY PROSTATE (NEEDLE)
- 54500 BIOPSY TESTIS (OPEN)
- 51010 CYSTOTOMY, SUPRAPUBIC TUBE CIRCUMCISION
- 54152 CLAMP, NOT NEWBORN
- 54161 NON-CLAMP, NOT NEWBORN

RULE OUT

1° 2°

- 5902 ABSCESS OF KIDNEY (PERIRENAL)
- 75391 ANOMALIES, NOS
- 2234 BENIGN NEOPLASM
- 75311 POLYCYSTIC KIDNEY DISEASE
- 591 HYDRONEPHROSIS
- 1895 MALIGNANT NEOPLASM
- 1880 MALIGNANT NEOPLASM, EXCEPT PELVIS PYELONEPHRITIS
- 5901 ACUTE
- 5900 CHRONIC
- 7530 RENAL AGENESIS/DYSGENESIS
- 5920 STONE, KIDNEY

- 75362 ATRESIA
- 22381 BENIGN NEOPLASM
- 5993 CARUNCLE OF URETHRA
- 1893 MALIGNANT NEOPLASM
- 5989 STRICTURE OF URETHRA
- 59780 URETHRITIS
- URETHROCELE/CYSTOCELE
- 8180 FEMALE
- 59851 MALE
- 600 BENIGN PROSTATIC HYPERTROPHY
- 185 MALIGNANT NEOPLASM
- 6010 PROSTATITIS, ACUTE
- 6011 PROSTATITIS, CHRONIC

- IMPOTENCE
- 60784 ORGANIC
- 30278 PSYCOGENIC
- 550 INGUINAL HERNIA
- 186 MALIGNANT NEOPLASM, TESTES
- 1899 MALIGNANT NEOPLASM, URINARY NOS
- 7885 OLIGURIA AND ANURIA
- 804 ORCHITIS AND EPIDIDYMITIS
- 75291 OTHER GENITAL ANOMALIES, MALE
- 0999 OTHER SEXUALLY TRANS DISEASE
- 60781 PEYRONIE'S
- 6073 PRIAPISM
- 5990 PYURIA/BACTERIURIA
- 605 REDUNDANT PREPUCE & PHIMOSIS
- 7889 RENAL COLIC
- 7882 RETENTION OF URINE
- 6080 SEMINAL VESICULITIS
- 6081 SPERMATOCELE
- 606 STERILITY, MALE
- STRESS INCONTINENCE
- 6256 FEMALE
- 78832 MALE
- 586 RENAL FAILURE
- 6082 TORSION OF TESTES
- 7525 UNDESCENDED TESTICLES
- 78801 URETERAL COLIC
- 61610 VAGINITIS/VULVITIS
- 4564 VARICOCELE
- V2504 VASECTOMY REQUEST
- 7889 OTHER SYMPTOMS, GU
- V655 NO PROBLEM NOTED

- 2232 BENIGN NEOPLASM
- 7532 DEFECTS OF URETER-OBSTRUCTIVE
- 1892 MALIGNANT NEOPLASM
- 5921 STONE, URETERAL
- 5934 OTHER OBSTRUCTION OF URETER

- 0980 ACUTE GONOCOCCAL INFECTION
- 7539 ANOMALIES, OTHER URINARY
- 7245 BACKACHE, UNSPEC
- 6071 BALANITIS
- 2239 BENIGN NEOPLASM, URINARY NOS
- BENIGN NEOPLASM
- 221 FEMALE GENITALIA
- 222 MALE GENITALIA
- 5929 CALCULUS, UNSPEC
- 7881 DYSURIA
- 78831 ENURESIS
- 5991 FISTULA
- 7884 FREQUENCY OF URINATION
- 5997 HEMATURIA
- 603 HYDROCELE
- 7526 HYPOSPADIAS/EPISPADIAS

- 75361 ATRESIA, CONGENITAL
- 2233 BENIGN NEOPLASM
- CYSTITIS
- 5950 ACUTE
- 5952 CHRONIC
- 5962 FISTULA
- 1889 MALIGNANT NEOPLASM
- 34481 NEUROGENIC DYSFUNCTION
- 5960 STENOSIS

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX
(if not listed in columns above)

PRIMARY DX					SECONDARY DX				
1	2	3	4	5	1	2	3	4	5
V	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

#1 CARE PROVIDER	TIME SPENT #1	TIME SPENT #2	#2 CARE PROVIDER
0 0 0 0	5 minutes		0 0 0 0
A 1 1 1 1	10 minutes		A 1 1 1
B 2 2 2 2	15 minutes		B 2 2 2
C 3 3 3 3	20 minutes		C 3 3 3
D 4 4 4 4	30 minutes		D 4 4 4
E 5 5 5 5	45 minutes		E 5 5 5
F 6 6 6 6	1 hour		F 6 6 6
G 7 7 7 7	1 hour/30 minutes		G 7 7 7
H 8 8 8 8	2 hours		H 8 8 8
I 9 9 9 9	2 hours/30 minutes		I 9 9 9
	3 hours		
	3 hours/30 minutes		
	4 hours		
	4 hours/30 minutes		

PROV #1	YES	NO	PROV #2	YES	NO
Have you seen this patient before?					
If yes, have you treated this patient for this problem before?					

REASON FOR #2 CARE PROVIDER		MARK ONLY ONE
Teaching/Supervision		
Consultation		
Procedure/Treatment		
Other		
1	2	3

PROVIDER

PRIMARY REASON FOR THIS VISIT (MARK ONLY ONE)
Health maintenance
Acute problem
Chronic Problem
Trauma/Injury
follow-up
Surgical follow-up

DISPOSITION		MARK ONLY ONE
Discharged from clinic		
Return PRN		
Return appointment		
Admitted		
Expired		

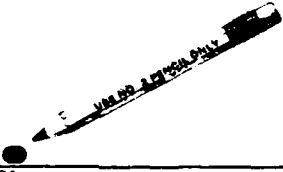
ORDERED OUT OF CLINIC	
LAB	0 1 2 3 4 5 6 7 8 9 +
PRESCRIPTIONS	0 1 2 3 4 5 6 7 8 9 +
X RAYS	Plan films Barium study IVP CT scan MR scan Ultrasound Nuclear med scan Angiographic study Other
OTHER	Adaptive appliance/equip EEG EKG Pul function EMG

REFERRALS AND SUPPLEMENTAL DISPOSITION	
(MARK AS MANY AS APPLICABLE)	Referred to other clinic Referred to VA Referred to other Fed. Fac. Referred to civilian provider Referred to civ. Health Dept. Letters/Forms Supplemental care Champus for the handicapped Other Champus Quarters (military) Home (non-military) Work w/limitations Profile Specific preassigned clinic codes
	1 2 3 4 5 6 7 8 9

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK
DO NOT MARK IN THIS AREA



UROLOGY PATIENT

PATIENT

TODAY'S DATE		
DAY	MONTH	YEAR
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

SPONSOR'S SSN	
0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9

PATIENT INFORMATION			
FMP	BIRTHDATE		
	DAY	MONTH	YEAR
0 0	0 0	Mar	0 0
1 1	1 1	Apr	1 1
2 2	2 2	May	2 2
3 3	3 3	Jun	3 3
4 4	4 4	Jul	4 4
5 5	5 5	Aug	5 5
6 6	6 6	Sep	6 6
7 7	7 7	Oct	7 7
8 8	8 8	Nov	8 8
9 9	9 9	Dec	9 9

ADMINISTRATION

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
B A A A	A A A A
C C C C	B B B B
D D D D	C C C C
E E E E	D D D D
F F F F	E E E E
G G G G	F F F F
H H H H	G G G G
I I I I	H H H H
J J J J	I I I I
K K K K	J J J J
L L L L	K K K K
M M M M	L L L L
N N N N	M M M M
O O O O	N N N N
P P P P	O O O O
Q Q Q Q	P P P P
R R R R	Q Q Q Q
S S S S	R R R R
T T T T	S S S S
U U U U	T T T T
V V V V	U U U U
W W W W	V V V V
X X X X	W W W W
Y Y Y Y	X X X X
Z Z Z Z	Y Y Y Y

PLACE OF VISIT		MARK ONLY ONE
Clinic/Office		
Ward		
Telephone		
Home		
Other		
1	2 3 4 5	

APPOINTMENT STATUS		MARK ONLY ONE
Scheduled		
Unscheduled		
Emergency		

STATUS OF VISIT	
1. Patient seen this clinic last 12 months?	
Yes	
No	
2. Patient being seen for new problem?	
Yes	
No	

000321

EVALUATION/SERVICES/PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

1					2				
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

- 74427 ANTEGRADE URETHROGRAM
- 74428 ANTEGRADE NEPHROSTOGRAM
- IVP**
- 74400 ROUTINE
- 74415 WITH TOMOGRAPHY
- 74482 KUB
- 74426 LOOP-A-GRAM
- 74452 PERICATHETER URETHROGRAM
- 74416 PLAIN FILM TOMOGRAM, KIDNEY
- 74451 RETROGRADE CYSTOGRAM
- 74453 RETROGRADE URETHROGRAM
- 74441 VASOGRAM
- 74456 VOIDING CYSTURETHROGRAM
- 51794 CYSTOSCOPY
- 52000 CYSTURETHROSCOPY, ROUTINE
- 52007 W/BIOPSY
- 52281 W/DILATION OF STENOSIS
- 52224 W/FULGURATION
- 52265 W/HYDRO-DILATION OF BLADDER
- 52317 W/LITHALOPAXY, SIMPLE

- 52310 W/REMOVAL OF F.B.
- 74476 W/RETROGRADE PYELOGRAM
- 52234 W/SMALL BLADDER TUMOR RESECTION & FULGURATION
- 52320 W/URETERAL CALCULUS REMOVAL W/URETERAL CATHETERIZATION
- 52004 UNILATERAL
- 52005 BILATERAL
- 60040 NEPHROSTOMY
- 52335 URETEROSCOPY
- 57452 VAGINOSCOPY (COLPOSCOPY)
- 90789 ADMIN OF HCG-TESTOSTERONE
- 90788 ANTIBIOTIC INJECTION
- 55700 BIOPSY PROSTATE (NEEDLE)
- 54500 BIOPSY TESTIS (OPEN)
- 51010 CYSTOTOMY, SUPRAPUBIC TUBE
- CIRCUMCISION**
- 54152 CLAMP, NOT NEWBORN
- 54161 NON-CLAMP, NOT NEWBORN

- CMG**
- 51725 LIMITED
- 51785 W/EMG STUDIES
- 51772 W/SUBTRACTED PRESSURES
- 51795 W/VOIDING STUDY
- 51721 DMSO BLADDER INSTALLATIONS
- 11420 EXCISION OF SEBACEOUS CYST
- 51738 FLOW RATES
- 54065 FULGURATION OF CONDYLOMA
- 51720 INTRAVESICAL CHEMOTHERAPY
- 90032 PELVIC EXAM-FEMALE
- 55899 PROSTATIC MASSAGE
- 53060 SKENE'S GLAND DRAINAGE
- 53270 SKENE'S GLAND EXCISION
- 50701 URETERAL DILATATION
- URETHRAL DILATION**
- 53660 FEMALE
- 53620 MALE
- 53670 URETHRAL CATHETER PLACEMENT
- 53675 URETHRAL CATHETER CHANGE
- 53450 URETHRAL MEATOPLASTY
- 55250 VASECTOMY

- SPECIAL LAB SERVICES**
- 82331 CALCIUM LOADING TEST
 - 87205 GRAM STAIN & INTERPRETATION
 - 89321 PROSTATIC SECRETIONS, EXPRESSED
 - 89320 SEMEN ANALYSIS, COMPLETE
 - 82355 STONE ANALYSIS
 - 81000 URINALYSIS (DIP & SPIN)
 - 87088 URINE CULT & COLONY COUNT
 - 90011 DRESSING CHANGE
 - 90002 SUTURE REMOVAL

RULE OUT

1° 2°

- 5802 ABSCESS OF KIDNEY (PERIRENAL)
- 75391 ANOMALIES, NOS
- 2234 BENIGN NEOPLASM
- 75311 POLYCYSTIC KIDNEY DISEASE
- 591 HYDRONEPHROSIS
- 1895 MALIGNANT NEOPLASM
- 1890 MALIGNANT NEOPLASM, EXCEPT PELVIS
- PYELONEPHRITIS**
- 5901 ACUTE
- 5900 CHRONIC
- 7530 RENAL AGENESIS/DYSGENESIS
- 5920 STONE, KIDNEY

- 75362 ATRESIA
- 22381 BENIGN NEOPLASM
- 5893 CARUNCLE OF URETHRA
- 1893 MALIGNANT NEOPLASM
- 5989 STRICTURE OF URETHRA
- 59780 URETHRITIS
- URETHROCELE/CYSTOCELE**
- 8180 FEMALE
- 59951 MALE
- 600 BENIGN PROSTATIC HYPERTROPHY
- 185 MALIGNANT NEOPLASM
- 6010 PROSTATITIS, ACUTE
- 6011 PROSTATITIS, CHRONIC

- IMPOTENCE**
- 80784 ORGANIC
- 30278 PSYCOGENIC
- 550 INGUINAL HERNIA
- 186 MALIGNANT NEOPLASM, TESTES
- 1899 MALIGNANT NEOPLASM, URINARY NOS
- 7895 DUGURIA AND AMURIA
- 804 ORCHITIS AND EPIDIDYMITIS
- 75291 OTHER GENITAL ANOMALIES MALE
- 0999 OTHER SEXUALLY TRANS DISEASE
- 60781 PEYRONIE'S
- 8073 PRIAPISM
- 5990 PYURIA/BACTERIURIA
- 605 REDUNDANT PREPUCE & PHIMOSIS
- 7880 RENAL COLIC
- 7882 RETENTION OF URINE
- 6080 SEMINAL VESICULITIS
- 6081 SPERMATOCELE
- 606 STERILITY, MALE
- STRESS INCONTINENCE**
- 6256 FEMALE
- 78832 MALE
- 586 RENAL FAILURE
- 6082 TORSION OF TESTES
- 7525 UNDESCENDED TESTICLES
- 78801 URETERAL COLIC
- 61610 VAGINITIS/VULVITIS
- 4564 VARICOCELE
- V2504 VASECTOMY REQUEST

- 2232 BENIGN NEOPLASM
- 7532 DEFECTS OF URETER-OBSTRUCTIVE
- 1892 MALIGNANT NEOPLASM
- 5921 STONE, URETERAL
- 5934 OTHER OBSTRUCTION OF URETER
- ADENOMA OF BLADDER**
- 75361 ATRESIA, CONGENITAL
- 2233 BENIGN NEOPLASM
- CYSTITIS**
- 5950 ACUTE
- 5952 CHRONIC
- 5962 FISTULA
- 1889 MALIGNANT NEOPLASM
- 34461 NEUROGENIC DYSFUNCTION
- 5960 STENOSIS

- 0980 ACUTE GONOCOCCAL INFECTION
- 7539 ANOMALIES, OTHER URINARY
- 7245 BACKACHE, UNSPEC
- 8071 BALANITIS
- 2239 BENIGN NEOPLASM, URINARY NOS
- BENIGN NEOPLASM**
- 221 FEMALE GENITALIA
- 222 MALE GENITALIA
- 5929 CALCULUS, UNSPEC
- 7881 DYSURIA
- 78831 ENURESIS
- 5991 FISTULA
- 7884 FREQUENCY OF URINATION
- 5997 HEMATURIA
- 603 HYDROCELE
- 7526 HYPOSPADIAS/EPISPADIAS

- 60781 PEYRONIE'S
- 8073 PRIAPISM
- 5990 PYURIA/BACTERIURIA
- 605 REDUNDANT PREPUCE & PHIMOSIS
- 7880 RENAL COLIC
- 7882 RETENTION OF URINE
- 6080 SEMINAL VESICULITIS
- 6081 SPERMATOCELE
- 606 STERILITY, MALE
- STRESS INCONTINENCE**
- 6256 FEMALE
- 78832 MALE
- 586 RENAL FAILURE
- 6082 TORSION OF TESTES
- 7525 UNDESCENDED TESTICLES
- 78801 URETERAL COLIC
- 61610 VAGINITIS/VULVITIS
- 4564 VARICOCELE
- V2504 VASECTOMY REQUEST
- 7889 OTHER SYMPTOMS, GU
- V655 NO PROBLEM NOTED

JOB RELATED ILL/INJ (NOT LOD DET)

Yes No

UNLISTED DX (if not listed in columns above)

PRIMARY DX					SECONDARY DX				
V	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

CLINICAL SHORT FORMS FOR PATIENT ENCOUNTERS

APPENDIX C

APPENDIX C

CLINICAL SHORT FORMS FOR PATIENT ENCOUNTERS

Allergy/Immunization Short Form
Short Form

CARE PROVIDER

UCR DATA
CLINIC CODE

ALLERGY/IMMUNIZATION SHORT FORM

MARKING INSTRUCTIONS



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.
- MARKING EXAMPLES:

ONLY CORRECT MARK

INCORRECT MARKS



TODAY'S DATE

DAY	MONTH	YEAR
<input type="radio"/>	Jan <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov <input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec <input type="radio"/>	<input type="radio"/>

PATIENT INFORMATION

SPONSOR'S SSN

PATIENT
FRP

- PROCEDURES
- 90723 Adenovirus
 - 90725 Cholera
 - 90701 DPT
 - 90702 DT
 - 90718 Td
 - 90731 Hepatitis B
 - 90711 H. Influenza B (HIB)
 - 90742 Hyperimmune Serum Globulin
 - 90741 Immunoglobulin (ISG)
 - 90743 Hep. B
 - 90744 Hep. Human Rabies
 - 90748 Hep. Tetanus
 - 90747 Hep. Varicella Zoster
 - 90724 Influenza
 - 90705 Measles
 - 90733 Meningococcal (Poly)
 - 90707 MMR
 - 90704 Mumps Virus
 - 90727 Plague
 - 90732 Pneumococcal (Polyval)
 - 90712 Poliomyelitis, Oral
 - 90713 Poliomyelitis (Salk)
 - 90728 Rabies
 - 90708 Rubella & Measles
 - 90709 Rubella & Mumps
 - 90706 Rubella
 - 90710 Smallpox
 - 88580 TB Skin Test Intradermal, Admin
 - 88581 TB Skin Test Tine, Admin
 - 88582 TB Skin Test, Read
 - 90703 Tetanus Toxoid
 - 90714 Typhoid
 - 90717 Yellow Fever
 - 90700 Shot Record Review
 - 90898 Injec, Other (IM/IV)
Allergy Immunotherapy Injec.
- 1 2 3 4

PATIENT INFORMATION

SPONSOR'S SSN

PATIENT
FRP

- PROCEDURES
- 90723 Adenovirus
 - 90725 Cholera
 - 90701 DPT
 - 90702 DT
 - 90718 Td
 - 90731 Hepatitis B
 - 90711 H. Influenza B (HIB)
 - 90742 Hyperimmune Serum Globulin
 - 90741 Immunoglobulin (ISG)
 - 90743 Hep. B
 - 90744 Hep. Human Rabies
 - 90748 Hep. Tetanus
 - 90747 Hep. Varicella Zoster
 - 90724 Influenza
 - 90705 Measles
 - 90733 Meningococcal (Poly)
 - 90707 MMR
 - 90704 Mumps Virus
 - 90727 Plague
 - 90732 Pneumococcal (Polyval)
 - 90712 Poliomyelitis, Oral
 - 90713 Poliomyelitis (Salk)
 - 90728 Rabies
 - 90708 Rubella & Measles
 - 90709 Rubella & Mumps
 - 90706 Rubella
 - 90710 Smallpox
 - 88580 TB Skin Test Intradermal, Admin
 - 88581 TB Skin Test Tine, Admin
 - 88582 TB Skin Test, Read
 - 90703 Tetanus Toxoid
 - 90714 Typhoid
 - 90717 Yellow Fever
 - 90700 Shot Record Review
 - 90898 Injec, Other (IM/IV)
Allergy Immunotherapy Injec.
- 1 2 3 4

MAKE NO MARKS IN THIS AREA

000909

PATIENT INFORMATION		PROCEDURES	
SPONSOR'S SSN		PATIENT FMP	
[REDACTED]		[REDACTED]	
[REDACTED]		<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (IG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus	
[REDACTED]		<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Tine, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec. Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]		① ② ③ ④	

PATIENT INFORMATION		PROCEDURES	
SPONSOR'S SSN		PATIENT FMP	
[REDACTED]		[REDACTED]	
[REDACTED]		<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (IG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus	
[REDACTED]		<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Tine, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec. Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]		① ② ③ ④	

PATIENT INFORMATION		PROCEDURES	
SPONSOR'S SSN		PATIENT FMP	
[REDACTED]		[REDACTED]	
[REDACTED]		<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (IG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus	
[REDACTED]		<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Tine, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec. Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]		① ② ③ ④	

PATIENT INFORMATION		PROCEDURES	
SPONSOR'S SSN		PATIENT FMP	
[REDACTED]		[REDACTED]	
[REDACTED]		<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (IG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90746 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus	
[REDACTED]		<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Tine, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec. Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]		① ② ③ ④	

PATIENT INFORMATION											
SPONSOR'S SSN							PATIENT FMP		PATIENT BIRTHDATE		
									DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

PROCEDURES

- 93786 BP Check
- 90650 Consultation w/Second Provider (patient not seen)
- 90765 EFMP Coding
- 93005 EKG w/o Interpretation
- 90720 Immunization Only
- 99091 Inprocessing Med Screen
- 99092 POR Screen
- 90030 Prescription Refill w/o Exam
- 99093 PRP Screen
- 99094 Security Clearance Screen
- 90700 Shot Record Review
- 86581 TB Skin Test Administered
- 86582 TB Skin Test Read
- 90601 Telephone Consult Documented

Specific Preassigned Clinic Codes
 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION											
SPONSOR'S SSN							PATIENT FMP		PATIENT BIRTHDATE		
									DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

PROCEDURES

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Specific Preassigned Clinic Codes
 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION											
SPONSOR'S SSN							PATIENT FMP		PATIENT BIRTHDATE		
									DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

PROCEDURES

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- 93005 EKG w/o Interpretation
- 90720 Immunization Only
- 99091 Inprocessing Med Screen
- 99092 POR Screen
- 90030 Prescription Refill w/o Exam
- 99093 PRP Screen
- 99094 Security Clearance Screen
- 90700 Shot Record Review
- 86581 TB Skin Test Administered
- 86582 TB Skin Test Read
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Specific Preassigned Clinic Codes
 1 2 3 4 5 6 7 8 9

PATIENT INFORMATION											
SPONSOR'S SSN							PATIENT FMP		PATIENT BIRTHDATE		
									DAY	MONTH	YEAR
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0

PROCEDURES

- 93786 BP Check
- 90650 Consultation w/Second Provider (patient not seen)
- 90765 EFMP Coding
- 93005 EKG w/o Interpretation
- 90720 Immunization Only
- 99091 Inprocessing Med Screen
- 99092 POR Screen
- 90030 Prescription Refill w/o Exam
- 99093 PRP Screen
- 99094 Security Clearance Screen
- 90700 Shot Record Review
- 86581 TB Skin Test Administered
- 86582 TB Skin Test Read
- 90601 Telephone Consult Documented

Specific Preassigned Clinic Codes
 1 2 3 4 5 6 7 8 9

CLINICAL REPEAT PROCEDURE FORM FOR PATIENT ENCOUNTERS

APPENDIX D

REPEAT PROCEDURE FORM

000293

MAKE NO MARKS IN THIS AREA

- Do not use ink or ballpoint pen.
- Make dark marks that fill circles completely.



ONLY ACCEPTABLE MARK

- Erase cleanly any mark you wish to change.
- Make no stray marks.
- Do not fold this form.

This form will be used ONLY by the following clinics:

- Allergy
- Nutrition
- Occupational Therapy
- Pain
- Physical Therapy
- Radiation Therapy
- Renal Dialysis
- Respiratory Therapy
- Dermatology

FOR CLERICAL USE ONLY

PATIENT INFORMATION

SPONSORS SSN				PATIENT PMP	PATIENT BIRTHDATE			PROCEDURE						
DAY	MONTH	YEAR	DAY		MONTH	YEAR	DAY	MONTH	YEAR	DAY				
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

DIAGNOSIS

DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

UCA DATA	
CLINIC CODE	INPATIENT OR REFERRAL CODE
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

TODAY'S DATE		
DAY	MONTH	YEAR
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CARE PROVIDER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

MCS Trans-Optec® EP01-21093-32 AG300

SAMPLES OF COMPUTER REPORTS FOR SITES

APPENDIX E

APPENDIX E-1
SAMPLE REPORT

INTERNAL MEDICINE ENCOUNTERS BY PROVIDER
FOR 01 DEC 86 TO 31 DEC 86

CLINIC CODE	CLINIC TITLE	PROVIDER ID.	VISIT COUNT
BAAA	INTERNAL MEDICINE	A9440	14
		B1865	14
		B7148	35
		B8350	94
		B9447	14
		F8013	116
		G9193	42
		H2977	18
		H3706	8
		H6402	12
		K2487	51
		K2500	4
		K7360	11
		M1660	90
		O1004	27
		O8113	19
		O9294	36
		P0901	170
		P5557	137
		R5738	11
		S3018	20
		S6451	43
		T3007	14
		T7645	233
		T8437	15
V1320	20		
W6612	45		
W8504	18		
TOTAL VISITS FOR CLINIC BAAA			1,331

APPENDIX E-2
SAMPLE REPORT

PATIENT REGISTRATION CATEGORIES FOR DERMATOLOGY CLINIC
FROM 01 JAN 87 TO 31 JAN 87

CLINIC UCA	CLINIC NAME	PATIENT CATEGORY	PATIENT COUNT
BAPA	DERMATOLOGY CLINIC	A10	134
		A23	7
		A30	471
		A50	138
		A60	290
		F10	32
		F30	274
		F50	67
		F60	218
		M30	7
		M60	5
		* N O N E	533
		N10	2
		N30	28
		N50	1
		N60	33
		O30	2
		X20	2
TOTAL CLINIC BAPA			2,307

* N O N E INDICATES THOSE PATIENTS WHICH WERE NOT FULLY REGISTERED WITH ALL REQUESTED DEMOGRAPHIC INFORMATION

APPENDIX E-3
SAMPLE REPORT

REFERRAL SOURCE AND PLACE OF VISIT
FROM 01 FEB 87 TO 28 FEB 87

CLINIC UCA	NUMBER OF ENCOUNTERS	PLACE OF VISIT	REFERRAL SOURCE
BAAA	2,089	CLINIC/OFFICE	
	11	CLINIC/OFFICE	
	3	TELEPHONE	AAAA
BABA	1,953	CLINIC/OFFICE	
	4	WARD	
BACA	420	CLINIC/OFFICE	
BAFA	294	CLINIC/OFFICE	
BAGA	325	CLINIC/OFFICE	
	19	WARD	
BAJA	33	CLINIC/OFFICE	
	60	NOT ANSWERED	
BAKA	426	CLINIC/OFFICE	
	34	NOT ANSWERED	
	20	WARD	
	2	CLINIC/OFFICE	AABA
	22	CLINIC/OFFICE	AAJA
	6	WARD	AAMA
	4	CLINIC/OFFICE	ABDA
	5	CLINIC/OFFICE	ABGA
	9	CLINIC/OFFICE	ADAA
BAKA	9	WARD	ADAA
	4	NOT ANSWERED	
	13	CLINIC/OFFICE	BDAA
	5	CLINIC/OFFICE	BHAE
	19	CLINIC/OFFICE	BIYA
BALA	439	CLINIC/OFFICE	
	62	CLINIC/OFFICE	AAAA
	1	WARD	
	134	CLINIC/OFFICE	AABA
	13	NOT ANSWERED	AAFA
	16	CLINIC/OFFICE	AAHA
	11	CLINIC/OFFICE	AAIA
	74	CLINIC/OFFICE	AKA

APPENDIX E-4
SAMPLE REPORT

UCA: BGYA-FAMILY PRACTICE (MTF) PRIMARY PROVIDER DIAGNOSIS REPORT

FROM 01 SEP 86 TO 31 DEC 85

PROVIDER ID: H7133

CLINIC NAME	DESCRIPTION	DIAGNOSIS COUNT	PERCENT	
FAMILY PRACTICE (MTF)	NO PROBLEM NOTED	147	35.17	
	REFILL MEDICATION	84	20.09	
	EXAM, MEDICAL	52	12.44	
	PREGNANCY, NORMAL	26	6.21	
	OTITIS MEDIA, SUPPURATIVE, ACUTE	13	3.10	
	EXAM, WELL WOMAN	10	2.39	
	NASOPHARYNGITIS, ACUTE (COMMON COLD)	8	1.91	
	PREGNANCY, HIGH RISK	6	1.43	
	PAIN, PELVIC	6	1.43	
	DIABETES MELLITUS	5	1.20	
	OTITIS MEDIA, SEROUS	5	1.20	
	ANGINA PECTORIS	5	1.20	
	HEADACHE	5	1.20	
	EPILEPSY	4	0.96	
	JOINT STIFFNESS	4	0.96	
	RASH (EXANTHEMS), NOS	4	0.96	
	PAIN, CHEST	4	0.96	
	IMMUNIZATION, PROPHYLACTIC	3	0.71	
	WART, VIRAL	3	0.71	
	PHARYNGITIS, ACUTE	3	0.71	
	HEPATITIS, UNSPEC	3	0.71	
	CERVICITIS & ENDOCERVICITIS	3	0.71	
	DERMATITIS, ATOPIC	3	0.71	
	ARTHRALGIA	3	0.71	
	PAIN, ABDOMINAL	3	0.71	
	POSTPARTUM, ROUTINE FOLLOWUP	2	0.47	
	BLOOD PRESSURE CHECK	2	0.47	
	METABOLIC DISORDER, LIPID	2	0.47	
		TOTALS	418	99.99

APPENDIX E-5
SAMPLE REPORT

UCA : BGYA FAMILY PRACTICE (MTF) PRIMARY PROVIDER PROCEDURE REPORT

FROM 01 JAN 86 TO 31 DEC 86

PROVIDER ID: H7133

PROCEDURE CODE	PROCEDURE DESCRIPTION	PROCEDURE COUNT	PERCENT
99157	NURSE-PATIENT COUNSELING	72	10.25
90025	EXAM, PELVIC/PAP SMEAR	67	9.54
90700	SHOT RECORD REVIEW	64	9.11
59420	ANTEPARTUM CARE, ROUTINE	60	8.54
90013	EXAM, BREAST	60	8.54
90782	INJECTIONS, IM/SUBCUT	59	8.40
99155	COUNSELING	56	7.97
90701	IMM, DPT	32	4.55
90712	IMM, POLIO VIRUS, ORAL (SABIN)	30	4.27
90650	CONSULTATION, LIMITED	25	3.56
86581	TB TEST, TINE (ADMIN)	24	3.42
90745	INJECTION/OBSERVATION	23	3.27
90032	EXAM, PELVIC	18	2.56
90749	IMM, OTHER (PEDS)	14	1.99
90027	EXAM, PHYSICAL, COMPLETE, OB-GYN	12	1.70
90703	IMM, TT	11	1.56
90652	CONSULTATION, EXTENSIVE	9	1.28
17340	CRYOTHERAPY (CO2, LIQUID N)	8	1.14
90702	IMM, DT	8	1.14
90724	IMM, INFLUENZA	7	.99
90024	EXAM, GENERAL MEDICAL	6	.85
69212	IRRIGATION, EAR	5	.72
86580	SKIN TEST, TB, INTRADERMAL (ADMIN)	5	.72
90012	HISTORY/EXAM INITIAL OB	5	.72
90707	IMM, MMR (LIVE)	5	.72
95640	INHALATION THERAPY	5	.72
00099	ANESTHESIA (INTRAVENOUS/LOCAL REGIONAL)	4	.57
36810	ARTERIAL/VENOUS CANNULATION	4	.57
87215	WET MOUNT (FOR OVA, PARASITES, BACTERIA FUNGI) AND KOH	4	.57
TOTALS		702	99.99

APPENDIX E-6

SAMPLE REPORT

UCA: BGYA-FAMILY PRACTICE (MTF) SECONDARY PROVIDER PROCEDURE REPORT

FROM 01 JAN 86 TO 31 DEC 86

PROVIDER ID: H7133

PROCEDURE CODE	PROCEDURE DESCRIPTION	PROCEDURE COUNT	PERCENT
59420	ANTEPARTUM CARE, ROUTINE	5	20.83
90024	EXAM, GENERAL MEDICAL	3	12.50
36415	VENIPUNCTURE, ROUTINE	1	4.17
36600	ARTERIAL PUNCTURE	1	4.17
36810	ARTERIAL/VENOUS CANNULATION	1	4.17
69212	IRRIGATION, EAR	1	4.17
86582	TB TEST (READ)	1	4.17
87060	CULTURE, THROAT	1	4.17
87070	CULTURE, BACTERIAL, ANY SOURCE	1	4.17
87215	WET MOUNT (FOR OVA, PARASITES, BACTERIA FUNGI) AND KOH	1	4.17
90009	EXAM, COMPLAINT SPECIFIC MED.	1	4.17
90016	EXAM, EYE, LIMITED	1	4.17
90026	EXAM, PHYSICAL, PARTIAL, OB-GYN	1	4.17
90782	INJECTIONS, IM/SUBCUT	1	4.17
92005	IRRIGATION, EYE	1	4.17
95640	INHALATION THERAPY	1	4.17
99155	COUNSELING	1	4.17
99157	NURSE-PATIENT COUNSELING	1	4.17
TOTALS FOR H7133		24	100.00

APPENDIX E-7
SAMPLE REPORT

NUMBER OF VISITS FOR H7133 IN ALL CLINICS

PROVIDER ID: H7133

FROM 01 JAN 86 TO 31 DEC 86

CLINIC	CLINIC NAME	VISIT COUNT
BFEA	SOCIAL WORK SERVICES	1
BGYA	FAMILY PRACTICE (MTF)	1,523
BGYN	FAMILY PRACTICE (TMC)	2
BIYA	EMERGENCY ROOM	35
	TOTAL	1,561

REVISED CLINICAL SPECIALTY FORMS

APPENDIX F

APPENDIX F
REVISED ENCOUNTER FORMS (Effective 1 May 1988)

Adolescent Patient
Allergy Patient
Audiology/Speech Patient
BAS/TMC Patient
Cardiology Patient
Cardiothoracic Patient
Dermatology Patient
EKG Form
Endocrine Patient
ENT Patient
Emergency Room Patient
Family Practice Patient
Gastroenterology Patient
General Surgery Patient
Group Form I
Group Form II
GYN Patient
Immunization Short Form
Infectious Disease Patient
Internal Medicine Patient
Nephrology/Dialysis Patient
Neurology Patient
Neurosurgery Patient
Nutrition Care Patient
OB Patient
Occupational Health Patient
Occupational Therapy Patient
OT Repeat Visit
Oncology/Hematology Patient
Ophthalmology Patient
Optometry Patient
Ortho Appliance/Cast Patient
Orthopedics Patient
Pain/Physical Medicine Patient
Pediatric Patient
Physical Therapy Patient
PT Repeat Visit
Plastic Surgery Patient
Podiatry Patient
Preventive Medicine/CHN Patient
Primary Care Patient
Psychiatry Patient
Psychology Patient
Pulmonary Patient
Repeat Procedure Form
Rheumatology Patient
Short Form
Social Work Client
Social Work Short Form
Urology Patient

ADOLESCENT PATIENT (BD3A)

OTHER UCA			
<input type="checkbox"/> BOAA	<input type="checkbox"/> BGYA	<input type="checkbox"/> BGYN	<input type="checkbox"/> BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

IF NOT SCHEDULED	
APPOINTMENT STATUS	
<input type="checkbox"/> Unscheduled	<input type="checkbox"/> Emergency

IF NOT CLINIC/OFFICE	
PLACE OF VISIT	
<input type="checkbox"/> Ward	<input type="checkbox"/> Telephone
<input type="checkbox"/> Home	<input type="checkbox"/> Other (1, 2, 3)

UCA CODE (if not above)			
B	A	A	A
B	B	B	B
D	C	C	C
D	D	D	D
F	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
S	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
B	C	C	C
D	D	D	D
C	E	E	E
F	F	F	F
D	G	G	G
H	H	H	H
F	I	I	I
J	J	J	J
S	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

VISIT COUNT	
0	
2	
3	
4	
5	
6	
7	
8	
9	

TODAY'S DATE		FMP	SPONSOR'S SSN																	
DAY	MONTH																			
	Jan																			
0 0	Feb	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1 1	Mar	1 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2 2	Apr	2 2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3 3	May	3 3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4 4	Jun	4 4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5 5	Jul	5 5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6 6	Aug	6 6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7 7	Sep	7 7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8 8	Oct	8 8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9 9	Nov	9 9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	Dec																			

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
	2 minutes	
	5 minutes	
	10 minutes	
	15 minutes	
	20 minutes	
	30 minutes	
	45 minutes	
	1 hour	
	1 1/2 hours	
	2 hours	
	2 1/2 hours	
	3 hours	
	3 1/2 hours	
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER	
<input type="checkbox"/> Teaching/Supervision	<input type="checkbox"/> Consultation
<input type="checkbox"/> Procedure/Treatment	<input type="checkbox"/> Other (1, 2, 3)

NOT AVAILABLE	
<input type="checkbox"/> Medical record	<input type="checkbox"/> Lab results
<input type="checkbox"/> X-Rays	

SPECIFIC PREASSIGNED CLINIC CODES	
1	
2	
3	
4	
5	
6	
7	
8	
9	

DO NOT MARK IN THIS AREA	5043
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EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

- 80013 BREAST EXAM
- 80008 COMPLAINT SPECIFIC MEDICAL EXAM
- 80006 COMPLAINT SPEC FOLLOW UP EXAM
- 45988 DIGITAL EXAM OF RECTUM
- 80018 EYE EXAM, LIMITED
- 80024 GENERAL MEDICAL EXAM
- 80032 PELVIC EXAM
- 80025 PELVIC/PAP
- 87070 CULTURE, BACTERIAL
- 87060 CULTURE, THROAT
- 87205 GRAM STAIN
- 87216 WET MOUNT & KOH PREP

- 80007 ACE BANDAGE APPLICATION
- 89158 CONTRACEPTIVE COUNSELING/ADVICE
- 80011 DRESSING CHANGE
- 89155 GENERAL COUNSELING
- 80749 IMMUNIZATION, NOS
- 89078 INJECTION, IM/SUBCUT
- 88210 REMOVE IMPACTED CERUMEN
- 89190 NASAL SMEAR
- 10120 REMOVE FOREIGN BODY (SUBCUT)
- 80700 SHOT RECORD REVIEW
- 89002 SUTURE REMOVAL
- 86581 TB TINE TEST (ADMIN)
- 86582 TB TINE TEST (READ)
- 38415 VENIPUNCTURE
- 17110 WART REMOVAL
- 80605 CONSULTATION

ADDITIONAL PROCEDURES			
PROVIDER 2		PROVIDER 2	
Yes		Yes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 477 ALLERGIC RHINITIS <input type="checkbox"/> 493 ASTHMA <input type="checkbox"/> 7862 COUGH <input type="checkbox"/> 00882 DIARRHEA/GASTROENTERITIS <input type="checkbox"/> 7847 EPISTAXIS <input type="checkbox"/> V700 GENERAL MEDICAL EXAM <input type="checkbox"/> 684 IMPETIGO <input type="checkbox"/> 075 INFECTIOUS MONONUCLEOSIS <input type="checkbox"/> 683 LYMPHADENITIS, ACUTE <input type="checkbox"/> 7856 LYMPHADENOPATHY <input type="checkbox"/> 3801 OTITIS EXTERNA <input type="checkbox"/> 3814 OTITIS MEDIA, SEROUS <input type="checkbox"/> 3820 OTITIS MEDIA, SUPPURATIVE <input type="checkbox"/> 462 PHARYNGITIS, ACUTE <input type="checkbox"/> 0340 PHARYNGITIS, STREP <input type="checkbox"/> V724 PREGNANCY EXAM OR TEST, NOT YET CONFIRMED <input type="checkbox"/> 461 SINUSITIS <input type="checkbox"/> V226 TELEAGE PREGNANCY <input type="checkbox"/> 7807 TIREDNESS, FATIGUE, MALAISE <input type="checkbox"/> 460 URI, ACUTE <input type="checkbox"/> 5990 URINARY TRACT INFECTION | <ul style="list-style-type: none"> <input type="checkbox"/> 7081 ACNE <input type="checkbox"/> 8248 BRUISE/CONTUSION <input type="checkbox"/> 8809 CARBUNCLE/BOIL <input type="checkbox"/> 8829 CELLULITIS <input type="checkbox"/> 882 CONTACT DERMATITIS <input type="checkbox"/> 0578 EXANTHEM, VIRAL <input type="checkbox"/> 89954 INSECT BITE/STING <input type="checkbox"/> 6819 PARONYCHIA <input type="checkbox"/> 7821 RASH <input type="checkbox"/> 1104 TINEA PEDIS <input type="checkbox"/> 708 URTICARIA <input type="checkbox"/> 0781 WART, VIRAL | <ul style="list-style-type: none"> <input type="checkbox"/> 7862 B/P ELEVATION W/O DIAGNOSIS OF HYPERTENSION <input type="checkbox"/> 401 HYPERTENSION <input type="checkbox"/> 42403 MITRAL VALVE PROLAPSE <input type="checkbox"/> 7852 MURMUR, FUNCTIONAL | <ul style="list-style-type: none"> <input type="checkbox"/> 8450 SPRAIN <input type="checkbox"/> 8421 ANKLE <input type="checkbox"/> 8420 FINGER/HAND <input type="checkbox"/> 84492 WRIST <input type="checkbox"/> 84492 KNEE <input type="checkbox"/> 8460 STRAIN, LUMBOSACRAL <input type="checkbox"/> 72692 TENDINITIS, NOS <input type="checkbox"/> 72664 TENDINITIS, PATELLAR |
|---|--|--|---|

- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 3720 CONJUNCTIVITIS, ACUTE <input type="checkbox"/> 37214 CONJUNCTIVITIS, ALLERGIC <input type="checkbox"/> 37990 EYELID DISORDER, NOS <input type="checkbox"/> 9219 INJURY TO EYE, UNSPECIFIED | <ul style="list-style-type: none"> <input type="checkbox"/> 5997 HEMATURIA <input type="checkbox"/> 7910 PROTEINURIA <input type="checkbox"/> 09801 URETHRITIS, GONOCOCCAL <input type="checkbox"/> 09941 URETHRITIS, CHLAMYDIA <input type="checkbox"/> 0994 URETHRITIS, NONSPECIFIC <input type="checkbox"/> 78831 ENURESIS | <ul style="list-style-type: none"> <input type="checkbox"/> 30710 ANOREXIA NERVOSA <input type="checkbox"/> 25001 DIABETES MELLITUS, TYPE I <input type="checkbox"/> 8111 GYNecomastia <input type="checkbox"/> 2780 OBESITY <input type="checkbox"/> 24521 THYROIDITIS, HASHIMOTO'S <input type="checkbox"/> 7832 WEIGHT LOSS, ABNORMAL | <ul style="list-style-type: none"> <input type="checkbox"/> 346 HEADACHE, MIGRAINE <input type="checkbox"/> 7840 HEADACHE, OTHER <input type="checkbox"/> 3451 SEIZURE, GENERAL <input type="checkbox"/> 7802 SYNCOPE |
|---|---|--|---|

- | | | | | |
|--|---|---|--|--|
| <p>RESPIRATORY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4660 BRONCHITIS <input type="checkbox"/> 7865 CHEST PAIN <input type="checkbox"/> 73397 COSTOCHONDRITIS <input type="checkbox"/> 486 PNEUMONIA <input type="checkbox"/> 78600 REACTIVE AIRWAY DISEASE | <p>GYNECOLOGY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 62602 AMENORRHEA, SECONDARY <input type="checkbox"/> 61172 BREAST MASS <input type="checkbox"/> 07981 CERVICITIS, CHLAMYDIA <input type="checkbox"/> 07811 CONDYLOMA, ACUMINATUM <input type="checkbox"/> 5959 CYSTITIS <input type="checkbox"/> 6253 DYSPMENORRHEA <input type="checkbox"/> 6221 DYSPLASIA, CERVIX <input type="checkbox"/> 7881 DYSDURIA <input type="checkbox"/> 6149 PELVIC INFLAMMATORY DISEASE <input type="checkbox"/> 6254 PREMENSTRUAL TENSION SYNDROME | <p>HEMATOLOGY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 280 ANEMIA, IRON DEFICIENCY | <p>MUSCULOSKELETAL/CONNECTIVE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 7325 APOPHYSITIS, CALCANEAL <input type="checkbox"/> 7194 ARTHRALGIA, NOS | <p>MENTAL DISORDERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31383 ACADEMIC UNDERACHIEVEMENT <input type="checkbox"/> 3089 ADJUSTMENT REACTION <input type="checkbox"/> 31400 ATTENTION DEFICIT DISORDER <input type="checkbox"/> 311 DEPRESSION <input type="checkbox"/> 3139 EMOTIONAL/RELATIONSHIP DISTURB <input type="checkbox"/> 78601 HYPERVENTILATION <input type="checkbox"/> V400 LEARNING PROBLEM <input type="checkbox"/> V6120 PARENT-CHILD PROBLEM <input type="checkbox"/> 2989 PSYCHOSIS, UNSPECIFIED |
|--|---|---|--|--|

- | | | | | |
|--|--|--|--|--|
| <p>DIGESTIVE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 7890 ABDOMINAL PAIN <input type="checkbox"/> 540 APPENDICITIS <input type="checkbox"/> 5693 BLEEDING, RECTAL <input type="checkbox"/> 5355 GASTRITIS <input type="checkbox"/> 5780 HEMATEMESIS <input type="checkbox"/> 4556 HEMORRHOIDS <input type="checkbox"/> 070 HEPATITIS, VIRAL, NOS <input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME | <p>FRACTURE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 82520 FOOT <input type="checkbox"/> 82700 LEG | <p>STRESS FRACTURE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 73313 FOOT <input type="checkbox"/> 73314 LEG <input type="checkbox"/> 829 OTHER <input type="checkbox"/> 8500 HEAD INJURY, NO LOC <input type="checkbox"/> 7030 INGROWN TOENAIL <input type="checkbox"/> 72422 LOW BACK PAIN <input type="checkbox"/> 72670 METATARSALGIA <input type="checkbox"/> 07813 PLANTAR WART <input type="checkbox"/> 73730 SCIOLIOSIS, ADOLESCENT <input type="checkbox"/> 8444 SHIN SPLINTS <input type="checkbox"/> 73842 SPONDYLOLISTHESIS, W/O LYSIS | <p>SUBSTANCE ABUSE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 30500 ALCOHOL <input type="checkbox"/> 30530 HALLUCINOGENS <input type="checkbox"/> 30520 MARIJUANA <input type="checkbox"/> 30510 TOBACCO | <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> V7031 EXAM, SCHOOL PHYSICAL <input type="checkbox"/> V7032 EXAM, SPORT PHYSICAL <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL <input type="checkbox"/> V6555 HEALTH MAINTENANCE/WELLNESS |
|--|--|--|--|--|

UNLISTED REASON FOR VISIT (if not listed in columns above)

PRIMARY	SECONDARY
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ALLERGY PATIENT (BABA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK ●



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
	<input type="radio"/> Jan													
<input type="radio"/>	<input type="radio"/> Feb	<input type="radio"/>												
<input type="radio"/>	<input type="radio"/> Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/> Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

VISIT COUNT

0

1

2

3

4

5

6

7

8

9

UCA CODE (if not above)

B	A	A	A
B	B	B	B
U	G	G	G
U	G	G	G
U	G	G	G
T	E	E	E
T	E	E	E
U	G	G	G
H	H	H	H
H	H	H	H
S	T	T	T
S	T	T	T
J	J	J	J
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
P	P	P	P
P	P	P	P
H	H	H	H
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
V	V	V	V
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
U	G	G	G
U	G	G	G
U	G	G	G
C	E	E	E
C	E	E	E
U	G	G	G
H	H	H	H
H	H	H	H
P	P	P	P
U	J	J	J
U	J	J	J
S	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
P	P	P	P
P	P	P	P
H	H	H	H
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
V	V	V	V
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
		2 minutes		
		5 minutes		
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

REASON FOR # 2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

00481

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

Form with columns for 'EVALUATIONS SERVICES PROCEDURES' and 'ADDITIONAL PROCEDURES'. Includes sub-sections for 'DRUGS', 'HYMENOPTERA VENOMS', 'ALLERGY IMMUNOTHERAPY', 'IMMUNIZATION, ALLERGY', and 'TB SKIN TEST, TIME'. Each item has a radio button for selection.

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

Large form grid for marking reasons for visit. Categories include 'DESENSITIZATION FOLLOWUP', 'CONJUNCTIVITIS', 'DERMATITIS', 'ASTHMA', 'EAR', 'RINITIS', 'ALLERGIC', 'CONTACT DERMATITIS', 'COSMETICS', 'DRUGS & MED, CONTACT W/SKIN', 'FOOD, CONTACT', 'OILS AND GREASES', 'PLANTS, EXCEPT FOOD', 'UNSPECIFIED CAUSE', 'OTHER CHEMICAL PRODUCTS', 'OTHER SPECIFIED AGENTS', 'ANGIOEDEMA, HEREDITARY', 'CIGARETTE ABUSE', 'IMMUNODEFICIENCY, HEREDITARY', 'IMMUNODEFICIENCY, ACQUIRED', 'IMMUNOSUPPRESSION, NOS', 'TUBERCULOSIS', 'WORRIED/CONCERNED WELL', 'HYPERSENSITIVITIES', 'DRUGS', and 'URTICARIA'. Each item has radio buttons for primary and secondary reasons.

Table titled 'UNLISTED REASON FOR VISIT (if not listed in columns above)'. It has two columns: 'PRIMARY' and 'SECONDARY'. Each column has 10 rows of radio buttons for marking reasons.

AUDIOLOGY/SPEECH PATIENT (BHDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

OTHER UCA
 BHEA

IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other 1 2 3

UCA CODE (if not above)

B	A	A	A
	B	B	B
D	C	C	C
	D	D	D
F	E	E	E
	F	F	F
G	G	G	G
	H	H	H
S	I	I	I
	J	J	J
K	K	K	K
	L	L	L
	M	M	M
	N	N	N
	O	O	O
	P	P	P
	Q	Q	Q
	R	R	R
	S	S	S
	T	T	T
	U	U	U
	V	V	V
	W	W	W
	X	X	X
	Y	Y	Y
	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
	B	B	B
B	C	C	C
	D	D	D
C	E	E	E
	F	F	F
D	G	G	G
	H	H	H
F	I	I	I
	J	J	J
S	K	K	K
	L	L	L
	M	M	M
	N	N	N
	O	O	O
	P	P	P
	Q	Q	Q
	R	R	R
	S	S	S
	T	T	T
	U	U	U
	V	V	V
	W	W	W
	X	X	X
	Y	Y	Y
	Z	Z	Z

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN									
DAY	MONTH											
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

VISIT COUNT

0
2
3
4
5
6
7
8
9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
	2 minutes	
	5 minutes	
	10 minutes	
	15 minutes	
	20 minutes	
	30 minutes	
	45 minutes	
	1 hour	
	1 1/2 hours	
	2 hours	
	2 1/2 hours	
	3 hours	
	3 1/2 hours	
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other 1 2 3

JOB REFERENCE (not LODger)
 Yes

MILITARY ONLY

DUTY QUARTERS:
 24 hours
 48 hours
 72 hours

PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
2
3
4
5
6
7
8
9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA

21132

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER 1 #1 #2

SPEECH PROCEDURES

92508 CONSULT/EVALUATE (ADULT)

92606 CONSULT/EVALUATE (CHLD)

92611 COUNSELING

05001 EVALUATE DEGLUTITION

05002 EVALUATE DEGLUTITION W/RADIOGRAPHY

92508 GROUP THERAPY (ADULT)

92510 GROUP THERAPY (CHILD)

92507 INDIVIDUAL THERAPY (ADULT)

92508 INDIVIDUAL THERAPY (CHILD)

05003 POSTSURGICAL EVALUATION/COUNSEL

06004 PRERADIATION COUNSELING, HEAD AND NECK PATIENT

05005 PRESURGICAL EVALUATION/COUNSEL

92601 PROVIDE COMMUNICATION DEVICE

92606 PROVIDE Rx MATERIALS

05006 THERAPY FOR XRT PATIENT

PROVIDER 2 Yes ()

AUDIOLOGY PROCEDURES

92557 AUDIOLOGY TEST BATTERY

92568 AUDIOLOGY & IMMITTANCE BATT

92562 AIR CONDUCTION

92563 BONE CONDUCTION

92566 IMMITTANCE

92566 SPEECH RECEPTION THRESHOLD

92607 WORD RECOGNITION SCORES

PROVIDER 2 Yes ()

HEARING CONSERVATION

92612 EARPLUG FITTING/ISSUE

92610 HEARING CONSERVATION CNSEL

92614 HEARING CONSERVATION EDUC

PROVIDER 2 Yes ()

ADDITIONAL PROCEDURES

92585 AUDITORY BRAINSTEM RESP

92589 CENTRAL AUDITORY BATTERY

99155 COUNSELING

92544 ELECTRONYSTAGMOGRAPHY

92597 HEARING EVAL, PEDIATRIC

90605 CONSULTATION

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1* 2* 1* 2* 1* 2*

SPEECH DIAGNOSES

BEHAVIORAL

2990 AUTISM

31591 DELAYED EMOTIONAL MATURATION

3152 LEARNING DISABILITY

V6291 PSYCHOSOCIAL DEPRIVATION

V403 OTHER BEHAVIORAL PROBLEM

CVA

4361 LEFT

4362 RIGHT

38912 HEARING LOSS, NEURAL

31491 MINIMAL BRAIN DYSFUNCTION

319 MENTAL RETARDATION, NOS

2396 NEOPLASM, BRAIN, UNSPEC

HEARING IMPAIRMENT

38914 CENTRAL

3899 DEAFNESS

3890 HEARING LOSS, CONDUCTIVE

3891 HEARING LOSS, SENSORINEURAL

38911 SENSORY

LARYNGEAL

V5731 LARYNGEAL DISORDER REHAB

V5730 POST LARYNGECTOMY REHAB

V5732 POST TRACHEOTOMY/TRACHEOSTOMY REHABILITATION

MAXILLOFACIAL

74488 ANOMALIES, NEC

7491 CLEFT LIP

7490 CLEFT PALATE

75091 OROPHARYNGEAL ANOMALIES, NOS

NEUROLOGICAL

34881 ACQUIRED BRAIN DISEASE

34831 CEREBRAL DYSFUNCTION, POSTOPERATIVELY

3439 CEREBRAL PALSY

74292 CONGENITAL BRAIN MALFORMATION

8543 TRAUMATIC HEAD INJURY

3589 UNSPEC NEUROMUSCULAR DISORDER

78192 OTHER NEUROLOGICAL DISORDER

V5733 POST CONCUSSION REHAB

SPEECH

78435 APHASIA, NOS

78441 APHONIA

78468 APRAXIA

78453 ARTICULATION DISORDER

78456 DEAF SPEECH

3153 DELAYED SPEECH/LANGUAGE

78455 DEPRESSED LANGUAGE SKILLS

78451 DYSARTHRIA

78482 DYSLLEXIA

7872 DYSPHAGIA

78720 DYSPHAGIA, POSTOPERATIVELY

78457 DYSPHASIA

78447 DYSPHONIA

78454 FOREIGN ACCENT

78436 MUTISM

78452 RATE PROBLEMS

78442 RESONATORY PROBLEMS

78458 SPEECH DISORDER, POSTOP

30700 STUTTERING

78491 TONGUE THRUSTING

4783 VOCAL CORD PARALYSIS

78443 VOICE DISORDER, POSTOP

OTHER DISORDERS

31531 DEVELOPMENTAL LANGUAGE DISORDER

7845 SPEECH, NEC

3699 VISUAL IMPAIRMENT

7844 VOICE, NOS

78191 OTHER SENSORY DEFICIT

V6554 CONCERNED/WORRIED WELL

AUDIOLOGY DIAGNOSIS

HEARING LOSS

3891 SENSORINEURAL

3890 CONDUCTIVE

3892 MIXED

38850 RETROCOCHLEAR

3898 NON-ORGANIC

38914 CENTRAL AUDITORY DYSFUNCTION

3899 NOT OTHERWISE SPECIFIED

VESTIBULAR DISORDERS

38621 CENTRAL NERVOUS SYSTEM

38618 PERIPHERAL

38691 NON-LOCALIZING

V6555 HEALTH MAINTENANCE/WELLNESS

UNLISTED REASON FOR VISIT
(if not listed in columns above)

PRIMARY		SECONDARY	
1*	2*	1*	2*
V	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

UCA DATA
BAS

S B

0 1 2 3 4 5 6 7 8 9

BAS PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 1 2 3 4 5 6 7 8 9	<input type="radio"/> 2 min. <input type="radio"/> 5 min. <input type="radio"/> 10 min. <input type="radio"/> 15 min. <input type="radio"/> 20 min. <input type="radio"/> 30 min. <input type="radio"/> 45 min. <input type="radio"/> 1 hr. <input type="radio"/> > 1 hr.	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	REASON FOR #2 CARE PROVIDER <input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other (1) (2) (3)	0 1 2 3 4 5 6 7 8 9

PROCEDURES

PROVIDER #1	PROVIDER #2
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

BAS/ TMC (BHA/E) PATIENT

TODAY'S DATE

DAY	MONTH
0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec

SOCIAL SECURITY NUMBER

0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
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TMC PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 1 2 3 4 5 6 7 8 9	<input type="radio"/> 2 min. <input type="radio"/> 5 min. <input type="radio"/> 10 min. <input type="radio"/> 15 min. <input type="radio"/> 20 min. <input type="radio"/> 30 min. <input type="radio"/> 45 min. <input type="radio"/> 1 hr. <input type="radio"/> > 1 hr.	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	REASON FOR #2 CARE PROVIDER <input type="radio"/> Teaching/Supervision <input type="radio"/> Consultation <input type="radio"/> Procedure/Treatment Other (1) (2) (3)	0 1 2 3 4 5 6 7 8 9

IF NOT SICK CALL

Walk-in
 Scheduled
 Emergency

INJURIES

PT injury
 Unit sport
 MOS/duty
 Field duty
 Motor vehicle accident
 Airborne Ex.

NOT AVAILABLE

Med Record
 Lab Results
 X-Rays

JOB RELATED ILL/INJ (Not LOD Det)

Yes

UCA DATA
TMC

B

0 1 2 3 4 5 6 7 8 9

PROVIDER #1 #2	EVALUATIONS/SERVICES/PROCEDURES	PROVIDER #1 #2	(MARK AS MANY AS APPLICABLE)
0 1 2 3 4 5 6 7 8 9	<input type="radio"/> 90007 APPLY ACE WRAP <input type="radio"/> 08011 APPLY ICE PACK <input type="radio"/> 90005 APPLY SLING <input type="radio"/> 10161 ASPIRATION, GANGLION <input type="radio"/> 10185 BLISTER CARE <input type="radio"/> 16000 BURN 1 * SIMPLE TX <input type="radio"/> 89155 COUNSELING <input type="radio"/> 87070 CULTURE, BACTERIAL, ANY SOURCE <input type="radio"/> 11410 CYST, EXCISION <input type="radio"/> 90011 DRESSING CHANGE	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> 69212 EAR IRRIGATION <input type="radio"/> 11750 EXCISION NAIL & MATRIX <input type="radio"/> 92005 EYE IRRIGATION <input type="radio"/> 97125 ICE MASSAGE <input type="radio"/> 90782 INJECTION <input type="radio"/> 99157 NURSE/PATIENT COUNSELING <input type="radio"/> 90025 PAP SMEAR <input type="radio"/> 90002 SUTURE REMOVAL <input type="radio"/> 36415 VENIPUNCTURE, ROUTINE <input type="radio"/> 92003 VISUAL ACUITY SCREENING

ADDITIONAL PROCEDURE PROVIDER #2

0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

EXAM

PHYSICAL

90081 FLIGHT 1/1A
 90082 CLASS II
 90086 CLASS III
 90085 ANNUAL/RETIREMENT
 90024 GENERAL MEDICAL

ADMITTED

DISPOSITION

TMC
 DUTY
 QUARTERS:
 24 hours
 48 hours
 72 hours
 PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY
 SELF CARE PROTOCOL

PRESSIGNED CODES

0 1 2 3 4 5 6 7 8 9

DO NOT MARK IN THIS AREA

119474

MARK ONE PRIMARY DIAGNOSIS OR REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1st is Follow-up
2nd is Rule-out

1 st	2 nd		1 st	2 nd		1 st	2 nd	
		INFECTIVE & PARASITIC			SKIN & SUBCUTANEOUS			MUSCULO-CONNECTIVE
<input type="checkbox"/>	<input type="checkbox"/>	V0171 HEPATITIS EXPOSURE	<input type="checkbox"/>	<input type="checkbox"/>	68291 ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>	72673 CALCANEAL SPURS
<input type="checkbox"/>	<input type="checkbox"/>	1322 LICE, CRAB	<input type="checkbox"/>	<input type="checkbox"/>	7061 ACNE*	<input type="checkbox"/>	<input type="checkbox"/>	7298 EXTREMITY PAIN, NOT JOINT
<input type="checkbox"/>	<input type="checkbox"/>	0880 SEXUALLY TRANSMITTED DISEASES	<input type="checkbox"/>	<input type="checkbox"/>	70400 ALOPECIA & OTHER HAIR DISORDER	<input type="checkbox"/>	<input type="checkbox"/>	7295 EXTREMITY PAIN (TI-7)
<input type="checkbox"/>	<input type="checkbox"/>	0759 VIRAL SYNDROME, NOS	<input type="checkbox"/>	<input type="checkbox"/>	23293 ACTINIC KERATOSIS	<input type="checkbox"/>	<input type="checkbox"/>	7231 NECK PAIN, CERVICAL
		EYE	<input type="checkbox"/>	<input type="checkbox"/>	6809 BOIL/CARBUNCLE*	<input type="checkbox"/>	<input type="checkbox"/>	8444 SHIN SPLINTS
<input type="checkbox"/>	<input type="checkbox"/>	36920 DECREASED VISION	<input type="checkbox"/>	<input type="checkbox"/>	70981 CHAPPED SKIN	<input type="checkbox"/>	<input type="checkbox"/>	SPRAIN/STRAIN
<input type="checkbox"/>	<input type="checkbox"/>	3682 DIPLOPIA (SEEING DOUBLE)	<input type="checkbox"/>	<input type="checkbox"/>	692 CONTACT DERMATITIS	<input type="checkbox"/>	<input type="checkbox"/>	8450 ANKLE
<input type="checkbox"/>	<input type="checkbox"/>	3749 EYELID PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	6929 ECZEMA	<input type="checkbox"/>	<input type="checkbox"/>	8479 BACK
<input type="checkbox"/>	<input type="checkbox"/>	830 FOREIGN BODY IN EYE	<input type="checkbox"/>	<input type="checkbox"/>	054 FEVER BLISTERS (COLD SORES)	<input type="checkbox"/>	<input type="checkbox"/>	84891 JOINT (LIGAMENTS)
<input type="checkbox"/>	<input type="checkbox"/>	37999 PAIN/ITCH/DISCHARGE/REDNESS*	<input type="checkbox"/>	<input type="checkbox"/>	692105 JOCK ITCH (TINEA CRURIS)*	<input type="checkbox"/>	<input type="checkbox"/>	84892 MUSCLES & TENDONS
<input type="checkbox"/>	<input type="checkbox"/>	V7201 REQUEST FOR GLASSES	<input type="checkbox"/>	<input type="checkbox"/>	173 MALIGNANCY, SKIN	<input type="checkbox"/>	<input type="checkbox"/>	848 OTHER
<input type="checkbox"/>	<input type="checkbox"/>	9219 TRAUMA, EYE (OTHER)	<input type="checkbox"/>	<input type="checkbox"/>	70441 PSEUDOFOLLICULITIS BARBAE*	<input type="checkbox"/>	<input type="checkbox"/>	7195 STIFFNESS IN JOINT, ARTHRITIS
		EAR	<input type="checkbox"/>	<input type="checkbox"/>	7884 FREQUENCY OF URINATION	<input type="checkbox"/>	<input type="checkbox"/>	VERTEBRAL COLUMN SYNDROMES
<input type="checkbox"/>	<input type="checkbox"/>	3804 CERUMEN IMPACT (WAX IN EAR)	<input type="checkbox"/>	<input type="checkbox"/>	6890 URINARY TRACT INFECTION	<input type="checkbox"/>	<input type="checkbox"/>	7245 BACK PAIN W/O RADIATING SYM*
<input type="checkbox"/>	<input type="checkbox"/>	3888 EAR DRAINAGE/PAIN/DISCOMFORT*	<input type="checkbox"/>	<input type="checkbox"/>	0894 URETHRITIS, NONSPECIFIC	<input type="checkbox"/>	<input type="checkbox"/>	7291 MUSCLE ACHES*
<input type="checkbox"/>	<input type="checkbox"/>	931 FOREIGN BODY IN EAR	<input type="checkbox"/>	<input type="checkbox"/>	7886 VOIDING DIFFICULTIES	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	V412 HEARING PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	MALE GU	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	3820 OTITIS MEDIA, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	60892 TESTICULAR PAIN*			
<input type="checkbox"/>	<input type="checkbox"/>	3883 TINNITUS	<input type="checkbox"/>	<input type="checkbox"/>	7887 URETHRAL DISCHARGE (MALE)*			
<input type="checkbox"/>	<input type="checkbox"/>	95908 TRAUMA, EAR	<input type="checkbox"/>	<input type="checkbox"/>	V2504 VASECTOMY REQUEST			
		MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	FEMALE GU	<input type="checkbox"/>	<input type="checkbox"/>	OTHER INJURY
<input type="checkbox"/>	<input type="checkbox"/>	5289 SORES IN MOUTH	<input type="checkbox"/>	<input type="checkbox"/>	6119 BREAST PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	919 ABRASION
<input type="checkbox"/>	<input type="checkbox"/>	5259 TEETH & SUPPORT STRUCT DIS	<input type="checkbox"/>	<input type="checkbox"/>	V2509 CONTRACEPTION, GYN REQUEST	<input type="checkbox"/>	<input type="checkbox"/>	84971 BURN, THERMAL <5% BODY SURFACE AREA
		NOSE	<input type="checkbox"/>	<input type="checkbox"/>	V2501 CONTRACEPTIVES, ORAL	<input type="checkbox"/>	<input type="checkbox"/>	849 BURNS, UNSPECIFIED*
<input type="checkbox"/>	<input type="checkbox"/>	477 ALLERGY/HAYFEVER* (RHINITIS)	<input type="checkbox"/>	<input type="checkbox"/>	6269 MENSTRUAL PROBLEMS*	<input type="checkbox"/>	<input type="checkbox"/>	9919 COLD INJURY
<input type="checkbox"/>	<input type="checkbox"/>	7847 EPISTAXIS	<input type="checkbox"/>	<input type="checkbox"/>	78932 PELVIC MASS	<input type="checkbox"/>	<input type="checkbox"/>	9249 CONTUSION, ALL SITES
<input type="checkbox"/>	<input type="checkbox"/>	932 FOREIGN BODY IN NOSE	<input type="checkbox"/>	<input type="checkbox"/>	625 PELVIC PAIN*	<input type="checkbox"/>	<input type="checkbox"/>	9929 HEAT INJURY
<input type="checkbox"/>	<input type="checkbox"/>	4720 RUNNING/STUFFY NOSE	<input type="checkbox"/>	<input type="checkbox"/>	V723 REQUEST FOR PAP/PELVIC*	<input type="checkbox"/>	<input type="checkbox"/>	9914 IMMERSION FOOT
<input type="checkbox"/>	<input type="checkbox"/>	481 SINUS PROBLEM*	<input type="checkbox"/>	<input type="checkbox"/>	V724 SUSPECTS PREGNANCY*	<input type="checkbox"/>	<input type="checkbox"/>	98954 INSECT BITES*
<input type="checkbox"/>	<input type="checkbox"/>	85900 TRAUMA, NOSE	<input type="checkbox"/>	<input type="checkbox"/>	6238 VAGINAL BLEEDING	<input type="checkbox"/>	<input type="checkbox"/>	LACERATION
		THROAT	<input type="checkbox"/>	<input type="checkbox"/>	6235 VAGINAL DISCHARGE	<input type="checkbox"/>	<input type="checkbox"/>	87981 SIMPLE <2 INCH
<input type="checkbox"/>	<input type="checkbox"/>	78448 HOARSENESS	<input type="checkbox"/>	<input type="checkbox"/>	6239 VAGINAL ITCH (IRRITATION)	<input type="checkbox"/>	<input type="checkbox"/>	8798 LACERATION, UNSPEC*
<input type="checkbox"/>	<input type="checkbox"/>	4840 LARYNGITIS	<input type="checkbox"/>	<input type="checkbox"/>	6258 VAGINAL MASS/LUMP	<input type="checkbox"/>	<input type="checkbox"/>	87987 WOUND, PUNCTURE
<input type="checkbox"/>	<input type="checkbox"/>	482 SORE THROAT*	<input type="checkbox"/>	<input type="checkbox"/>	62591 VAGINAL PAIN	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	0340 STREP THROAT	<input type="checkbox"/>	<input type="checkbox"/>	V7231 WELL WOMAN EXAM			
		RESPIRATORY	<input type="checkbox"/>	<input type="checkbox"/>	P&N	<input type="checkbox"/>	<input type="checkbox"/>	SUPPLEMENTARY CLASSIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	4660 BRONCHITIS, ACUTE	<input type="checkbox"/>	<input type="checkbox"/>	3099 ADJUSTMENT REACTION	<input type="checkbox"/>	<input type="checkbox"/>	V700 MEDICAL EXAM
<input type="checkbox"/>	<input type="checkbox"/>	73397 COSTOCHONDRITIS	<input type="checkbox"/>	<input type="checkbox"/>	7830 ANOREXIA	<input type="checkbox"/>	<input type="checkbox"/>	V7051 POR QUALIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	7862 COUGH	<input type="checkbox"/>	<input type="checkbox"/>	30003 ANXIETY/TENSION	<input type="checkbox"/>	<input type="checkbox"/>	V681 PRESCRIPTION REFILL*
<input type="checkbox"/>	<input type="checkbox"/>	7860 DYSPNEA (SHORTNESS OF BREATH)	<input type="checkbox"/>	<input type="checkbox"/>	78982 CONFUSION	<input type="checkbox"/>	<input type="checkbox"/>	V05 PROPHYLACTIC IMMUNIZATION
<input type="checkbox"/>	<input type="checkbox"/>	78652 PAIN, CHEST, NOS	<input type="checkbox"/>	<input type="checkbox"/>	311 DEPRESSION	<input type="checkbox"/>	<input type="checkbox"/>	V6811 REQUEST FOR NON RX MEDS
<input type="checkbox"/>	<input type="checkbox"/>	460 URI, ACUTE (COLD)	<input type="checkbox"/>	<input type="checkbox"/>	7804 DIZZINESS & GIDDINESS	<input type="checkbox"/>	<input type="checkbox"/>	V583 SUTURE REMOVAL*
<input type="checkbox"/>	<input type="checkbox"/>	78604 WHEEZE	<input type="checkbox"/>	<input type="checkbox"/>	78981 DROWSINESS	<input type="checkbox"/>	<input type="checkbox"/>	GENERAL SIGNS & SYMPTOMS
		CV & LYMPH SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	7802 FAINTING/BLACKOUT	<input type="checkbox"/>	<input type="checkbox"/>	7809 CHILLS
<input type="checkbox"/>	<input type="checkbox"/>	7865 CHEST PAIN*	<input type="checkbox"/>	<input type="checkbox"/>	7840 HEADACHE	<input type="checkbox"/>	<input type="checkbox"/>	7806 FEVER OF UNDETERMINED CAUSE
<input type="checkbox"/>	<input type="checkbox"/>	40 HYPERTENSION	<input type="checkbox"/>	<input type="checkbox"/>	348 HEADACHE, MIGRAINE	<input type="checkbox"/>	<input type="checkbox"/>	7807 MALAISE, FATIGUE, TIREDNESS
<input type="checkbox"/>	<input type="checkbox"/>	7858 LYMPH NODES, ENLARG. NOT INFEC	<input type="checkbox"/>	<input type="checkbox"/>	7992 NERVOUSNESS	<input type="checkbox"/>	<input type="checkbox"/>	2780 OBESITY (WT REDUCTION)
			<input type="checkbox"/>	<input type="checkbox"/>	78201 NUMBNESS/TINGLING	<input type="checkbox"/>	<input type="checkbox"/>	79983 WEAKNESS
			<input type="checkbox"/>	<input type="checkbox"/>	3449 PARALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	4580 ORTHOSTATIC HYPOTENSION
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	7822 MASS AND LOCAL SWELLING
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	30019 MALINGERING
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	V6554 WORRIED/CONCERNED WELL
			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	V6555 HEALTH MAINTENANCE/WELLNESS

UNLISTED REASON FOR VISIT (if not listed in columns above)									
PRIMARY					SECONDARY				
V	(0)	(0)	(0)	(0)	V	(0)	(0)	(0)	(0)
S	(1)	(1)	(1)	(1)	S	(1)	(1)	(1)	(1)
	(2)	(2)	(2)	(2)		(2)	(2)	(2)	(2)
	(3)	(3)	(3)	(3)		(3)	(3)	(3)	(3)
	(4)	(4)	(4)	(4)		(4)	(4)	(4)	(4)
	(5)	(5)	(5)	(5)		(5)	(5)	(5)	(5)
	(6)	(6)	(6)	(6)		(6)	(6)	(6)	(6)
	(7)	(7)	(7)	(7)		(7)	(7)	(7)	(7)
	(8)	(8)	(8)	(8)		(8)	(8)	(8)	(8)
	(9)	(9)	(9)	(9)		(9)	(9)	(9)	(9)

CARDIOLOGY PATIENT (BACA)

OTHER UCA
 DDA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
	<input type="checkbox"/> Jan													
	<input type="checkbox"/> Feb													
<input type="checkbox"/> 1	<input type="checkbox"/> Mar	<input type="checkbox"/> 1												
<input type="checkbox"/> 2	<input type="checkbox"/> Apr	<input type="checkbox"/> 2												
<input type="checkbox"/> 3	<input type="checkbox"/> May	<input type="checkbox"/> 3												
<input type="checkbox"/> 4	<input type="checkbox"/> Jun	<input type="checkbox"/> 4												
<input type="checkbox"/> 5	<input type="checkbox"/> Jul	<input type="checkbox"/> 5												
<input type="checkbox"/> 6	<input type="checkbox"/> Aug	<input type="checkbox"/> 6												
<input type="checkbox"/> 7	<input type="checkbox"/> Sep	<input type="checkbox"/> 7												
<input type="checkbox"/> 8	<input type="checkbox"/> Oct	<input type="checkbox"/> 8												
<input type="checkbox"/> 9	<input type="checkbox"/> Nov	<input type="checkbox"/> 9												
<input type="checkbox"/> 0	<input type="checkbox"/> Dec	<input type="checkbox"/> 0												

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
 Other ① ② ③

VISIT COUNT

①
②
③
④
⑤
⑥
⑦
⑧
⑨

UCA CODE
(if not above)

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

INPATIENT OR REFERRAL CODE

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
		<input type="checkbox"/> 2 minutes		
		<input type="checkbox"/> 5 minutes		
		<input type="checkbox"/> 10 minutes		
		<input type="checkbox"/> 15 minutes		
		<input type="checkbox"/> 20 minutes		
		<input type="checkbox"/> 30 minutes		
		<input type="checkbox"/> 45 minutes		
		<input type="checkbox"/> 1 hour		
		<input type="checkbox"/> 1 1/2 hours		
		<input type="checkbox"/> 2 hours		
		<input type="checkbox"/> 3 hours		
		<input type="checkbox"/> 3 1/2 hours		
		<input type="checkbox"/> 4 hours		
		<input type="checkbox"/> 4 1/2 hours		
		<input type="checkbox"/> 5 hours		
		<input type="checkbox"/> 5 1/2 hours		
		<input type="checkbox"/> 6 hours		
		<input type="checkbox"/> 6 1/2 hours		
		<input type="checkbox"/> 7 hours		
		<input type="checkbox"/> 7 1/2 hours		
		<input type="checkbox"/> 8 hours		

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other ① ② ③

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①
②
③
④
⑤
⑥
⑦
⑧
⑨

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA

11190

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES	
PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes	PROVIDER 2 Yes
<input type="checkbox"/> 93000 ECG W/INTERPRETATION	<input type="checkbox"/> 93018 BICYCLE	<input type="checkbox"/> 93280 CARDIAC FLUOROSCOPY	<input type="checkbox"/> 93277 INTERPRETATION ONLY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93010 ECG INTERPRETATION ONLY	<input type="checkbox"/> 93018 INTERPRETATION ONLY	<input type="checkbox"/> 75500 CINEANGIOGRAM INTERPRETATION	<input type="checkbox"/> 93274 RECORDING, INTERP & REPORT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93201 PHONOCARDIOGRAM	<input type="checkbox"/> 93015 TREADMILL	<input type="checkbox"/> 83791 PACEMAKER INTERROGATION/REPROGRAMMING		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93205 PHONOCARDIOGRAM W/GRAPHICS	<input type="checkbox"/> 78419 W/THALLIUM	<input type="checkbox"/> 93782 PACEMAKER, TELEPHONIC ANALYSIS		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93208 PHONOCARDIOGRAM, INTERP ONLY		<input type="checkbox"/> 80002 REMOVAL OF SUTURES		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93012 RHYTHM STRIP ANALYSIS		<input type="checkbox"/> 90805 CONSULTATION		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93220 VECTORCARDIOGRAM				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93222 VECTOR, INTERPRETATION ONLY				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93320 DOPPLER ECHOCARDIOGRAPHY	<input type="checkbox"/> 78404 EXERCISE			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93301 ECHOCARDIOGRAPHY W/INTERVENTION	<input type="checkbox"/> 78405 INTERPRETATION ONLY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93321 INTERPRETATION ONLY	<input type="checkbox"/> 78403 REST			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93300 M-MODE, COMPLETE				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93206 PHONOCARDIOGRAPHY/PULSE TRACING				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 93307 2-D ECHOCARDIOGRAPHY				<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)			
1°	2°	1°	2°
<input type="checkbox"/> 4414 ABDOMINAL	<input type="checkbox"/> 4260 COMPLETE HEART BLOCK 3°	<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT	<input type="checkbox"/> 99804 AORTIC, MALFUNCTION
<input type="checkbox"/> 4419 AORTIC, UNSPEC	<input type="checkbox"/> 42620 LEFT ANTERIOR FASCICULAR BLOC	<input type="checkbox"/> 44391 CLAUDICATION, INTERMITTENT	<input type="checkbox"/> 99805 MITRAL, MALFUNCTION
<input type="checkbox"/> 4412 THORACIC	<input type="checkbox"/> 4263 LEFT BUNDLE BRANCH BLOCK	<input type="checkbox"/> 4511 PHLEBITIS, DEEP VEIN	<input type="checkbox"/> 99606 PULMONIC, MALFUNCTION
<input type="checkbox"/> 410 ACUTE MI	<input type="checkbox"/> 42621 LEFT POSTERIOR FASCICULAR BLOC	<input type="checkbox"/> 4430 RAYNAUD'S SYNDROME	<input type="checkbox"/> 99607 TRICUSPID, MALFUNCTION
<input type="checkbox"/> 4140 ANGINA, STABLE	<input type="checkbox"/> 42614 MORITZ I (DEFECT)	<input type="checkbox"/> 4039 RENOVASCULAR DISEASE, UNSPEC	<input type="checkbox"/> 4243 PULMONIC VALVE DISEASE
<input type="checkbox"/> 41409 ANGINA, UNSTABLE	<input type="checkbox"/> 42612 MORITZ II (DEFECT)	<input type="checkbox"/> 4359 TRANSIENT CEREBRAL ISCHEMIC EVENT	<input type="checkbox"/> 42431 PULMONIC STENOSIS
<input type="checkbox"/> 41410 LV ANEURYSM	<input type="checkbox"/> 42681 LGL (LAWN-GANDONG-LEVINE)	<input type="checkbox"/> 4592 VENA CAVA OBSTRUCTION	<input type="checkbox"/> 3971 RHEUMATIC
<input type="checkbox"/> 41407 LV FUNCTION, ABNORMAL (EF<50%)	<input type="checkbox"/> 4267 W/PW (WOLFF-PARKINSON-WHITE)	<input type="checkbox"/> 42731 ATRIAL FIBRILLATION	<input type="checkbox"/> 42433 1° PULMONIC REGURGITATION
<input type="checkbox"/> 41408 LV FUNCTION, NORMAL (EF>50%)	<input type="checkbox"/> 42690 PROLONGED QT	<input type="checkbox"/> 42732 ATRIAL FLUTTER	<input type="checkbox"/> 42434 2° PULMONIC REGURGITATION
<input type="checkbox"/> 41401 POST CABG	<input type="checkbox"/> 4264 RIGHT BUNDLE BRANCH BLOCK	<input type="checkbox"/> 42689 ATRIOVENTRIC DISSOCIATION	<input type="checkbox"/> 42421 NON-RHEUMATIC
<input type="checkbox"/> 4110 POST MI	<input type="checkbox"/> 42611 1° AV BLOCK	<input type="checkbox"/> 4270 PAROXYSMAL ATRIAL TACHYCARDIA	<input type="checkbox"/> 39701 RHEUMATIC
<input type="checkbox"/> 41408 POST PTCA	<input type="checkbox"/> 401 ESSENTIAL	<input type="checkbox"/> 42781 SICK SINUS SYNDROME	<input type="checkbox"/> 4242 TRICUSPID STENOSIS
<input type="checkbox"/> 4256 DILATED	<input type="checkbox"/> 4070 MALIGNANT/ACCELERATED	<input type="checkbox"/> 42769 VENTRICULAR ECTOPY	<input type="checkbox"/> 42422 1° TRICUSPID REGURGITATION
<input type="checkbox"/> 4253 ENDOCARDIAL FIBROELASTOSIS	<input type="checkbox"/> 4059 SECONDARY	<input type="checkbox"/> 42741 VENTRICULAR FIBRILLATION	<input type="checkbox"/> 42423 2° TRICUSPID REGURGITATION
<input type="checkbox"/> 4251 HYPERTROPHIC (IHSS)	<input type="checkbox"/> 402 W/CARDIOVASCULAR DISEASE	<input type="checkbox"/> 4271 VENTRICULAR TACHYCARDIA	
<input type="checkbox"/> 4252 RESTRICTIVE (LVH)	<input type="checkbox"/> 403 W/RENAL DYSFUNCTION	<input type="checkbox"/> 42789 OTHER UNSPECIFIED	
<input type="checkbox"/> 74741 ANOMALOUS PUL DRAINAGE	<input type="checkbox"/> 4169 COR PULMONALE	<input type="checkbox"/> 42411 AORTIC REGURGITATION	<input type="checkbox"/> 30500 ALCOHOLISM
<input type="checkbox"/> 74724 AORTIC	<input type="checkbox"/> 4160 PRIMARY	<input type="checkbox"/> 4400 AORTIC SCLEROSIS	<input type="checkbox"/> V0781 ANTICOAGULATE RX
<input type="checkbox"/> 74688 MITRAL	<input type="checkbox"/> 4168 SECONDARY	<input type="checkbox"/> 42415 AORTIC STENOSIS	<input type="checkbox"/> 41402 ARTERITIS, CORONARY
<input type="checkbox"/> 74601 PULMONIC	<input type="checkbox"/> 4162 1° RV DYSFUNCTION	<input type="checkbox"/> 42412 NON-RHEUMATIC	<input type="checkbox"/> 2127 CARDIAC TUMOR, MYXOMA
<input type="checkbox"/> 74611 TRICUSPID	<input type="checkbox"/> 4589 ACUTE	<input type="checkbox"/> 3959 RHEUMATIC	<input type="checkbox"/> 7865 CHEST PAIN SYNDROME
<input type="checkbox"/> 7464 BICUSPID AORTIC VALVE	<input type="checkbox"/> 4581 CHRONIC	<input type="checkbox"/> 74722 SUPRAVALVULAR AORTIC STENOSIS	<input type="checkbox"/> 41391 CORONARY ARTERY SPASM
<input type="checkbox"/> 7471 COARCTATION OF AORTA	<input type="checkbox"/> 4580 AUTONOMIC (ORTHOSTATIC)	<input type="checkbox"/> 42414 AORTIC VALVE	<input type="checkbox"/> 4443 EMBOLISM, ARTERIAL/SYSTEMIC
<input type="checkbox"/> 7469 CONGENITAL HEART DIS, UNSPEC	<input type="checkbox"/> 4229 ACUTE	<input type="checkbox"/> 3949 MITRAL VALVE	<input type="checkbox"/> 4151 EMBOLISM, PULMONARY
<input type="checkbox"/> 74685 CORONARY ARTERY ANOMALY	<input type="checkbox"/> 4290 CHRONIC	<input type="checkbox"/> 42432 PULMONARY VALVE	<input type="checkbox"/> 41419 FISTULA, A-V, ACQUIRED
<input type="checkbox"/> 74687 DEXTROCARDIA	<input type="checkbox"/> 42294 VIRAL	<input type="checkbox"/> 3970 TRICUSPID VALVE	<input type="checkbox"/> 4571 LYMPHEDEMA
<input type="checkbox"/> 74511 DOUBLE OUTLET, RIGHT VENTRICLE	<input type="checkbox"/> 5332 DUAL CHAMBER	<input type="checkbox"/> 42491 OTHER SITE	<input type="checkbox"/> 2780 OBESITY
<input type="checkbox"/> 7462 EBSTEIN'S ANOMALY	<input type="checkbox"/> 99601 MALFUNCTION	<input type="checkbox"/> 42403 MITRAL VALVE PROLAPSE	<input type="checkbox"/> 454 VARICOSE VEINS, LOWER EXT
<input type="checkbox"/> 74541 EISENMENGER'S SYNDROME	<input type="checkbox"/> 5333 NORMAL FUNCTION	<input type="checkbox"/> 42401 MITRAL ANNULAR CALCIFICATION	
<input type="checkbox"/> 7456 ENDOCARDIAL CUSHION DEFECT	<input type="checkbox"/> 5331 SINGLE CHAMBER	<input type="checkbox"/> 3940 MITRAL STENOSIS	<input type="checkbox"/> 5884 AORTA-ILIAC
<input type="checkbox"/> 74711 INTERRUPTED ARCH		<input type="checkbox"/> 42402 MITRAL REGURGITATION	<input type="checkbox"/> 5885 CARDIAC
<input type="checkbox"/> 7470 PATENT DUCTUS ARTERIOSUS		<input type="checkbox"/> 4240 NON-RHEUMATIC	<input type="checkbox"/> 5886 FEMORAL-POPLITEAL
<input type="checkbox"/> 74531 SINGLE VENTRICLE		<input type="checkbox"/> 3941 RHEUMATIC	<input type="checkbox"/> V654 WORRIED/CONCERNED WELL
<input type="checkbox"/> 7455 ATRIAL (OSTIUM SECUNDUM)	<input type="checkbox"/> 42080 ACUTE		
<input type="checkbox"/> 7454 VENTRICULAR	<input type="checkbox"/> 4238 CHRONIC		
<input type="checkbox"/> 7452 TETRALOGY OF FALLOT	<input type="checkbox"/> 4232 CONSTRICTIVE		
<input type="checkbox"/> 74510 TRANSPOSITION, GREAT VESSELS	<input type="checkbox"/> 4239 PERICARDIAL EFFUSION		
<input type="checkbox"/> 74501 TRUNCUS ARTERIOSIS			
<input type="checkbox"/> 78551 CARDIOGENIC SHOCK			
<input type="checkbox"/> 42891 IDIOPATHIC			
<input type="checkbox"/> 42801 2° TO ASHD			
<input type="checkbox"/> 42802 2° TO ENDOCARDITIS			
<input type="checkbox"/> 4281 2° TO VHD			

CARDIOTHORACIC PATIENT (BBBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other 1 2 3

UCA CODE
(if not above)

B	A	A	A
D	C	C	C
F	E	E	E
G	G	G	G
H	H	H	H
S	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																				
DAY	MONTH																						
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

VISIT COUNT

0

2

3

4

6

8

7

8

9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

JOB REQUIRING
(not LOU/dut)

Yes

MILITARY ONLY

DUTY QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 d.ys

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other 1 2 3

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

0491

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

- 93870 ARTERIAL DOPPLER STUDY
- 38500 BIOP/EXC LYMPH NODE/SEP(UNSP)
- 84422 BLOCK, LOCAL CAR PAIN
- 02532 HISTORY
- 90024 PHYSICAL EXAM
- 99027 POSTOPERATIVE EXAM
- 90002 SUTURE REMOVAL
- 32000 THORACENTESIS (NW/SUBSD)
- 32020 THORACOSTOMY TUBE W/WATER SEAL
- 36415 VENIPUNCTURE
- 07200 WIRE REMOVAL
- 12008 WOUND CARE, LOCAL
- 11043 WOUND DEBRIDEMENT
- 07201 OTHER
- 80605 CONSULTATION

ADDITIONAL PROCEDURES											
PROVIDER 2						PROVIDER 2					
Yes						Yes					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

- | | | | | |
|--|--|---|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 44190 DESCENDING <input type="checkbox"/> 44120 ASCENDING <input type="checkbox"/> 44121 ARCH <input type="checkbox"/> 44122 THORACIC/ABDOMINAL DISSECTION <input type="checkbox"/> 44101 ASCENDING <input type="checkbox"/> 44102 DESCENDING, ACUTE <input type="checkbox"/> 44103 DESCENDING, CHRONIC <input type="checkbox"/> 44290 FALSE ANEURYSM (POSTOPERATIVE) <input type="checkbox"/> 9010 RUPTURE, TRAUMATIC <input type="checkbox"/> 374723 VASCULAR RING/SLING | <ul style="list-style-type: none"> <input type="checkbox"/> 5840 AFTERCARE, S/P CME/AME <input type="checkbox"/> 51931 GRANULOMATOSIS <input type="checkbox"/> 5192 INFECTION <input type="checkbox"/> 3580 MYASTHENIA GRAVIS <input type="checkbox"/> 2125 NEOPLASM, BENIGN <input type="checkbox"/> 1849 NEOPLASM, MALIGNANT <input type="checkbox"/> 135 SARCOID | <ul style="list-style-type: none"> <input type="checkbox"/> 5880 AFTERCARE, S/P PULM/SYS SHUNT <input type="checkbox"/> 74742 APVC, PARTIAL <input type="checkbox"/> 74741 APVC, TOTAL <input type="checkbox"/> 7455 ASD, SECUNDUM/PFO <input type="checkbox"/> 74569 AV-CANAL <input type="checkbox"/> 7471 COARCTATION OF AORTA <input type="checkbox"/> 74562 COMPLEX <input type="checkbox"/> 7470 PATENT DUCTUS ARTERIOSUS <input type="checkbox"/> 74731 PULM STENOSIS/ATRESIA <input type="checkbox"/> 7452 TETRALOGY OF FALLOT <input type="checkbox"/> 74510 TRANSPOSITION <input type="checkbox"/> 7483 VALVULAR STENOSIS <input type="checkbox"/> 74542 VSD PRIMARY SINUS VENOSUS | <ul style="list-style-type: none"> <input type="checkbox"/> 16298 ADENO <input type="checkbox"/> 16221 BRONCH ALVEOLAR <input type="checkbox"/> 16292 CARCINOID <input type="checkbox"/> 16294 LARGE CELL <input type="checkbox"/> 1970 METASTATIC <input type="checkbox"/> 16295 SMALL CELL <input type="checkbox"/> 16293 SQUAMOUS <input type="checkbox"/> 1620 TRACHEAL <input type="checkbox"/> 16280 OTHER | |
| <ul style="list-style-type: none"> <input type="checkbox"/> 75660 EVENTRATION <input type="checkbox"/> 75691 HERNIA, CONGENITAL <input type="checkbox"/> 55330 HERNIA, ACQUIRED <input type="checkbox"/> 8520 RUPTURE/PERF | <ul style="list-style-type: none"> <input type="checkbox"/> 1840 THYMOMA, MALIGNANT <input type="checkbox"/> 2128 THYMOMA, BENIGN | <ul style="list-style-type: none"> <input type="checkbox"/> 5848 AFTERCARE, S/P MVR/REPAIR <input type="checkbox"/> 39111 ENDOCARDITIS, NATIVE <input type="checkbox"/> 99662 ENDOCARDITIS, PROSTHETIC <input type="checkbox"/> 3941 MITRAL INSUFFICIENCY-RHEUMATIC <input type="checkbox"/> 3940 MITRAL STENOSIS-RHEUMATIC <input type="checkbox"/> 42941 PROSTHETIC VALVE FAILURE | <ul style="list-style-type: none"> <input type="checkbox"/> 42731 ATRIAL FIBRILLATION <input type="checkbox"/> 42613 HEART BLOCK, 2° <input type="checkbox"/> 4260 HEART BLOCK, 3° <input type="checkbox"/> 42788 NODAL <input type="checkbox"/> 55333 PACEMAKER FOLLOW UP <input type="checkbox"/> 42769 PVC'S <input type="checkbox"/> 42781 SICK SINUS SYNDROME | |
| <ul style="list-style-type: none"> <input type="checkbox"/> 39090 COMBINED STENOSIS/INSUFFICIENCY <input type="checkbox"/> 42140 ENDOCARDITIS, NATIVE <input type="checkbox"/> 99660 ENDOCARDITIS, PROSTHETIC <input type="checkbox"/> 39630 INSUFFICIENCY <input type="checkbox"/> 99604 PROSTHETIC VALVE FAILURE <input type="checkbox"/> 39691 S/P AVR, PARAVALVULAR LEAK <input type="checkbox"/> 42415 STENOSIS, ACQUIRED <input type="checkbox"/> 7463 STENOSIS, CONGENITAL | <ul style="list-style-type: none"> <input type="checkbox"/> 5849 AFTERCARE, S/P TVR/REPAIR <input type="checkbox"/> 3970 ENDOCARDITIS <input type="checkbox"/> 39702 INSUFFICIENCY <input type="checkbox"/> 39703 STENOSIS | <ul style="list-style-type: none"> <input type="checkbox"/> 1509 CANCER <input type="checkbox"/> 9351 FOREIGN BODY <input type="checkbox"/> 5301 REFLEX <input type="checkbox"/> 5303 STRICTURE <input type="checkbox"/> 53081 T-E FISTULA, ACQUIRED <input type="checkbox"/> 75032 T-E FISTULA, CONGENITAL <input type="checkbox"/> 86222 TRAUMA <input type="checkbox"/> 75031 WEBBED | <ul style="list-style-type: none"> <input type="checkbox"/> 4232 CONSTRICTION <input type="checkbox"/> 42092 EFFUSION, ACUTE <input type="checkbox"/> 42391 EFFUSION, CHRONIC <input type="checkbox"/> 45688 POST RESECTION | |
| <ul style="list-style-type: none"> <input type="checkbox"/> 23572 ADENOMA <input type="checkbox"/> 21230 BENIGN LESION <input type="checkbox"/> 51001 BRONCHOPLEURAL FISTULA <input type="checkbox"/> 5109 EMPYEMA <input type="checkbox"/> 5152 GRANULOMA <input type="checkbox"/> 7596 HAMARTOMA <input type="checkbox"/> 51190 PLEURAL EFFUSION <input type="checkbox"/> 5120 PNEUMOTHORAX, SPONTAN TENSION <input type="checkbox"/> V4586 POSTOP PLEURODESIS <input type="checkbox"/> V4587 POSTOP RESECTION <input type="checkbox"/> 74850 SEQUESTRATION <input type="checkbox"/> 79311 SPN <input type="checkbox"/> 9340 TRACHEAL FOREIGN BODY <input type="checkbox"/> 51911 TRACHEAL STENOSIS <input type="checkbox"/> 86120 TRAUMA | <ul style="list-style-type: none"> <input type="checkbox"/> 75480 PECTUS <input type="checkbox"/> 8070 RIB FRACTURE <input type="checkbox"/> 2133 RIB TUMOR/LESION, BENIGN <input type="checkbox"/> 1703 RIB TUMOR/LESION, MALIGNANT <input type="checkbox"/> 3530 THORACIC OUTLET | <ul style="list-style-type: none"> <input type="checkbox"/> 99832 DEHISCENCE, CHEST <input type="checkbox"/> 99831 DEHISCENCE, LEG <input type="checkbox"/> 99833 DEHISCENCE, STERNAL <input type="checkbox"/> 68691 INFECTION, CHEST WALL <input type="checkbox"/> 68690 INFECTION, LEG/GROIN <input type="checkbox"/> 68692 INFECTION, STERNUM <input type="checkbox"/> 78654 PAIN, INTERCOSTAL <input type="checkbox"/> 78092 PAIN, OTHER CHRONIC | <ul style="list-style-type: none"> <input type="checkbox"/> 45991 CAROTID VASCULAR DISEASE <input type="checkbox"/> 4251 IHSS <input type="checkbox"/> 2127 MYXOMA, CARDIAC <input type="checkbox"/> 23985 TUMOR, CARDIAC | |
| | | | | <ul style="list-style-type: none"> <input type="checkbox"/> 86100 CARDIAC <input type="checkbox"/> 8691 NON CARDIAC |

UNLISTED REASON FOR VISIT (if not listed in columns above)											
PRIMARY						SECONDARY					
V	(0)	(0)	(0)	(0)	(0)	V	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

DERMATOLOGY PATIENT (BAPA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH		1	2	3	4
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
Other 1 2 3

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

UCA CODE (if not above)

A B C D
 E F G H
 I J K L
 M N O P
 Q R S T
 U V W
 X Y Z

INPATIENT OR REFERRAL CODE

A B C D
 E F G H
 I J K L
 M N O P
 Q R S T
 U V W
 X Y Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
Other 1 2 3

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA


32313

TODAY'S DATE	
DAY	MONTH
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

CARE PROVIDER			
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0

EKG FORM (DDAA)

OTHER UCA	
<input type="radio"/> DDAB	<input type="radio"/> DDAF
<input type="radio"/> DDAI	<input type="radio"/> DDAJ
<input type="radio"/> DDAN	<input type="radio"/> DDAO

-  DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.

PATIENT INFORMATION	
FMP	SPONSOR'S SSN
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

PATIENT INFORMATION	
FMP	SPONSOR'S SSN
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

PROCEDURES
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY
<input type="radio"/> 93005 EKG, TRACING ONLY
<input type="radio"/> 93000 EKG W/INTERPRETATION
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS
<input type="radio"/> 93015 STRESS TEST, TREADMILL
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY
<input type="radio"/> 78419 STRESS TEST W/THALLIUM
<input type="radio"/> 90801 TELEPHONE CONSULT-DOCUMENTED

INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BHAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BAJA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	

0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0

UNLISTED PROCEDURE			
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes									
0	1	2	3	4	5	6	7	8	9

PROCEDURES
<input type="radio"/> 93300 ECHO, M-MODE, COMPLETE
<input type="radio"/> 93307 ECHO, M-MODE, 2-D, COMPLETE
<input type="radio"/> 93320 ECHO, M-MODE, DOPPLER
<input type="radio"/> 93305 ECHO, M-MODE, FOLLOW-UP
<input type="radio"/> 93308 ECHO, M-MODE, 2-D, FOLLOW-UP
<input type="radio"/> 93010 EKG, INTERPRET & REPORT ONLY
<input type="radio"/> 93005 EKG, TRACING ONLY
<input type="radio"/> 93000 EKG W/INTERPRETATION
<input type="radio"/> 93274 HOLTER MONITOR-RECORD/INTERP
<input type="radio"/> 93278 HOLTER MONITOR-HOOKUP/REMOVAL
<input type="radio"/> 93798 PACEMAKER-INTERROG/ANALYSIS
<input type="radio"/> 93202 PHONOCARDIOGRAM-TRACING ONLY
<input type="radio"/> 93201 PHONOCARDIOGRAM-W/INTERPRET
<input type="radio"/> 93012 RHYTHM STRIP ANALYSIS
<input type="radio"/> 93015 STRESS TEST, TREADMILL
<input type="radio"/> 93018 STRESS TEST, INTERPRET ONLY
<input type="radio"/> 78419 STRESS TEST W/THALLIUM
<input type="radio"/> 90801 TELEPHONE CONSULT-DOCUMENTED

INPATIENT OR REFERRAL CODE	
<input type="radio"/> AAAA	<input type="radio"/> BGYA
<input type="radio"/> ABAA	<input type="radio"/> BHAA
<input type="radio"/> BAAA	<input type="radio"/> BHAE
<input type="radio"/> BACA	<input type="radio"/> BIYA
<input type="radio"/> BAJA	<input type="radio"/> FBAC
<input type="radio"/> BBAA	<input type="radio"/> FBGA
(IF NOT LISTED ABOVE)	

0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0

UNLISTED PROCEDURE			
0	0	0	0
1	0	0	0
2	0	0	0
3	0	0	0
4	0	0	0
5	0	0	0
6	0	0	0
7	0	0	0
8	0	0	0
9	0	0	0

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

Specific preassigned clinic codes									
0	1	2	3	4	5	6	7	8	9

DO NOT MARK IN THIS AREA

21132

PATIENT INFORMATION									
FAMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES

93300 ECHO, M-MODE, COMPLETE

93307 ECHO, M-MODE, 2-D, COMPLETE

93320 ECHO, M-MODE, DOPPLER

93305 ECHO, M-MODE, FOLLOW-UP

93308 ECHO, M-MODE, 2-D, FOLLOW-UP

93010 EKG, INTERPRET & REPORT ONLY

93005 EKG, TRACING ONLY

93000 EKG W/INTERPRETATION

93274 HOLTHER MONITOR-RECORD/INTERP

93278 HOLTHER MONITOR-HOOKUP/REMOVAL

93798 PACEMAKER-INTERROG/ANALYSIS

93202 PHONOCARDIOGRAM-TRACING ONLY

93201 PHONOCARDIOGRAM-W/INTERPRET

93012 RHYTHM STRIP ANALYSIS

93015 STRESS TEST, TREADMILL

93018 STRESS TEST, INTERPRET ONLY

78419 STRESS TEST W/THALLIUM

90601 TELEPHONE CONSULT-DOCUMENTED

UNLISTED PROCEDURE

0	0	0	0	0
1	1	(1)	(1)	(1)
2	2	(2)	(2)	(2)
3	3	(3)	(3)	(3)
4	4	(4)	(4)	(4)
5	5	(5)	(5)	(5)
6	6	(6)	(6)	(6)
7	7	(7)	(7)	(7)
8	8	(8)	(8)	(8)
9	9	(9)	(9)	(9)

TIME SPENT

2 min. 15 min. 40 min.

5 min. 20 min. 50 min.

10 min. 30 min. 1 hr.

Specific preassigned clinic codes

1 2 3 4 5 6 7 8 9

INPATIENT OR REFERRAL CODE

AAAA BGYA

ABAA BHAA

BAAA BHAE

BACA BIYA

BAIA FBAC

BBAA FBGA
(IF NOT LISTED ABOVE)

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

PATIENT INFORMATION									
FAMP		SPONSOR'S SSN							
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PROCEDURES

93300 ECHO, M-MODE, COMPLETE

93307 ECHO, M-MODE, 2-D, COMPLETE

93320 ECHO, M-MODE, DOPPLER

93305 ECHO, M-MODE, FOLLOW-UP

93308 ECHO, M-MODE, 2-D, FOLLOW-UP

93010 EKG, INTERPRET & REPORT ONLY

93005 EKG, TRACING ONLY

93000 EKG W/INTERPRETATION

93274 HOLTHER MONITOR-RECORD/INTERP

93278 HOLTHER MONITOR-HOOKUP/REMOVAL

93798 PACEMAKER-INTERROG/ANALYSIS

93202 PHONOCARDIOGRAM-TRACING ONLY

93201 PHONOCARDIOGRAM-W/INTERPRET

93012 RHYTHM STRIP ANALYSIS

93015 STRESS TEST, TREADMILL

93018 STRESS TEST, INTERPRET ONLY

78419 STRESS TEST W/THALLIUM

90601 TELEPHONE CONSULT-DOCUMENTED

UNLISTED PROCEDURE

0	0	0	0	0
1	1	(1)	(1)	(1)
2	2	(2)	(2)	(2)
3	3	(3)	(3)	(3)
4	4	(4)	(4)	(4)
5	5	(5)	(5)	(5)
6	6	(6)	(6)	(6)
7	7	(7)	(7)	(7)
8	8	(8)	(8)	(8)
9	9	(9)	(9)	(9)

TIME SPENT

2 min. 15 min. 40 min.

5 min. 20 min. 50 min.

10 min. 30 min. 1 hr.

Specific preassigned clinic codes

(1) (2) (3) (4) (5) (6) (7) (8) (9)

INPATIENT OR REFERRAL CODE

AAAA BGYA

ABAA BHAA

BAAA BHAE

BACA BIYA

BAIA FBAC

BBAA FBGA
(IF NOT LISTED ABOVE)

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

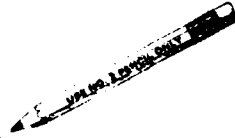
A A A A
B B B B
C C C C
D D D D
E E E E
F F F F
G G G G
H H H H
I I I I
J J J J
K K K K
L L L L
M M M M
N N N N
O O O O
P P P P
Q Q Q Q
R R R R
S S S S
T T T T
U U U U
V V V V
W W W W
X X X X
Y Y Y Y
Z Z Z Z

ENDOCRINE PATIENT (BAFA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																		
DAY	MONTH																				
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other <input type="radio"/> <input type="radio"/> <input type="radio"/>

VISIT COUNT
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE (if not above)
<input type="radio"/> A <input type="radio"/> A <input type="radio"/> A
<input type="radio"/> B <input type="radio"/> B <input type="radio"/> B
<input type="radio"/> C <input type="radio"/> C <input type="radio"/> C
<input type="radio"/> D <input type="radio"/> D <input type="radio"/> D
<input type="radio"/> E <input type="radio"/> E <input type="radio"/> E
<input type="radio"/> F <input type="radio"/> F <input type="radio"/> F
<input type="radio"/> G <input type="radio"/> G <input type="radio"/> G
<input type="radio"/> H <input type="radio"/> H <input type="radio"/> H
<input type="radio"/> I <input type="radio"/> I <input type="radio"/> I
<input type="radio"/> J <input type="radio"/> J <input type="radio"/> J
<input type="radio"/> K <input type="radio"/> K <input type="radio"/> K
<input type="radio"/> L <input type="radio"/> L <input type="radio"/> L
<input type="radio"/> M <input type="radio"/> M <input type="radio"/> M
<input type="radio"/> N <input type="radio"/> N <input type="radio"/> N
<input type="radio"/> O <input type="radio"/> O <input type="radio"/> O
<input type="radio"/> P <input type="radio"/> P <input type="radio"/> P
<input type="radio"/> Q <input type="radio"/> Q <input type="radio"/> Q
<input type="radio"/> R <input type="radio"/> R <input type="radio"/> R
<input type="radio"/> S <input type="radio"/> S <input type="radio"/> S
<input type="radio"/> T <input type="radio"/> T <input type="radio"/> T
<input type="radio"/> U <input type="radio"/> U <input type="radio"/> U
<input type="radio"/> V <input type="radio"/> V <input type="radio"/> V
<input type="radio"/> W <input type="radio"/> W <input type="radio"/> W
<input type="radio"/> X <input type="radio"/> X <input type="radio"/> X
<input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y
<input type="radio"/> Z <input type="radio"/> Z <input type="radio"/> Z

INPATIENT OR REFERRAL CODE
<input type="radio"/> A <input type="radio"/> A <input type="radio"/> A
<input type="radio"/> B <input type="radio"/> B <input type="radio"/> B
<input type="radio"/> C <input type="radio"/> C <input type="radio"/> C
<input type="radio"/> D <input type="radio"/> D <input type="radio"/> D
<input type="radio"/> E <input type="radio"/> E <input type="radio"/> E
<input type="radio"/> F <input type="radio"/> F <input type="radio"/> F
<input type="radio"/> G <input type="radio"/> G <input type="radio"/> G
<input type="radio"/> H <input type="radio"/> H <input type="radio"/> H
<input type="radio"/> I <input type="radio"/> I <input type="radio"/> I
<input type="radio"/> J <input type="radio"/> J <input type="radio"/> J
<input type="radio"/> K <input type="radio"/> K <input type="radio"/> K
<input type="radio"/> L <input type="radio"/> L <input type="radio"/> L
<input type="radio"/> M <input type="radio"/> M <input type="radio"/> M
<input type="radio"/> N <input type="radio"/> N <input type="radio"/> N
<input type="radio"/> O <input type="radio"/> O <input type="radio"/> O
<input type="radio"/> P <input type="radio"/> P <input type="radio"/> P
<input type="radio"/> Q <input type="radio"/> Q <input type="radio"/> Q
<input type="radio"/> R <input type="radio"/> R <input type="radio"/> R
<input type="radio"/> S <input type="radio"/> S <input type="radio"/> S
<input type="radio"/> T <input type="radio"/> T <input type="radio"/> T
<input type="radio"/> U <input type="radio"/> U <input type="radio"/> U
<input type="radio"/> V <input type="radio"/> V <input type="radio"/> V
<input type="radio"/> W <input type="radio"/> W <input type="radio"/> W
<input type="radio"/> X <input type="radio"/> X <input type="radio"/> X
<input type="radio"/> Y <input type="radio"/> Y <input type="radio"/> Y
<input type="radio"/> Z <input type="radio"/> Z <input type="radio"/> Z

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

REASON FOR #2 CARE PROVIDER

- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other

JOB REL ILL/INJ (not LOD det)
Yes <input type="radio"/>

MILITARY ONLY
<input type="radio"/> DUTY
QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 d ys
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

DO NOT MARK IN THIS AREA

5030

ENT PATIENT (BBFA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH					
	<input type="radio"/> Jan					
<input type="radio"/> 1	<input type="radio"/> Feb					
<input type="radio"/> 2	<input type="radio"/> Mar					
<input type="radio"/> 3	<input type="radio"/> Apr					
<input type="radio"/> 4	<input type="radio"/> May					
<input type="radio"/> 5	<input type="radio"/> Jun					
<input type="radio"/> 6	<input type="radio"/> Jul					
<input type="radio"/> 7	<input type="radio"/> Aug					
<input type="radio"/> 8	<input type="radio"/> Sep					
<input type="radio"/> 9	<input type="radio"/> Oct					
<input type="radio"/> 0	<input type="radio"/> Nov					
	<input type="radio"/> Dec					

IF NOT SCHEDULED

APPOINTMENT STATUS

- Unscheduled
- Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- Ward
- Telephone
- Home
- Other: 1 2 3

VISIT COUNT

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

UJA CODE (if not shown)	INPATIENT OR REFERRAL CODE	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P <input type="radio"/> Q <input type="radio"/> R <input type="radio"/> S <input type="radio"/> T <input type="radio"/> U <input type="radio"/> V <input type="radio"/> W <input type="radio"/> X <input type="radio"/> Y <input type="radio"/> Z	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P <input type="radio"/> Q <input type="radio"/> R <input type="radio"/> S <input type="radio"/> T <input type="radio"/> U <input type="radio"/> V <input type="radio"/> W <input type="radio"/> X <input type="radio"/> Y <input type="radio"/> Z	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> 2 minutes <input type="radio"/> 5 minutes <input type="radio"/> 10 minutes <input type="radio"/> 15 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes <input type="radio"/> 45 minutes <input type="radio"/> 1 hour <input type="radio"/> 1 1/2 hours <input type="radio"/> 2 hours <input type="radio"/> 2 1/2 hours <input type="radio"/> 3 hours <input type="radio"/> 3 1/2 hours <input type="radio"/> 4 hours <input type="radio"/> 4 1/2 hours <input type="radio"/> 5 hours <input type="radio"/> 5 1/2 hours <input type="radio"/> 6 hours <input type="radio"/> 8 1/2 hours <input type="radio"/> 7 hours <input type="radio"/> 7 1/2 hours <input type="radio"/> 8 hours	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J <input type="radio"/> K <input type="radio"/> L <input type="radio"/> M <input type="radio"/> N <input type="radio"/> O <input type="radio"/> P <input type="radio"/> Q <input type="radio"/> R <input type="radio"/> S <input type="radio"/> T <input type="radio"/> U <input type="radio"/> V <input type="radio"/> W <input type="radio"/> X <input type="radio"/> Y <input type="radio"/> Z

JOB REL ILL/INJ
(not LOD det)
 Yes

REASON FOR #2 CARE PROVIDER

- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other: 1 2 3

MILITARY ONLY

- DUTY
- QUARTERS:
 - 24 hours
 - 48 hours
 - 72 hours
- PROFILE:
 - 1-3 days
 - 4-7 days
 - 8-14 days
 - > 14 days
- LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

NOT AVAILABLE

- Medical record
- Lab results
- X-Rays

DO NOT MARK IN THIS AREA 20993

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

- | | | |
|--|--|---|
| <input type="checkbox"/> 92504 BINOCULAR MICROSCOPY | <input type="checkbox"/> 88170 FINE NEEDLE ASPIRATION | <input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER LIDS |
| <input type="checkbox"/> 92533 CALORIC TESTING | <input type="checkbox"/> 42700 I&D PERITONSILLAR ABSCESS | <input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER LIDS |
| <input type="checkbox"/> 92544 ELECTRONYSTAGMOGRAPHY | <input type="checkbox"/> 31575 LARYNGOSCOPY | <input type="checkbox"/> 15781 DERMABRASION, FACE |
| <input type="checkbox"/> 89000 I&D ABSCESS/HEMATOMA, EXT EAR | <input type="checkbox"/> 31576 DIAG FLEX SCOPE | <input type="checkbox"/> 11449 EXCISION OF SKIN LESION |
| <input type="checkbox"/> 92548 OTONEUROLOGICAL EVAL-VERTIGO | <input type="checkbox"/> 31515 DIRECT | <input type="checkbox"/> 89301 OTOPLASTY, BILAT |
| <input type="checkbox"/> 89424 PE TUBE REMOVAL | <input type="checkbox"/> 31538 DIRECT, OPERATIVE W/BIOPSY | <input type="checkbox"/> 89300 OTOPLASTY, UNLAT |
| <input type="checkbox"/> 12008 SUTURE, EAR | <input type="checkbox"/> 31505 INDIRECT, DIAG | <input type="checkbox"/> 15828 RHYTHOECTOMY-CHEEK/CHIN/NECK |
| <input type="checkbox"/> 89434 T-OSTOMY, BILAT, LOCAL | <input type="checkbox"/> 82511 NASOPHARYNGOSCOPY W/FIBER SCOPE | <input type="checkbox"/> 11407 SCAR REVISION |
| <input type="checkbox"/> 89433 T-OSTOMY, UNLAT, LOCAL | <input type="checkbox"/> 42822 TEA | <input type="checkbox"/> 11100 SKIN BIOPSY |
| | | <input type="checkbox"/> 15838 SUBMENTOPLASTY |
| | | <input type="checkbox"/> 90002 SUTURE REMOVAL |

- | | |
|---|---|
| <input type="checkbox"/> 30100 BIOPSY (INTRANASAL) | <input type="checkbox"/> 00605 CONSULTATION |
| <input type="checkbox"/> 30902 CTRL MEMO NASAL ANT, BILAT | |
| <input type="checkbox"/> 30901 CTRL MEMO NASAL ANT, UNLAT | |
| <input type="checkbox"/> 31001 MAXILLARY SINUS IRRIGAT, BILAT | |
| <input type="checkbox"/> 31000 MAXILLARY SINUS IRRIGAT, UNLAT | |
| <input type="checkbox"/> 31021 NASAL ANTRAL WINDOW, BILAT | |
| <input type="checkbox"/> 30848 NASAL ANTROSOCOPY | |
| <input type="checkbox"/> 21320 NASAL FX CLOSED REDUCTION | |
| <input type="checkbox"/> 30300 REMOVAL OF FB-INTRANASAL | |
| <input type="checkbox"/> 30450 RHINOPLASTY, MAJ W/OSTEOTOMIES | |
| <input type="checkbox"/> 30400 RHINOPLASTY, PRIMARY | |
| <input type="checkbox"/> 30520 SEPTOPLASTY | |

ADDITIONAL PROCEDURES											
PROVIDER 1						PROVIDER 2					
Yes ()						Yes ()					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 38010 CELLULITIS, EAR | <input type="checkbox"/> 7540 DEVIATED SEPTUM, CONGENITAL | <input type="checkbox"/> 78422 MASS IN NECK | <input type="checkbox"/> 78609 APNEA |
| <input type="checkbox"/> 38004 CERUMEN, IMPACTED | <input type="checkbox"/> 87321 DEVIATED SEPTUM, TRAUMATIC | <input type="checkbox"/> 24821 THYROID MASS | <input type="checkbox"/> 6820 CELLULITIS, FACE |
| <input type="checkbox"/> 38181 EUSTACHIAN TUBE DYSFUNCTION | <input type="checkbox"/> 7847 EPISTAXIS | | <input type="checkbox"/> 70927 FACIAL COSMETIC DEFORM, ACNE |
| <input type="checkbox"/> 931 FOREIGN BODY, EAR | <input type="checkbox"/> 837 FOREIGN BODY, NOSE | | <input type="checkbox"/> 70191 FACIAL FLACID ATROPHY, ACQUIRED |
| <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> 8020 FRACTURE NASAL BONE (CLOSED) | | <input type="checkbox"/> 8022 FX, MANDIBLE |
| <input type="checkbox"/> 3890 CONDUCTIVE | <input type="checkbox"/> 8732 LACERATIONS, NASAL | | <input type="checkbox"/> 8024 FX, MAXILLA |
| <input type="checkbox"/> 3899 DEAFNESS, NOS | <input type="checkbox"/> 471 NASAL POLYP | | <input type="checkbox"/> 346 HEADACHE, MIGRAINE |
| <input type="checkbox"/> 3892 MIXED | <input type="checkbox"/> 47380 POSTNASAL DRAINAGE | | <input type="checkbox"/> 3468 HEADACHE, RHINOGENIC SINUSITIS |
| <input type="checkbox"/> 3891 SENSORINEURAL | <input type="checkbox"/> RHINITIS | | <input type="checkbox"/> 075 INFECTIOUS MONONUCLEOSIS |
| <input type="checkbox"/> 3863 LABYRINTHITIS | <input type="checkbox"/> 477 ALLERGIC | | <input type="checkbox"/> 7856 LYMPHADENOPATHY |
| <input type="checkbox"/> MASTOIDITIS | <input type="checkbox"/> 47203 MEDICAMENTOUS | | <input type="checkbox"/> 9108 MAXILLOFACIAL TRAUMA |
| <input type="checkbox"/> 38300 ACUTE | <input type="checkbox"/> 47202 SICCA | | <input type="checkbox"/> 3510 PARALYSIS, BELL'S |
| <input type="checkbox"/> 3331 CHRONIC | <input type="checkbox"/> 47791 VASOMOTOR | | <input type="checkbox"/> 70185 PERIQRAL RHYTHMOOSIS |
| <input type="checkbox"/> 3839 UNSPEC | <input type="checkbox"/> SINUSITIS | | <input type="checkbox"/> 37435 PTOSIS, BROW |
| <input type="checkbox"/> 3865 MENIERE'S SYNDROME | <input type="checkbox"/> 4612 ETHMOIDAL, ACUTE | | <input type="checkbox"/> 37430 PTOSIS, EYELID, UNSPEC |
| <input type="checkbox"/> 3802 OTITIS EXTERNA | <input type="checkbox"/> 4732 ETHMOIDAL, CHRONIC | | <input type="checkbox"/> V6554 WORRIED/CONCERNED WELL |
| <input type="checkbox"/> 38014 OTITIS EXTERNA, MALIGNANT | <input type="checkbox"/> 4611 FRONTAL, ACUTE | | |
| <input type="checkbox"/> OTITIS MEDIA | <input type="checkbox"/> 4731 FRONTAL, CHRONIC | | |
| <input type="checkbox"/> 3829 ACUTE | <input type="checkbox"/> 4610 MAXILLARY, ACUTE | | |
| <input type="checkbox"/> 3851 ADHESIVE | <input type="checkbox"/> 4730 MAXILLARY, CHRONIC | | |
| <input type="checkbox"/> 38110 CHRONIC, SEROUS | <input type="checkbox"/> 4643 ACUTE EPIGLOTTITIS | | |
| <input type="checkbox"/> 3823 CHRONIC, SUPPUR | <input type="checkbox"/> 4631 ADENOTONSILLITIS, ACUTE | | |
| <input type="checkbox"/> 3812 MUCOID | <input type="checkbox"/> 5284 CYST, ORAL CAVITY | | |
| <input type="checkbox"/> 38860 OTORRHEA | <input type="checkbox"/> 4640 LARYNGITIS, ACUTE | | |
| <input type="checkbox"/> 38428 PERF TYMP MEMB NONTRAUMATIC | <input type="checkbox"/> 4760 LARYNGITIS, CHRONIC | | |
| <input type="checkbox"/> 87261 PERF TYMP MEMB TRAUMATIC | <input type="checkbox"/> 47879 LEUKOPLAKIA (LARYNX) | | |
| <input type="checkbox"/> 3869 VERTIGENOUS SYNDROME | <input type="checkbox"/> 475 PERITONSILLAR ABSCESS | | |
| <input type="checkbox"/> 78042 VERTIGO | <input type="checkbox"/> 30072 PHANTOM LUMP | | |
| | <input type="checkbox"/> 462 PHARYNGITIS, ACUTE | | |
| | <input type="checkbox"/> 5272 SIALOADENTITIS | | |
| | <input type="checkbox"/> 5275 SIALOLITHIASIS | | |
| | <input type="checkbox"/> 5280 STOMATITIS | | |
| | <input type="checkbox"/> 47481 TONSILLAR TAG | | |
| | <input type="checkbox"/> 483 TONSILLITIS, ACUTE | | |
| | <input type="checkbox"/> 4741 TONSILS/ADENOIDS-HYPERTROPHY | | |
| | <input type="checkbox"/> 4785 VOCAL CORD NODULES | | |
| | <input type="checkbox"/> 4783 VOCAL CORD PARALYSIS | | |
| | <input type="checkbox"/> 47838 VOCAL CORD PARALYSIS, CHRONIC | | |
| | <input type="checkbox"/> 4784 VOCAL CORD POLYPS | | |

UNLISTED REASON FOR VISIT (if not listed in columns above)											
PRIMARY						SECONDARY					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*
1* is follow-up		1* is follow-up		1* is follow-up	
075 INFECTIOUS MONONUCLEOSIS		06959 GU		0285 ANEMIA, UNSPECIFIED	
1322 LICE, CRAB		07881 CYSTITIS		02899 OTHER HEMATOLOGICAL ABNORMALITY	
3229 MENINGITIS, UNSPEC		05987 DYSURIA		07119 ARTHRITIS & ARTHROSIS	
0899 SEXUALLY TRANSMITTED DISEASE		05990 HEMATURIA		071590 INFECTIOUS ARTHRITIS	
0799 VIRAL SYNDROME, NOS		05929 URINARY TRACT INFECTION		07194 OSTEOARTHRITIS (DJD)	
		08994 URINARY CALCULUS		07194 PAIN IN JOINT, ARTHRALGIA	
		07886 URETHRITIS, NONSPECIFIC		DISLOCATION/SUBLUXATION	
		07886 VOIDING DIFFICULTY		0832 ELBOW	
		0800 MALE GU		0834 FINGER	
3730 BLEPHARITIS		0604 BENIGN PROSTATIC HYPERTROPHY		0831 SHOULDER	
37230 CONJUNCTIVITIS		0601 ORCHITIS/EPIDIDYMITIS		08248 ANKLE	
81811 CORNEAL ABRASION		06089 PROSTATITIS		081000 CLAVICLE	
36920 DECREASED VISION		06089 TESTICULAR CONDICTION		081341 COLLES	
3749 EYELID PROBLEM		060892 TESTICULAR PAIN		081600 FINGER(S)/HAND	
830 FOREIGN BODY IN EYE		07887 URETHRAL DISCHARGE (MALE)		0825 FOOT	
37990 PAIN/ITCH/DISCHARGE/REDNESS				0825 FOREARM	
8219 TRAUMA, EYE (OTHER)				081220 HUMERUS	
				08238 LOWER LEG, NOS	
				08020 NOSE	
				08070 RIBS	
				08030 SKULL	
				08260 TOE(S)	
				081400 WRIST	
				072741 GANGLION, NOS	
				0717 INTERNAL DERANGEMENT KNEE	
				07291 MUSCLE ACHES	
				NONARTICULAR RHEUMATISM	
				07273 BURSITIS	
				07270 TENOSYNOVITIS/SYNOVITIS	
				SPRAIN/STRAIN	
				08450 ANKLE	
				08470 CERVICAL	
				08478 BACK	
				084891 JOINT (LIGAMENTS)	
				084892 MUSCLES & TENDONS	
				0848 OTHER, SITE NOS	
				VERTEBRAL COLUMN SYNDROMES	
				07245 BACK PAIN W/O RADIATING SYM	
				07244 BACK PAIN W/RADIATING SYM	
				07231 NECK PAIN (CERVICAL)	
				072989 MUSCULOSKELETAL PROBLEM, OTHER	
				GENERAL SIGNS & SYMPTOMS	
				0798 ABNORMAL CLINICAL FINDINGS	
				07806 FEVER OF UNDETERMINED CAUSE	
				07807 MALAISE, FATIGUE, TIREDNESS	
				07983 WEAKNESS	
				ADVERSE EFFECTS	
				09952 ADVERSE EFFECT MED PROPER DOSE	
				030500 ALCOHOL ABUSE, UNSPEC	
				09953 ALLERGIC REACTION, NOS	
				1995 CANCER COMPLICATION-ALL SITES	
				09919 COLD INJURY	
				09929 HEAT INJURY	
				TOXICOLOGICAL PROBLEMS	
				0989 CHEMICALS	
				0977 OVERDOSE, ACCIDENTAL	
				09776 OVERDOSE, SUICIDE ATTEMPT	
				CV & LYMPH SYSTEM	
				0413 ANGINA PECTORIS	
				06581 BLOOD PRESSURE CHECK	
				07982 BLOOD PRESSURE, ELEVATED	
				0427 CARDIAC DYBRHYTHMIA	
				07866 CHEST PAIN	
				04280 CONGESTIVE HEART FAILURE	
				0401 HYPERTENSION	
				0410 MYOCARDIAL INFARCTION, ACUTE	
				07851 PALPITATIONS	
				0451 PHLEBITIS/THROMBOPHLEBITIS	

IN THIS AREA

1*	2*	1*	2*
		0919 ABRASION, SCRATCHES	
		0886 AMPUTATION, FINGER	
		087995 BITE, ANIMAL	
		087996 BITE, HUMAN	
		BURN, THERMAL	
		094971 <5% BODY SURFACE AREA *	
		094973 >16% BODY SURFACE AREA	
		09496 BURNS CHEMICAL (ALL SITES)	
		0949 BURNS, UNSPECIFIED	
		0850 CONCUSSION	
		09249 CONTUSION, ALL SITES	
		09299 CRUSHING INJURY	
		07296 FOREIGN BODY IN TISSUE	
		098954 INSECT BITES	
		LACERATION	
		08789 COMPLEX	
		087981 SIMPLE (<2 inch)	
		087982 SIMPLE (>2 inch)	
		06798 LACERATION (UNSPEC)	
		09598 MULTIPLE TRAUMA	
		095990 SEXUAL ASSAULT	
		WOUND	
		087987 PUNCTURE	
		087988 STAB	
		087989 GUNSHOT	
		SUPPLEMENTARY CLASSIFICATION	
		08110 MARITAL PROBLEM	
		081700 MEDICAL EXAM	
		081583 SUTURE REMOVAL	
		081554 WORRIED/CONCERNED WELL	
		UNLISTED REASON FOR VISIT	
		(if not listed in columns above)	
PRIMARY		SECONDARY	
V	0	V	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

FAMILY PRACTICE PATIENT (BGYA)

OTHER UCA
 BGYN

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN							
DAY	MONTH		1	2	3	4	5	6		
<input type="checkbox"/> 01	<input type="checkbox"/> Jan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 02	<input type="checkbox"/> Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 03	<input type="checkbox"/> Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 04	<input type="checkbox"/> Apr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 05	<input type="checkbox"/> May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 06	<input type="checkbox"/> Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07	<input type="checkbox"/> Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 08	<input type="checkbox"/> Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 09	<input type="checkbox"/> Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10	<input type="checkbox"/> Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 11	<input type="checkbox"/> Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	<input type="checkbox"/> Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
 Other 1 2 3

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

UCA CODE (if not above)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H
<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> O	<input type="checkbox"/> P
<input type="checkbox"/> Q	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> T
<input type="checkbox"/> U	<input type="checkbox"/> V	<input type="checkbox"/> W	<input type="checkbox"/> X
<input type="checkbox"/> Y	<input type="checkbox"/> Z	<input type="checkbox"/>	<input type="checkbox"/>

INPATIENT OR REFERRAL CODE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H
<input type="checkbox"/> I	<input type="checkbox"/> J	<input type="checkbox"/> K	<input type="checkbox"/> L
<input type="checkbox"/> M	<input type="checkbox"/> N	<input type="checkbox"/> O	<input type="checkbox"/> P
<input type="checkbox"/> Q	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> T
<input type="checkbox"/> U	<input type="checkbox"/> V	<input type="checkbox"/> W	<input type="checkbox"/> X
<input type="checkbox"/> Y	<input type="checkbox"/> Z	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
<input type="checkbox"/>	<input type="checkbox"/> 2 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 10 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 15 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 20 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 30 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 45 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 1 hour	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 1½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 2½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 3 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 3½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 4 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 4½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 6 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 6½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 7 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 7½ hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 8 hours	<input type="checkbox"/>

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other 1 2 3

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

	41220
--	-------

DO NOT MARK IN THIS AREA

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES									
PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER 2 Yes		PROVIDER 2 Yes							
<input type="checkbox"/>	11100	BIOPSY	<input type="checkbox"/>	90024	GENERAL MEDICINE	<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	18000	BURN 1° SIMPLE RX	<input type="checkbox"/>	90085	MILITARY ROUTINE	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	99158	COUNSELING, CONTRACEPTIVES	<input type="checkbox"/>	92003	VISUAL ACUITY	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2
<input type="checkbox"/>	07014	COUNSELING, PRENATAL	<input type="checkbox"/>	80084	INTERIM CLASS 2&3/FAA3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3
<input type="checkbox"/>	90011	DRESSING CHANGE				<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4
<input type="checkbox"/>	93000	EKG W/INTERPRETATION				<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5
<input type="checkbox"/>	92005	EYE IRRIGATION				<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6
<input type="checkbox"/>	10060	I&D, ABSCESS/BON/CARBUNCLE				<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7
<input type="checkbox"/>	29100	SPLINT APPLICATION				<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8
<input type="checkbox"/>	80002	SUTURE REMOVAL				<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9
<input type="checkbox"/>	99078	TEACHING (BREAST SELF EXAM)				<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	12003	WOUND REPAIR/DRESSING				<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)					
1° is Follow-up		1° is Rule/out			
1°	2°	1°	2°		
<input type="checkbox"/>	07171	HEPATITIS EXPOSURE	<input type="checkbox"/>	493	ASTHMA
<input type="checkbox"/>	0075	INFECTIOUS MONONUCLEOSIS	<input type="checkbox"/>	4860	BRONCHITIS, ACUTE
<input type="checkbox"/>	1322	LICE, CRAB	<input type="checkbox"/>	491	BRONCHITIS, CHRONIC
<input type="checkbox"/>	1320	LICE, HEAD	<input type="checkbox"/>	498	COPI
<input type="checkbox"/>	1274	PINWORMS (ENTEROBIASIS)	<input type="checkbox"/>	7862	COUGH
<input type="checkbox"/>	1330	SCABIES	<input type="checkbox"/>	7860	DYSPNEA (SHORT OF BREATH)
<input type="checkbox"/>	0799	VIRAL SYNDROME, NOS	<input type="checkbox"/>	488	PNEUMONIA
<input type="checkbox"/>	07811	CONDYLOMATA ACUMINATA	<input type="checkbox"/>	480	URI, ACUTE (COLD)
<input type="checkbox"/>	098	GONORRHEA	<input type="checkbox"/>	78604	WHEEZE
<input type="checkbox"/>	05410	HERPES GENITAL	<input type="checkbox"/>	7890	ABDOMINAL PAIN
<input type="checkbox"/>	0999	STD, UNSPEC	<input type="checkbox"/>	5650	ANAL FISSURE
<input type="checkbox"/>	0910	SYPHILIS, PRIMARY	<input type="checkbox"/>	56942	ANAL/RECTAL/PROC PAIN, NOS
<input type="checkbox"/>	1310	TRICHOMONIASIS	<input type="checkbox"/>	7830	ANOREXIA
<input type="checkbox"/>	3730	BLEPHARITIS	<input type="checkbox"/>	540	APPENDICITIS, ACUTE
<input type="checkbox"/>	3732	CHALAZION	<input type="checkbox"/>	57898	BLEEDING, GI NOS
<input type="checkbox"/>	37230	CONJUNCTIVITIS	<input type="checkbox"/>	5750	CHOLECYSTITIS
<input type="checkbox"/>	36421	CORNEAL ABRASION	<input type="checkbox"/>	5640	CONSTIPATION
<input type="checkbox"/>	36420	DECREASED VISION	<input type="checkbox"/>	55891	DIARRHEA
<input type="checkbox"/>	3657	DIPLIOPIA (SEEING DOUBLE)	<input type="checkbox"/>	56210	DIVERTICULOSIS, COLON
<input type="checkbox"/>	3648	EYELID PROBLEM	<input type="checkbox"/>	5756	DUODENITIS
<input type="checkbox"/>	939	FOREIGN BODY IN EYE	<input type="checkbox"/>	7872	DYSPHAGIA
<input type="checkbox"/>	37490	PAIN/ITCH/DISCHARGE/REDNESS	<input type="checkbox"/>	5309	ESOPHAGUS DISORDER, NOS
<input type="checkbox"/>	3721	REFRACTIVE ERROR	<input type="checkbox"/>	5355	GASTRITIS
<input type="checkbox"/>	17201	REQUEST FOR GLASSES	<input type="checkbox"/>	55890	GASTROENTERITIS
<input type="checkbox"/>	5279	TRAUMA, EYE (OTHER)	<input type="checkbox"/>	5733	HEPATITIS, NOS
<input type="checkbox"/>	3304	CERUMEN IMPAC (WAX IN EAR)	<input type="checkbox"/>	550	INGUINAL HERNIA
<input type="checkbox"/>	3838	EAR DRAINAGE/PAIN/DISCOMFORT	<input type="checkbox"/>	5641	IRRITABLE BOWEL SYNDROME
<input type="checkbox"/>	95906	EAR TRAUMA	<input type="checkbox"/>	7870	NAUSEA/VOMITING
<input type="checkbox"/>	1412	HEARING PROBLEM	<input type="checkbox"/>	5693	RECTAL BLEEDING, NOS
<input type="checkbox"/>	3831	OTITIS EXTERNA	<input type="checkbox"/>	6980	RECTAL ITCHING
<input type="checkbox"/>	3820	OTITIS MEDIA	<input type="checkbox"/>	5339	ULCER, PEPTIC
<input type="checkbox"/>	3883	TINNITUS			
<input type="checkbox"/>	3863	VERTIGINOUS SYNDROMES			
<input type="checkbox"/>	477	ALLERGY/HAYFEVER (RHINITIS)			
<input type="checkbox"/>	7847	EPISTAXIS			
<input type="checkbox"/>	942	FOREIGN BODY IN NOSE			
<input type="checkbox"/>	95960	NOSE TRAUMA			
<input type="checkbox"/>	4779	RHINITIC VASOMOTOR			
<input type="checkbox"/>	4720	RUNNING/STUFFY NOSE			
<input type="checkbox"/>	451	SINUS PROBLEM			
<input type="checkbox"/>	5259	SORES IN MOUTH			
<input type="checkbox"/>	5253	TEETH & SUPPORT STRUCT DIS			
<input type="checkbox"/>	78448	HOARSENESS			
<input type="checkbox"/>	4590	LARYNGITIS			
<input type="checkbox"/>	462	SCORE THROAT			
<input type="checkbox"/>	6740	STREP THROAT			
<input type="checkbox"/>	24621	THYROID MASS			
<input type="checkbox"/>	463	TONGUITIS, ACUTE			
<input type="checkbox"/>	834	DISLOCATION/SUBLUXATION	<input type="checkbox"/>	7081	ACNE
<input type="checkbox"/>	8363	PATELLA	<input type="checkbox"/>	1104	ATHLETE'S FOOT (TINEA PED)
<input type="checkbox"/>	831	SHOULDER	<input type="checkbox"/>	6809	BOIL/CARBUNCLE
<input type="checkbox"/>	83809	TOE	<input type="checkbox"/>	1129	CANDIDIASIS, NOS
<input type="checkbox"/>	839	TOE	<input type="checkbox"/>	6829	CELLULITIS, NOS
<input type="checkbox"/>	7295	EXTREMITY PAIN	<input type="checkbox"/>	70981	CHAPPED SKIN
<input type="checkbox"/>	7806	FEVER OF UNDETERMINED CAUSE	<input type="checkbox"/>	7000	CORNS, CALLOSITIES
<input type="checkbox"/>	829	FRACTURE, NOS	<input type="checkbox"/>	6929	ECZEMA
<input type="checkbox"/>	7807	MALAISE, FATIGUE, TIREDNESS	<input type="checkbox"/>	035	ERYSIPELAS
<input type="checkbox"/>	7291	MUSCLE ACHES	<input type="checkbox"/>	054	FEVER BLISTERS (COLD SORES)
<input type="checkbox"/>	8450	SPRAIN/STRAIN	<input type="checkbox"/>	9172	FRICTION BLISTER ON FEET
<input type="checkbox"/>	8470	ANKLE	<input type="checkbox"/>	7030	INGROWN TOENAIL
<input type="checkbox"/>	8479	CERVICAL	<input type="checkbox"/>	6850	PILONIDAL CYST
<input type="checkbox"/>	8479	BACK	<input type="checkbox"/>	6989	PRURITIS
<input type="checkbox"/>	84891	JOINT (LIGAMENTS)	<input type="checkbox"/>	70481	PSEUDOFOLLICULITIS BARBAE
<input type="checkbox"/>	84892	MUSCLES & TENDONS	<input type="checkbox"/>	7821	RASH (EXANTHEMS), NOS
<input type="checkbox"/>	848	OTHER	<input type="checkbox"/>	70622	SEBACEOUS CYST
<input type="checkbox"/>	7245	BACK PAIN W/O RADIATING SYM	<input type="checkbox"/>	690	SEBORR DERM (DANDRUFF)
<input type="checkbox"/>	7244	BACK PAIN W/ RADIATING SYM	<input type="checkbox"/>	1110	TINEA VERSICOLOR
<input type="checkbox"/>	7231	NECK PAIN (CERVICAL)	<input type="checkbox"/>	708	URTICARIA, NOS
<input type="checkbox"/>	79983	WEAKNESS	<input type="checkbox"/>	0781	WARTS
<input type="checkbox"/>	9952	ADVERSE EFFECT MED PROPER DOSE	<input type="checkbox"/>	07813	WARTS, PLANTAR
<input type="checkbox"/>	9953	ALLERGIC REACTION, NOS			
<input type="checkbox"/>	949	BURNS, UNSPECIFIED			
<input type="checkbox"/>	9919	COLD INJURY			
<input type="checkbox"/>	9929	HEAT INJURY			
<input type="checkbox"/>	7500	MEDICAL EXAM			
<input type="checkbox"/>	76554	WORRIED/CONCERNED WELL			
<input type="checkbox"/>	76555	HEALTH MAINTENANCE/ WELLNESS			

GASTROENTEROLOGY PATIENT (BAGA)

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																
DAY	MONTH																		
	<input type="radio"/> Jan																		
<input type="radio"/> 0	<input type="radio"/> Feb	<input type="radio"/> 0																	
<input type="radio"/> 1	<input type="radio"/> Mar	<input type="radio"/> 1																	
<input type="radio"/> 2	<input type="radio"/> Apr	<input type="radio"/> 2																	
<input type="radio"/> 3	<input type="radio"/> May	<input type="radio"/> 3																	
<input type="radio"/> 4	<input type="radio"/> Jun	<input type="radio"/> 4																	
<input type="radio"/> 5	<input type="radio"/> Jul	<input type="radio"/> 5																	
<input type="radio"/> 6	<input type="radio"/> Aug	<input type="radio"/> 6																	
<input type="radio"/> 7	<input type="radio"/> Sep	<input type="radio"/> 7																	
<input type="radio"/> 8	<input type="radio"/> Oct	<input type="radio"/> 8																	
<input type="radio"/> 9	<input type="radio"/> Nov	<input type="radio"/> 9																	
<input type="radio"/> 0	<input type="radio"/> Dec	<input type="radio"/> 0																	

OTHER UCA
<input type="radio"/> BBHA

IF NOT SCHEDULED
APPOINTMENT STATUS
<input type="radio"/> Unscheduled
<input type="radio"/> Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
<input type="radio"/> Ward
<input type="radio"/> Telephone
<input type="radio"/> Home
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

VISIT COUNT
<input type="radio"/> 0
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

UCA CODE	(if not above)
<input type="radio"/> B	<input type="radio"/> A
<input type="radio"/> C	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> V
<input type="radio"/> W	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Z

INPATIENT OR REFERRAL CODE			
<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> F	<input type="radio"/> G	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> J	<input type="radio"/> K	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> N	<input type="radio"/> O	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> V	<input type="radio"/> W	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Z		

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> 0	<input type="radio"/> 0	2 minutes	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	5 minutes	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	10 minutes	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	15 minutes	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	20 minutes	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	30 minutes	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	45 minutes	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	1 hour	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	1½ hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	2½ hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	3 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	3½ hours	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	4 hours	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	4½ hours	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	5 hours	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	5½ hours	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	6 hours	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	6½ hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	7 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	7½ hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	8 hours	<input type="radio"/> 1	<input type="radio"/> 1

JOB REL ILL/INJ	(not LOD det)
<input type="radio"/> Yes	

REASON FOR #2 CARE PROVIDER
<input type="radio"/> Teaching/Supervision
<input type="radio"/> Consultation
<input type="radio"/> Procedure/Treatment
Other <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

MILITARY ONLY
<input type="radio"/> DUTY
QUARTERS:
<input type="radio"/> 24 hours
<input type="radio"/> 48 hours
<input type="radio"/> 72 hours
PROFILE:
<input type="radio"/> 1-3 days
<input type="radio"/> 4-7 days
<input type="radio"/> 8-14 days
<input type="radio"/> > 14 days
<input type="radio"/> LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
<input type="radio"/> 1
<input type="radio"/> 2
<input type="radio"/> 3
<input type="radio"/> 4
<input type="radio"/> 5
<input type="radio"/> 6
<input type="radio"/> 7
<input type="radio"/> 8
<input type="radio"/> 9

NOT AVAILABLE
<input type="radio"/> Medical record
<input type="radio"/> Lab results
<input type="radio"/> X-Rays

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes	PROVIDER 2 Yes
<input type="checkbox"/> <input type="checkbox"/> 01085 BREATH HYDROGEN ANALYSIS	<input type="checkbox"/> <input type="checkbox"/> 43260 DIAGNOSTIC	<input type="checkbox"/> <input type="checkbox"/> 48600 ANOSCOPY	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<input type="checkbox"/> <input type="checkbox"/> 43200 ESOPHAGOGASTRODUODENOSCOPY	<input type="checkbox"/> <input type="checkbox"/> 43262 W/PAPILLOMATY	<input type="checkbox"/> <input type="checkbox"/> 45300 DIAGNOSTIC	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 1
<input type="checkbox"/> <input type="checkbox"/> 43239 W/BIOPSY/CT/TOLOGY	<input type="checkbox"/> <input type="checkbox"/> 43288 W/STENT PLACEMENT (BILARY)	<input type="checkbox"/> <input type="checkbox"/> 45305 W/BIOPSY	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2
<input type="checkbox"/> <input type="checkbox"/> 43220 W/DILATION STRICTURE	<input type="checkbox"/> <input type="checkbox"/> 45330 DIAGNOSTIC	<input type="checkbox"/> <input type="checkbox"/> 43455 W/BALLOON	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3	<input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3
<input type="checkbox"/> <input type="checkbox"/> 43215 W/FOREIGN BODY REMOVAL	<input type="checkbox"/> <input type="checkbox"/> 45331 W/BIOPSY	<input type="checkbox"/> <input type="checkbox"/> 43453 W/WIRE GUIDED DILATORS	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4	<input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4 <input type="checkbox"/> 4
<input type="checkbox"/> <input type="checkbox"/> 43255 W/HEMOSTATIC THERAPY	<input type="checkbox"/> <input type="checkbox"/> 45378 COLONOSCOPY	<input type="checkbox"/> <input type="checkbox"/> 43452 W/MERCURY WEIGHTED BOUGIE	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5	<input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5 <input type="checkbox"/> 5
<input type="checkbox"/> <input type="checkbox"/> 43280 W/LASER TUMOR	<input type="checkbox"/> <input type="checkbox"/> 45380 W/BIOPSY	<input type="checkbox"/> <input type="checkbox"/> 90605 CONSULTATION	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6	<input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6 <input type="checkbox"/> 6
<input type="checkbox"/> <input type="checkbox"/> 43246 W/PERCUTANEOUS ENDOSCOPIC GASTROSTOMY	<input type="checkbox"/> <input type="checkbox"/> 45383 W/LASER TUMOR		<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7	<input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7 <input type="checkbox"/> 7
<input type="checkbox"/> <input type="checkbox"/> 43251 W/POLYPECTOMY	<input type="checkbox"/> <input type="checkbox"/> 45385 W/POLYPECTOMY		<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8	<input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8 <input type="checkbox"/> 8
<input type="checkbox"/> <input type="checkbox"/> 43219 W/PROSTHESIS	<input type="checkbox"/> <input type="checkbox"/> 45387 W/POLYPECTOMY, MULTI		<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9	<input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9 <input type="checkbox"/> 9
<input type="checkbox"/> <input type="checkbox"/> 43204 W/SCLEROTHERAPY OF VARICES				
<input type="checkbox"/> <input type="checkbox"/> 44361 W/SMALL BOWEL BIOPSY				

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1°	2°	1°	2°	1°	2°
<input type="checkbox"/> <input type="checkbox"/> 5300 ACHALASIA	<input type="checkbox"/> <input type="checkbox"/> 5559 CROHN'S DISEASE	<input type="checkbox"/> <input type="checkbox"/> 5745 CHOLEDOCHOLITHIASIS			
<input type="checkbox"/> <input type="checkbox"/> 53020 BARRETT'S ESOPHAGUS	<input type="checkbox"/> <input type="checkbox"/> 5820 DIVERTICULUM	<input type="checkbox"/> <input type="checkbox"/> 5742 CHOLELITHIASIS			
<input type="checkbox"/> <input type="checkbox"/> 5306 DIVERTICULUM, ESOPHAGUS	<input type="checkbox"/> <input type="checkbox"/> 0090 INFEC INT DISEASE	<input type="checkbox"/> <input type="checkbox"/> 21151 NEOPLASM, BENIGN			
<input type="checkbox"/> <input type="checkbox"/> 4561 ESOPHAGEAL VARICES	<input type="checkbox"/> <input type="checkbox"/> 2713 LACTOSE INTOLERANCE	<input type="checkbox"/> <input type="checkbox"/> 1589 NEOPLASM, MALIGNANT			
<input type="checkbox"/> <input type="checkbox"/> 53012 CAUSTIC	<input type="checkbox"/> <input type="checkbox"/> 5799 MALABSORPTION DISORDER	<input type="checkbox"/> <input type="checkbox"/> 57610 ACUTE CHOLANGITIS			
<input type="checkbox"/> <input type="checkbox"/> 53013 DRUG INDUCED	<input type="checkbox"/> <input type="checkbox"/> 56430 MOTILITY DISORDER	<input type="checkbox"/> <input type="checkbox"/> 57611 CHRONIC SCLEROSING (PSC) CHOLECYSTITIS			
<input type="checkbox"/> <input type="checkbox"/> 53010 INFECTIOUS	<input type="checkbox"/> <input type="checkbox"/> 5601 PARALYTIC ILEUS	<input type="checkbox"/> <input type="checkbox"/> 5750 ACUTE			
<input type="checkbox"/> <input type="checkbox"/> 5301 GASTROESOPHAGEAL REFLUX	<input type="checkbox"/> <input type="checkbox"/> 129 PARASITIC INFESTATION	<input type="checkbox"/> <input type="checkbox"/> 57510 CHRONIC			
<input type="checkbox"/> <input type="checkbox"/> 5307 HEMORRHAGE, MALLORY/WEISS TEAR	<input type="checkbox"/> <input type="checkbox"/> 56090 SMALL BOWEL OBSTRUCTION	<input type="checkbox"/> <input type="checkbox"/> 5769 OTHER DISORDER, BILIARY TRACT			
<input type="checkbox"/> <input type="checkbox"/> 5533 HIATAL HERNIA	<input type="checkbox"/> <input type="checkbox"/> 56990 OTHER SMALL BOWEL DISORDER				
<input type="checkbox"/> <input type="checkbox"/> 55051 MOTOR DISORDER, NON-SPECIFIC	<input type="checkbox"/> <input type="checkbox"/> 5650 ANAL FISSURE	<input type="checkbox"/> <input type="checkbox"/> 5713 ALCOHOLIC LIVER DISEASE			
<input type="checkbox"/> <input type="checkbox"/> 2110 BENIGN	<input type="checkbox"/> <input type="checkbox"/> 5651 ANAL FISTULA	<input type="checkbox"/> <input type="checkbox"/> 30390 ALCOHOLISM			
<input type="checkbox"/> <input type="checkbox"/> 1509 MALIGNANT	<input type="checkbox"/> <input type="checkbox"/> 280 ANEMIA, FE DEF	<input type="checkbox"/> <input type="checkbox"/> 27741 BILIRUBIN METABOLISM, ABN			
<input type="checkbox"/> <input type="checkbox"/> 5303 RING, ESOPHAGEAL	<input type="checkbox"/> <input type="checkbox"/> 57895 BLEEDING, GI, OCCULT	<input type="checkbox"/> <input type="checkbox"/> 5718 PRIMARY BILIARY CIRRHOSIS			
<input type="checkbox"/> <input type="checkbox"/> 5376 STRICTURE, PEPTIC	<input type="checkbox"/> <input type="checkbox"/> 57891 BLEEDING, LOWER GI COLON	<input type="checkbox"/> <input type="checkbox"/> 45620 W/BLEEDING VARICES			
<input type="checkbox"/> <input type="checkbox"/> 5369 OTHER ESOPHAGUS DISORDER	<input type="checkbox"/> <input type="checkbox"/> 5551 CROHN'S COLITIS	<input type="checkbox"/> <input type="checkbox"/> 5723 W/PORTAL HYPERTENSION/ASCITES			
<input type="checkbox"/> <input type="checkbox"/> 7890 ABDOMINAL PAIN	<input type="checkbox"/> <input type="checkbox"/> 0091 INFECTIOUS	<input type="checkbox"/> <input type="checkbox"/> 5715 OTHER			
<input type="checkbox"/> <input type="checkbox"/> 2810 ANEMIA, PERNICIOUS	<input type="checkbox"/> <input type="checkbox"/> 5561 ULCERATIVE, IDIOPATHIC PROCTITIS	<input type="checkbox"/> <input type="checkbox"/> 5718 FATTY LIVER W/O ALCOHOL			
<input type="checkbox"/> <input type="checkbox"/> 57890 BLEEDING, UPPER GI	<input type="checkbox"/> <input type="checkbox"/> 5640 CONSTIPATION	<input type="checkbox"/> <input type="checkbox"/> 27501 HEMOCHROMATOSIS			
<input type="checkbox"/> <input type="checkbox"/> 532 DUODENAL ULCER	<input type="checkbox"/> <input type="checkbox"/> 55893 DIARRHEA, ANTIBIOTIC ASSOC	<input type="checkbox"/> <input type="checkbox"/> 57221 HEPATIC ENCEPHALOPATHY			
<input type="checkbox"/> <input type="checkbox"/> 5356 DUODENITIS	<input type="checkbox"/> <input type="checkbox"/> 55891 DIARRHEA, NOS	<input type="checkbox"/> <input type="checkbox"/> 5701 HEPATIC FAILURE, ACUTE			
<input type="checkbox"/> <input type="checkbox"/> 5642 DUMPING SYNDROME	<input type="checkbox"/> <input type="checkbox"/> 56211 DIVERTICULITIS	<input type="checkbox"/> <input type="checkbox"/> 5701 HEPATITIS EXPOSURE			
<input type="checkbox"/> <input type="checkbox"/> 5368 DYSPEPSIA	<input type="checkbox"/> <input type="checkbox"/> 56210 DIVERTICULOSIS	<input type="checkbox"/> <input type="checkbox"/> 5702 ACUTE HEPATITIS			
<input type="checkbox"/> <input type="checkbox"/> 531 GASTRIC ULCER	<input type="checkbox"/> <input type="checkbox"/> 4556 HEMORRHOIDS	<input type="checkbox"/> <input type="checkbox"/> 5714 CHRONIC			
<input type="checkbox"/> <input type="checkbox"/> 5350 GASTRITIS	<input type="checkbox"/> <input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME	<input type="checkbox"/> <input type="checkbox"/> 5711 ALCOHOLIC			
<input type="checkbox"/> <input type="checkbox"/> 5780 HEMATEMESIS	<input type="checkbox"/> <input type="checkbox"/> 2113 NEOPLASM, BENIGN (POLYP)	<input type="checkbox"/> <input type="checkbox"/> 57142 CHRONIC, ACTIVE, VIRAL			
<input type="checkbox"/> <input type="checkbox"/> 7868 HICCUPS (SINGULTUS)	<input type="checkbox"/> <input type="checkbox"/> 153 NEOPLASM, MALIGNANT	<input type="checkbox"/> <input type="checkbox"/> 57141 CHRONIC, PERSISTENT			
<input type="checkbox"/> <input type="checkbox"/> 5781 MELENA	<input type="checkbox"/> <input type="checkbox"/> 6980 PRURITIS, ANI	<input type="checkbox"/> <input type="checkbox"/> 57332 TOXIC			
<input type="checkbox"/> <input type="checkbox"/> 2111 BENIGN	<input type="checkbox"/> <input type="checkbox"/> 5693 RECTAL BLEEDING	<input type="checkbox"/> <input type="checkbox"/> 0701 VIRAL, TYPE A			
<input type="checkbox"/> <input type="checkbox"/> 1519 MALIGNANT	<input type="checkbox"/> <input type="checkbox"/> 5692 VASCULAR ABNORMALITY	<input type="checkbox"/> <input type="checkbox"/> 0703 VIRAL, TYPE B			
<input type="checkbox"/> <input type="checkbox"/> 53680 STASIS/RETENTION	<input type="checkbox"/> <input type="checkbox"/> 56991 OTHER COLON DISORDER	<input type="checkbox"/> <input type="checkbox"/> 0705 VIRAL, NON-A/NON-B			
<input type="checkbox"/> <input type="checkbox"/> 57894 VASCULAR ANOMALY	<input type="checkbox"/> <input type="checkbox"/> 1574 ISLETS OF LANGERHANS	<input type="checkbox"/> <input type="checkbox"/> 07051 VIRAL, TYPE D			
<input type="checkbox"/> <input type="checkbox"/> 5369 OTHER STOMACH DISORDER	<input type="checkbox"/> <input type="checkbox"/> 1579 PANCREAS, PART UNSPEC	<input type="checkbox"/> <input type="checkbox"/> 070 VIRAL, NOS			
	<input type="checkbox"/> <input type="checkbox"/> 57781 PANCREATIC INSUFFICIENCY	<input type="checkbox"/> <input type="checkbox"/> 0260 HEPATITIS CARRIER, TYPE B			
	<input type="checkbox"/> <input type="checkbox"/> 5770 ACUTE PANCREATITIS	<input type="checkbox"/> <input type="checkbox"/> 57381 LIVER, CYST(S), BENIGN			
	<input type="checkbox"/> <input type="checkbox"/> 5771 CHRONIC	<input type="checkbox"/> <input type="checkbox"/> 2115 BENIGN NEOPLASM			
	<input type="checkbox"/> <input type="checkbox"/> 5772 WITH PSEUDOCYST/COMPLICATION	<input type="checkbox"/> <input type="checkbox"/> 1977 MALIGNANT, METASTATIC			
	<input type="checkbox"/> <input type="checkbox"/> 7517 ANATOMIC ABNORMALITY	<input type="checkbox"/> <input type="checkbox"/> 1550 MALIGNANT, PRIMARY			
	<input type="checkbox"/> <input type="checkbox"/> 5779 OTHER PANCREAS DISORDER	<input type="checkbox"/> <input type="checkbox"/> 5739 OTHER LIVER DISORDER			
		<input type="checkbox"/> <input type="checkbox"/> 5854 WORRIED/CONCERNED WELL			

GENERAL SURGERY PATIENT (BBAA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH					
<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 11	<input type="radio"/> 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 12	<input type="radio"/> 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

- Unscheduled
- Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- Ward
- Telephone
- Home
- Other 01 02 03

VISIT COUNT

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

UCA CODE (if not above)	
<input type="radio"/>	<input type="radio"/>
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INPATIENT OR REFERRAL CODE	
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PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

REASON FOR #2 CARE PROVIDER

- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other 01 02 03

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

- DUTY
- QUARTERS:
 - 24 hours
 - 48 hours
 - 72 hours
- PROFILE:
 - 1-3 days
 - 4-7 days
 - 8-14 days
 - > 14 days
 - LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

NOT AVAILABLE

- Medical record
- Lab results
- X-Rays



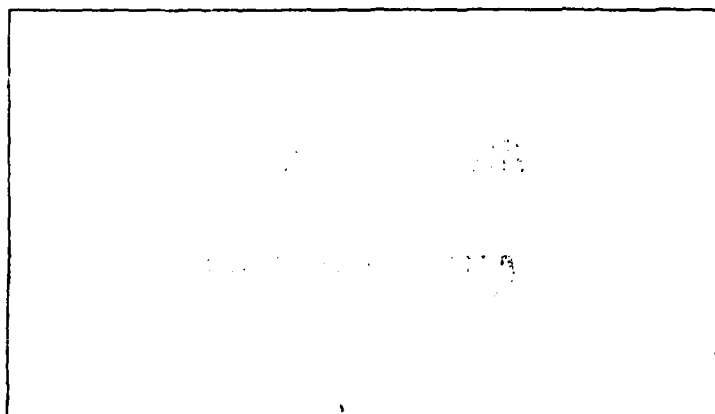
DO NOT MARK IN THIS AREA

28170

REASON FOR GROUP

- AUDIOGRAM, REFERENCE, DD 2215
 - AUDIOGRAM, PERIODIC, DD 2218
 - AURAL REHABILITATION, FOLLOW-UP
 - HEARING CONSERVATION CLASS
 - NEW HEARING AID PATIENT ORIENTATION
- OB**
- ANTEPARTUM CARE CLASS
 - ANTEPARTUM NUTRITION CLASS
 - BABYSITTING CLASS
 - BREAST FEEDING CLASS
 - BREAST SELF EXAM CLASS
 - CHILD DEVELOP. CENTER STAFF ED
 - GENERAL
 - MEDICATION DISPENSATION
 - CHILD DISCIPLINE CLASS
 - CHILD GROWTH & DEVELOPMENT CLASS
 - CHILD/HOME SAFETY CLASS
 - COMMUNICABLE DISEASE CLASS
 - GENERAL
 - PEDIATRIC
 - CONTRACEPTION CLASS
 - EXPECTANT PARENTS CLASS
 - FAMILY DENTAL CARE CLASS
 - FAMILY PLANNING CLASS
 - FEMALE HEALTH CLASS
 - FIRST AID CLASS
 - HEALTHY LIFESTYLE/WELLNESS CLASS
 - HTLV-III/HIV EDUCATION
 - LIFE STYLE IMPACTS ON FITNESS/HEALTH CLASS
 - MATERNAL & INFANT CARE CLASS (2 WEEK WELL BABY)
 - OB ORIENTATION
 - PEDIATRIC ILLNESS HOME CARE CLASS
 - POST PARTUM EXERCISE CLASS
 - PREVENTION OF COLD INJURY CLASS
 - PREVENTION OF HEAT INJURY CLASS
 - RUBELLA ISSUES IN HEALTH CARE CLASS
 - SINGLE PARENT OB CLASS
 - SMOKING CESSATION CLASS
 - STD CLASS
 - TESTICULAR SELF EXAM CLASS
 - TROPIC HEALTH EDUCATION
- COMMUNITY MENTAL HEALTH**
- ATTENTION DEFICIT DISORDER GROUP
 - BASIC TRAINING SUPPORT GROUP
 - COUPLES AND FAMILY THERAPY
 - MARITAL GROUP
 - SMOKING CESSATION GROUP
 - SUICIDE PREVENTION CLASS
- "NEW HORIZONS" CLASS**
- DIABETES CLASS
 - HOME GLUCOSE MONITORING CLASS
 - HYPERTENSION CLASS
 - INSULIN INSTRUCTION CLASS
 - SMOKING CESSATION CLASS
- DIABETIC CLASS, FOLLOW-UP**
- DIABETIC CLASS, INITIAL
 - EXPECTANT PARENT CLASS
 - NUTRITION FOR ONCOLOGY PATIENT ("I CAN COPE" PROGRAM)
 - PERSONAL IMPROVEMENT PROGRAM
 - POST PARTUM NUTRITION CLASS
 - PRENATAL NUTRITION CLASS
 - PRENATAL NUTRITION CLASS-SINGLE PARENT
 - PRUDENT DIET CLASS
 - WEIGHT REDUCTION CLASS, ACTIVE DUTY (AWCP)
 - WEIGHT REDUCTION CLASS, INITIAL
 - WT REDUCTION CLASS, FOLLOW-UP
 - WELL BABY NUTRITION CLASS (2-12 MONTHS)
 - WELLNESS/NUTRITION CLASS
- OB REGISTRATION CLASS**
- OB REGISTRATION CLASS
 - PRENATAL EXERCISE CLASS
 - SINGLE PARENTS CLASS
- OCCUPATIONAL THERAPY**
- CLINIC ACTIVITIES GROUP
 - GROUP THERAPY
 - LIFE SKILLS GROUP
 - PHYSICAL RECONDITION ACTIVITIES GROUP
 - STRESS MANAGEMENT GROUP
 - WORK THERAPY
- PHYSICAL THERAPY**
- ANKLE CLASS
 - ATHLETIC SCREENING
 - BACK CLASS
 - CARDIAC REHABILITATION CLASS
 - "CORFIT" CLASS
 - DIABETIC CLASS
 - KNEE CLASS
 - POOL THERAPY
 - PRENATAL EXERCISE CLASS
 - WEIGHT FITNESS EDUCATION PROGRAM
- PHYSICIAN GROUPS**
- BIOFEEDBACK GROUP
 - BURNOUT GROUP
 - CARDIAC REHABILITATION GROUP
 - OVERWEIGHT GROUP
 - PSYCHOTHERAPY GROUP
 - STRESS MANAGEMENT GROUP
 - SUPPORT GROUP
- SOCIAL WORK**
- ANGER MANAGEMENT GROUP
 - EFMP FAMILY MEMBER DEPLOYMENT
 - FACMT STAFF GROUP
 - SCREENING GROUP
 - STRESS MANAGEMENT GROUP
 - SUPPORT GROUP FOR BURN VICTIMS & FAMILIES
 - SUPPORT GROUP FOR OLDER MENTAL HEALTH PATIENTS
- MISCELLANEOUS**
- EFMP CODING

UNLISTED REASON FOR GROUP				
1	2	3	4	5
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9



GROUP FORM II

SERIAL NUMBER FROM GROUP FORM I

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

MARKING INSTRUCTIONS



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.
- MARKING EXAMPLES:
 ONLY CORRECT MARK:
 INCORRECT MARKS:

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

PATIENT FMP **SPONSOR'S SSN**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

GYN PATIENT (BCBA)

OTHER UCA

BGYA BGYN

BCAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH													
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1, 2, 3)

VISIT COUNT

0

2

3

4

5

6

7

8

9

UCA CODE (if not above)

B A A A

B B B B

D C C C

D D D D

F E E E

F F F F

G G G G

H H H H

S I I I

J J J J

K K K K

L L L L

M M M M

N N N N

O O O O

P P P P

Q Q Q Q

R R R R

S S S S

T T T T

U U U U

V V V V

W W W W

X X X X

Y Y Y Y

Z Z Z Z

INPATIENT OR REFERRAL CODE

A A A A

B B B B

C C C C

D D D D

E E E E

F F F F

G G G G

H H H H

I I I I

J J J J

K K K K

L L L L

M M M M

N N N N

O O O O

P P P P

Q Q Q Q

R R R R

S S S S

T T T T

U U U U

V V V V

W W W W

X X X X

Y Y Y Y

Z Z Z Z

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

JOB REL. ILL./INJ.
(not LOD det)

Yes

MILITARY ONLY

DUTY QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-4 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other 1, 2, 3

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

32691

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES		
[REDACTED]										<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90748 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus			<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]										<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.				

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES		
[REDACTED]										<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90748 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus			<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]										<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.				

PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES		
[REDACTED]										<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90748 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus			<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]										<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.				

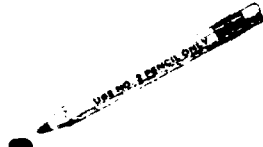
PATIENT INFORMATION										PROCEDURES		SPECIFIC PREASSIGNED CLINIC CODES		
[REDACTED]										<input type="checkbox"/> 90723 Adenovirus <input type="checkbox"/> 90725 Cholera <input type="checkbox"/> 90701 DPT <input type="checkbox"/> 90702 DT <input type="checkbox"/> 90718 Td <input type="checkbox"/> 90731 Hepatitis B <input type="checkbox"/> 90711 H. Influenza B (HIB) <input type="checkbox"/> 90742 Hyperimmune Serum Globulin <input type="checkbox"/> 90741 Immunoglobulin (ISG) <input type="checkbox"/> 90743 Hep. B <input type="checkbox"/> 90744 Hep. Human Rabies <input type="checkbox"/> 90748 Hep. Tetanus <input type="checkbox"/> 90747 Hep. Varicella Zoster <input type="checkbox"/> 90724 Influenza <input type="checkbox"/> 90705 Measles <input type="checkbox"/> 90733 Meningococcal (Poly) <input type="checkbox"/> 90707 MMR <input type="checkbox"/> 90704 Mumps Virus			<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.	
[REDACTED]										<input type="checkbox"/> 90727 Plague <input type="checkbox"/> 90732 Pneumococcal (Polyval) <input type="checkbox"/> 90712 Poliomyelitis, Oral <input type="checkbox"/> 90713 Poliomyelitis (Salk) <input type="checkbox"/> 90726 Rabies <input type="checkbox"/> 90708 Rubella & Measles <input type="checkbox"/> 90709 Rubella & Mumps <input type="checkbox"/> 90706 Rubella <input type="checkbox"/> 90710 Smallpox <input type="checkbox"/> 86580 TB Skin Test Intradermal, Admin <input type="checkbox"/> 86581 TB Skin Test Time, Admin <input type="checkbox"/> 86582 TB Skin Test, Read <input type="checkbox"/> 90703 Tetanus Toxoid <input type="checkbox"/> 90714 Typhoid <input type="checkbox"/> 90717 Yellow Fever <input type="checkbox"/> 90700 Shot Record Review <input type="checkbox"/> 90698 Injec, Other (IM/IV) Allergy Immunotherapy Injec.				

INFECTIOUS DISEASE PATIENT (BAQA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other ① ② ③

UCA CODE (if not above)

B A A A
 B B B
 C C C
 D D D
 E E E
 F F F
 G G G
 H H H
 I I I
 J J J
 K K K
 L L L
 M M M
 N N N
 O O O
 P P P
 Q Q Q
 R R R
 S S S
 T T T
 U U U
 V V V
 W W W
 X X X
 Y Y Y
 Z Z Z

INPATIENT OR REFERRAL CODE

A A A A
 B B B
 C C C
 D D D
 E E E
 F F F
 G G G
 H H H
 I I I
 J J J
 K K K
 L L L
 M M M
 N N N
 O O O
 P P P
 Q Q Q
 R R R
 S S S
 T T T
 U U U
 V V V
 W W W
 X X X
 Y Y Y
 Z Z Z

VISIT COUNT

①
 ②
 ③
 ④
 ⑤
 ⑥
 ⑦
 ⑧
 ⑨

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN										
DAY	MONTH		1	2	3	4	5	6	7	8	9	0	
<input type="radio"/> 1	<input type="radio"/> Jan	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> Feb	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 3	<input type="radio"/> Mar	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 4	<input type="radio"/> Apr	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 5	<input type="radio"/> May	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 6	<input type="radio"/> Jun	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 7	<input type="radio"/> Jul	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 8	<input type="radio"/> Aug	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 9	<input type="radio"/> Sep	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 0	<input type="radio"/> Oct	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 1	<input type="radio"/> Nov	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 2	<input type="radio"/> Dec	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/> 0	<input type="radio"/> 0	2 minutes	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	5 minutes	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	10 minutes	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	15 minutes	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	20 minutes	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	30 minutes	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	45 minutes	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	1 hour	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	1 1/2 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	2 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	2 1/2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	3 hours	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	3 1/2 hours	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	4 hours	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	4 1/2 hours	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	5 hours	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	5 1/2 hours	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	6 hours	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	6 1/2 hours	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	7 hours	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 0	<input type="radio"/> 0	7 1/2 hours	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	8 hours	<input type="radio"/> 1	<input type="radio"/> 1

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other ① ② ③

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①

②

③

④

⑤

⑥

⑦

⑧

⑨

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

5448

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

- | | | |
|---|---|---|
| <p>PROVIDER 1
#1-#2</p> <p>INTERVIEW COUNSELING</p> <p><input type="checkbox"/> 07020 COUNSELING, FOREIGN TRAVEL</p> <p><input type="checkbox"/> 07011 COUNSELING, HEALTH FITNESS</p> <p><input type="checkbox"/> 07019 COUNSELING, INFECTIOUS DISEASE PREVENTION</p> <p><input type="checkbox"/> 07070 INTERVIEW, STD CONTACT</p> <p><input type="checkbox"/> 07035 STD CLINIC</p> | <p>PROVIDER 2
#1-#2</p> <p>LAB</p> <p><input type="checkbox"/> 87070 CULTURE, BACTERIAL ANY SOURCE</p> <p><input type="checkbox"/> 87205 GRAM STAIN & INTERPRETATION</p> <p><input type="checkbox"/> 87215 KOH PREP/WET MOUNT (BOTH)</p> <p><input checked="" type="checkbox"/> 07000 MICROSCOPIC EXAM, ARTHROPOD</p> <p><input type="checkbox"/> 87889 TZANK STAIN</p> | <p>PROVIDER 3
#1-#2</p> <p>OTHER</p> <p><input type="checkbox"/> 15792 ACID TREATMENT</p> <p><input type="checkbox"/> 17340 CRYOTHERAPY</p> <p><input type="checkbox"/> 90788 INJECTION, THERAPEUTIC</p> <p><input type="checkbox"/> 82270 LUMBAR PUNCTURE</p> <p><input type="checkbox"/> 86582 TB SKIN TEST (READ)</p> <p><input type="checkbox"/> 86580 TB SKIN TEST INTRAD (ADMIN)</p> <p><input type="checkbox"/> 80605 CONSULTATION</p> |
|---|---|---|

ADDITIONAL PROCEDURES		PROVIDER 2		PROVIDER 2	
		Yes		Yes	
<input type="checkbox"/>	0	<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	1	<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	2	<input type="checkbox"/>	2	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	3	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	4	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	5	<input type="checkbox"/>	5
<input type="checkbox"/>	6	<input type="checkbox"/>	6	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	7	<input type="checkbox"/>	7
<input type="checkbox"/>	8	<input type="checkbox"/>	8	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	9	<input type="checkbox"/>	9

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

- | | | |
|---|--|---|
| <p>1° is Follow-up <input type="checkbox"/></p> <p>1° is Rule/out <input type="checkbox"/></p> <p>1° 2°</p> <p><input type="checkbox"/> 042 AIDS</p> <p><input type="checkbox"/> 27918 HIV POSITIVE</p> <p><input type="checkbox"/> 075 MONONUCLEOSIS INFECTIOUS</p> <p><input type="checkbox"/> 1309 TOXOPLASMOSIS</p> <p>AIDS SECONDARY TO RETROVIRUS</p> <p><input type="checkbox"/> 27914 INFEC HTLV-III TYPE</p> <p><input type="checkbox"/> 27915 NOT HTLV-III</p> <p>HTLV-III ANTIBODY+</p> <p><input type="checkbox"/> V7370 WALTER REED STAGE 0</p> <p><input type="checkbox"/> V7371 WALTER REED STAGE 1</p> <p><input type="checkbox"/> V7372 WALTER REED STAGE 2</p> <p><input type="checkbox"/> V7373 WALTER REED STAGE 3</p> <p><input type="checkbox"/> V7374 WALTER REED STAGE 4</p> <p><input type="checkbox"/> V7375 WALTER REED STAGE 5</p> <p><input type="checkbox"/> V7376 WALTER REED STAGE 6</p> <p><input type="checkbox"/> V7379 HTLV-III STAGE UNSPECIFIED</p> <p>FUNGAL DISEASE</p> <p><input type="checkbox"/> 03990 ACTINOMYCOSIS</p> <p><input type="checkbox"/> 1150 BLASTOMYCOSIS</p> <p><input type="checkbox"/> 1129 CANDIDIASIS, LOCAL</p> <p><input type="checkbox"/> 1125 CANDIDIASIS, DISSEMINATED</p> <p><input type="checkbox"/> 114 COCCIDIOIDOMYCOSIS</p> <p><input type="checkbox"/> 1175 CRYPTOCCOSIS</p> <p><input type="checkbox"/> 115 HISTOPLASMOSIS</p> <p>INTEGUMENT</p> <p><input type="checkbox"/> 68291 ABSCESS</p> <p><input type="checkbox"/> 692 DERMATITIS, CONTACT</p> <p><input type="checkbox"/> 69292 DERMATITIS, NOS</p> <p><input type="checkbox"/> 70480 FOLLICULITIS</p> <p><input type="checkbox"/> 73020 OSTEOMYELITIS</p> <p><input type="checkbox"/> 1329 PEDICULOSIS, NOS</p> <p><input type="checkbox"/> 1320 PEDICULOSIS, CAPITIS</p> <p><input type="checkbox"/> 1330 SCABIES</p> <p><input type="checkbox"/> 052 VARICELLA (CHICKENPOX)</p> | <p>1° 2°</p> <p><input type="checkbox"/> 3228 MENINGITIS, UNSPEC</p> <p><input type="checkbox"/> 320 MENINGITIS, BACTERIAL, NOS</p> <p><input type="checkbox"/> 0479 MENINGITIS, VIRAL (ASEPTIC)</p> <p><input type="checkbox"/> 0092 DIARRHEA, INFECTIOUS</p> <p><input type="checkbox"/> 129 PARASITE INTESTINE, NOS</p> <p><input type="checkbox"/> 5890 URINARY TRACT INFECTION</p> <p><input type="checkbox"/> 0994 URETHRITIS, NONSPECIFIC</p> <p><input type="checkbox"/> 0701 HEPATITIS A</p> <p><input type="checkbox"/> 0703 HEPATITIS B</p> <p><input type="checkbox"/> 5733 HEPATITIS, UNSPECIFIED</p> <p><input type="checkbox"/> 0846 MALARIA</p> <p><input type="checkbox"/> 4211 ENDOCARDITIS, ACUTE/SUB INF</p> <p><input type="checkbox"/> V0732 ENDOCARDITIS, PROPHYLAXIS</p> <p><input type="checkbox"/> 481 PNEUMONIA, PNEUMOCOCCAL</p> <p><input type="checkbox"/> 480 PNEUMONIA, VIRAL</p> <p><input type="checkbox"/> 486 PNEUMONIA, UNSPEC</p> <p>SEXUALLY TRANSMITTED DISEASE</p> <p><input type="checkbox"/> 0990 CHANCROID</p> <p><input type="checkbox"/> 07981 CHLAMYDIA</p> <p><input type="checkbox"/> 07811 CONOYLOMA ACUMINATUM</p> <p><input type="checkbox"/> 0380 GONORRHEA, GU</p> <p><input type="checkbox"/> 05410 HERPES GENITALIS</p> <p><input type="checkbox"/> 0780 MOLLUSCUM, CONTAGIOSUM</p> <p><input type="checkbox"/> 0979 SYPHILIS, NOS</p> <p><input type="checkbox"/> 1310 TRICHOMONIASIS, GU</p> | <p>1° 2°</p> <p><input type="checkbox"/> 8180 CERVICITIS/ENDOCERVICITIS</p> <p><input type="checkbox"/> 8149 PELVIC INFLAMMATORY DISEASE</p> <p><input type="checkbox"/> 81812 VAGINITIS, NOS</p> <p>TUBERCULOSIS</p> <p><input type="checkbox"/> 03191 ATYPICAL MYCOBACTERIAL INFECT</p> <p><input type="checkbox"/> 018 MILIARY, DISSEMINATED</p> <p><input type="checkbox"/> 0118 PULMONARY</p> <p><input type="checkbox"/> 0180 RENAL</p> <p><input type="checkbox"/> 7895 TUBERCULIN POSITIVE</p> <p>UPPER RESPIRATORY</p> <p><input type="checkbox"/> 4871 INFLUENZA</p> <p><input type="checkbox"/> 0739 PSITTACOSIS</p> <p><input type="checkbox"/> 481 SINUSITIS, ACUTE</p> <p><input type="checkbox"/> 473 SINUSITIS, CHRONIC</p> <p><input type="checkbox"/> 4659 UPPER RESPIRATORY INFEC, ACUTE</p> <p><input type="checkbox"/> 0799 VIRAL SYNDROME, NOS</p> <p>SUPPLEMENTAL REASON FOR VISIT</p> <p><input type="checkbox"/> V019 CONTACT INFECTIOUS/PARASITIC DISEASE</p> <p><input type="checkbox"/> 7806 FEVER OF UNKNOWN ORIGIN</p> <p><input type="checkbox"/> V0171 HEPATITIS EXPOSURE</p> <p><input type="checkbox"/> V6580 INTERNATIONAL TRAVEL</p> <p><input type="checkbox"/> V6554 WORRIED/CONCERNED WELL</p> |
|---|--|---|

UNLISTED REASON FOR VISIT		(if not listed in columns above)	
		PRIMARY	SECONDARY
<input type="checkbox"/>	0	<input type="checkbox"/>	0
<input type="checkbox"/>	1	<input type="checkbox"/>	1
<input type="checkbox"/>	2	<input type="checkbox"/>	2
<input type="checkbox"/>	3	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	4
<input type="checkbox"/>	5	<input type="checkbox"/>	5
<input type="checkbox"/>	6	<input type="checkbox"/>	6
<input type="checkbox"/>	7	<input type="checkbox"/>	7
<input type="checkbox"/>	8	<input type="checkbox"/>	8
<input type="checkbox"/>	9	<input type="checkbox"/>	9

INTERNAL MEDICINE PATIENT (BAAA)

OTHER UCA
 BAEA BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase clearly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other (1, 2, 3)

VISIT COUNT
 0
 1
 2
 3
 4
 5
 6
 7
 8

UCA CODE (if not above)
 [Grid of 20 rows and 4 columns of ovals for UCA coding]

INPATIENT OR REFERRAL CODE
 [Grid of 20 rows and 4 columns of ovals for Inpatient or Referral coding]

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN					
DAY	MONTH							
01	01	00	00	00	00	00	00	00
02	01	00	00	00	00	00	00	00
03	01	00	00	00	00	00	00	00
04	01	00	00	00	00	00	00	00
05	01	00	00	00	00	00	00	00
06	01	00	00	00	00	00	00	00
07	01	00	00	00	00	00	00	00
08	01	00	00	00	00	00	00	00
09	01	00	00	00	00	00	00	00
10	01	00	00	00	00	00	00	00
11	01	00	00	00	00	00	00	00
12	01	00	00	00	00	00	00	00

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
00	00	2 minutes	00	00
01	00	5 minutes	00	00
02	00	10 minutes	00	00
03	00	15 minutes	00	00
04	00	20 minutes	00	00
05	00	30 minutes	00	00
06	00	45 minutes	00	00
07	00	1 hour	00	00
08	00	1½ hours	00	00
09	00	2 hours	00	00
10	00	2½ hours	00	00
11	00	3 hours	00	00
12	00	3½ hours	00	00
13	00	4 hours	00	00
14	00	4½ hours	00	00
15	00	5 hours	00	00
16	00	5½ hours	00	00
17	00	6 hours	00	00
18	00	6½ hours	00	00
19	00	7 hours	00	00
20	00	7½ hours	00	00
21	00	8 hours	00	00

JOB REL ILL/INJ (not LOD det)
 Yes
 No

REASON FOR #2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1, 2, 3)

MILITARY ONLY
 DUTY
QUARTERS:
 24 hours
 48 hours
 72 hours
PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
 1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE
 Medical record
 Lab results
 X-Rays

[Barcode area with text: DO NOT MARK IN THIS AREA and number 41230]

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

PROVIDER 1	PROVIDER 2	PROVIDER 2	PROVIDER 2
#1 #2	#1 #2	Yes	Yes
<input type="checkbox"/> 82948 BLOOD GLUCOSE STICK TEST		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 83786 BLOOD PRESSURE CHECK		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90024 EXAM, GENERAL MEDICAL		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90086 EXAM, PHYS MNL, INCL RETIRANT		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90782 INJECTION		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 99157 NURSE PATIENT COUNSELING		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 45300 PROCTOSCOPY/SIGMOID		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 36000 START IV		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 86582 TB TEST (READ)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 89083 TEACHING (OTHER)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 87080 THROAT CULTURE		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 38416 VENIPUNCTURE		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90806 CONSULTATION		<input type="checkbox"/>	<input type="checkbox"/>

ALLERGI...

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1°	2°	1°	2°	1°	2°
<input type="checkbox"/> 7061 ACNE	<input type="checkbox"/> 42761 ARRHYTHMIA-SUPRAVENTRICULAR	<input type="checkbox"/> 7881 DYSURIA	<input type="checkbox"/> 25001 DIABETES MELLITUS- TYPE I (ID)	ENDOCRINE/METABOLIC	
<input type="checkbox"/> 68092 CARBUNCLE, FURUNCLE	<input type="checkbox"/> 42791 ARRHYTHMIA-CARDIAC	<input type="checkbox"/> 6987 HEMATURIA	<input type="checkbox"/> 25000 DIABETES MELLITUS- TYPE II (NID)	GENERAL	
<input type="checkbox"/> 1129 CANDIDIASIS, NOS	<input type="checkbox"/> 7865 CHEST PAIN	<input type="checkbox"/> 8278 MENOPAUSAL SYNDROME	<input type="checkbox"/> 2724 HYPERLIPIDEMIA	<input type="checkbox"/> 700 MEDICAL EXAM	
<input type="checkbox"/> 7821 RASHES, OTHER	<input type="checkbox"/> 4289 HEART FAILURE	<input type="checkbox"/> 6269 MENSTRUAL DISORDERS	<input type="checkbox"/> 2449 HYPOTHYROIDISM	<input type="checkbox"/> 2780 OBESITY	
<input type="checkbox"/> 7063 SEBORRHEA	<input type="checkbox"/> 402 HYPERTENSION W/CARDIOVAS DIS	<input type="checkbox"/> 601 PROSTATITIS	<input type="checkbox"/> 30510 SMOKING EXCESS	LABORATORY ABNORMALITY	
<input type="checkbox"/> 708 URTICARIA	<input type="checkbox"/> 401 HYPERTENSION, ESSENTIAL	<input type="checkbox"/> 7910 PROTEINURIA	<input type="checkbox"/> 285 ANEMIA, UNSPEC	<input type="checkbox"/> 7654 WORRIED/CONCERNED WELL	
<input type="checkbox"/> 461 ACUTE SINUSITIS	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE	<input type="checkbox"/> 0999 SEX TRANS DISEASE (UNSPEC)		<input type="checkbox"/> 7655 HEALTH MAINTENANCE/WELLNESS	
<input type="checkbox"/> 477 ALLERGIC RHINITIS (HAY FEVER)	<input type="checkbox"/> 42490 VALVULAR DISEASE	EXTREMITIES/MUSCULOSKELETAL			
<input type="checkbox"/> 1950 CANCER	<input type="checkbox"/> 7890 ABDOMINAL PAIN	<input type="checkbox"/> 7194 ARTHRALGIA			
<input type="checkbox"/> 7862 COUGH	<input type="checkbox"/> 5742 CHOLELITHIASIS	<input type="checkbox"/> 71590 DEGENERATIVE JOINT DISEASE			
<input type="checkbox"/> 3899 HEARING LOSS	<input type="checkbox"/> 6569 CROHN'S DISEASE	<input type="checkbox"/> 7291 MYALGIA			
<input type="checkbox"/> 5299 ORAL LESION	<input type="checkbox"/> 5712 CIRRHOSIS, ALCOHOLIC	<input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS			
<input type="checkbox"/> 3801 OTITIS EXTERNA	<input type="checkbox"/> 5715 CIRRHOSIS (LIVER W/O ALCOHOL)	NEUROLOGY			
<input type="checkbox"/> 3829 OTITIS MEDIA	<input type="checkbox"/> 5840 CONSTIPATION	<input type="checkbox"/> 348 MIGRAINE HEADACHE			
<input type="checkbox"/> 4730 RHINITIS, OTHER	<input type="checkbox"/> 55891 DIARRHEA	<input type="checkbox"/> 30781 TENSION HEADACHE			
<input type="checkbox"/> 78042 VERTIGO	<input type="checkbox"/> 58210 DIVERTICULOSIS	PSYCHIATRIC			
<input type="checkbox"/> 7410 VISUAL COMPLAINT	<input type="checkbox"/> 7872 DYSPHAGIA	<input type="checkbox"/> 3000 ANXIETY DISORDER			
BREAST	<input type="checkbox"/> 5533 ESOPHAGEAL/HIATAL HERNIA	<input type="checkbox"/> 311 DEPRESSION			
<input type="checkbox"/> 61011 FIBROCYSTIC DISEASE	<input type="checkbox"/> 5369 FUNCTIONAL DISORDER, STOMACH	<input type="checkbox"/> 78052 INSOMNIA			
<input type="checkbox"/> 1749 NEOPLASM, MALIGNANT, FEMALE	<input type="checkbox"/> 55890 GASTROENTERITIS	<input type="checkbox"/> 2900 SENILE DEMENTIA			
<input type="checkbox"/> 5119 OTHER BREAST DISEASE	<input type="checkbox"/> 070 HEPATITIS, VIRAL	<input type="checkbox"/> 3099 SITUATIONAL ADJUSTMENT REACTION			
CHEST	<input type="checkbox"/> 5733 HEPATITIS, NONINFECTIOUS				
<input type="checkbox"/> 4666 ACUTE BRONCHITIS	<input type="checkbox"/> 5641 IRRITABLE BOWEL SYNDROME				
<input type="checkbox"/> 403 ASTHMA	<input type="checkbox"/> 7870 NAUSEA/VOMITING				
<input type="checkbox"/> 78652 CHEST WALL PAIN, NOS	<input type="checkbox"/> 532 ULCER-DUODENAL				
<input type="checkbox"/> 496 COPD	<input type="checkbox"/> 531 ULCER-GASTRIC				
<input type="checkbox"/> 486 PNEUMONIA					

UNLISTED REASON FOR VISIT (if not listed in columns above)

PRIMARY					SECONDARY				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER #1 #2

NEPHROLOGY PROCEDURES

- 81000 URINALYSIS
- 81097 URINE GRAM STAIN
- 87089 URINE CULTURE & SENSITIVITY
- 81086 ACID-LOADING TEST
- 78728 CLEARANCE STUDIES
- 78787 PROXIMAL TUBULAR ANALYSIS
- 78798 RENIN-ALDOSTERONE AXIS ANALYSIS
- 81085 URINE PH (OH)
- 81011 WATER DEPRIVATION TEST
- 81021 WATER LOADING TEST
- 80011 DRESSING CHANGE
- 78780 FLUOROSCOPY
- 80002 SUTURE REMOVAL
- 53888 UNSPECIFIED PROCEDURE
- 80665 CONSULTATION

PROVIDER #1 #2

DIALYSIS RELATED PROCEDURES

CATHETER PLACEMENT

- 38804 CATHETER/ACCESS PLACEMENT SET-UP
- 38803 FEMORAL, DOUBLE
- 38802 FEMORAL, SINGLE
- 49420 PERCUTANEOUS PERITONEAL DIALYSIS (STYLET)
- 38481 SUBCLAVIAN
- 49422 TENCKHOFF CATHETER PLACEMENT

PERITONEAL DIALYSIS

CHRONIC INTERMITTENT

- 80983 COMPLICATED
- 80982 UNCOMPLICATED
- 80981 PEDIATRIC, COMPLICATED
- 80980 PEDIATRIC, UNCOMPLICATED

CHRONIC PEDIATRIC

- 90972 COMPLICATED
- 90973 UNCOMPLICATED

CONTINUOUS

- 90974 AMBULATORY
- 90975 CYCLING

VASCULAR ACCESS PLACEMENT

- 36800 CHRONIC HEMODIALYSIS
- 36801 CHRONIC PEDIATRIC HEMODIALYSIS

PROVIDER #1 #2

PERITONEAL DIALYSIS RELATED PROCEDURES

- 80986 AFTERCARE, PERITONEAL ACCESS
- 80935 CATHETER CAPPING
- 80936 CATHETER FLUSHING
- 80937 CATHETER MAINTENANCE
- 80938 CATHETER MALFUNCTION EVAL
- 80964 CATHETER X-RAY
- 80011 DRESSING CHANGE
- 36000 INFUSIONS, IV START
- 80745 INJECTION/OBSERVATION
- 80965 LINE CHANGE
- 80939 PERITONEAL DIALYSIS CATHETER BREAK-IN
- 90940 PERITONEAL DIALYSIS CATHETER OPERATING ROOM TIME/FLUSHES
- 80002 SUTURE REMOVAL
- 80933 TRACT/EXIT SITE EVALUATION

HEMODIALYSIS RELATED PROCEDURES

- 30987 AFTERCARE, VASCULAR ACCESS
- 80988 CATHETER REMOVAL
- 85348 CLOT TIMES
- 85014 HEMATOCRIT
- 80934 MIXING NONSTANDARD BATH
- 36860 SCRIBNER SHUNT DECLOTTING
- 80981 VASCULAR ACCESS CARE/ DRESSING CHANGE

ADDITIONAL PROCEDURES

PROVIDER 2 Yes

PROVIDER 2 Yes

CONTINUOUS ARTERIAL-VENOUS HEMOFILTRATION (CAVH)

- 80993 INITIATION
- 80998 MAINTENANCE
- 80996 TERMINATION

MISCELLANEOUS

- 80605 CONSULTATION
- 80991 HOME HEMODIALYSIS CARE*
- 02407 HOME VISIT
- 80990 PATIENT EDUCATION/ COUNSELING
- 80994 SUPERVISION OF CAPD, HOME/OUTPATIENT
- 80995 TECHNIQUE EVAL, DIALYSIS
- 36430 TRANSFUSION, BLOOD

PROVIDER #1 #2

NEPHROLOGY DIAGNOSES

ACID-BASE DISORDER

- 27841 RESPIRATORY
- 27842 METABOLIC

CONGENITAL ANOMALY, KIDNEY

- 75331 DIABETES MELLITUS

FLUID/ELECTROLYTE DISORDER

- 2784 CALCIUM DISORDERS
- 2783 HYPONATREMIA
- 2784 HYPERNATREMIA
- 27892 MAGNESIUM DISORDER
- 27691 POTASSIUM DISORDER
- 2779 OTHER, METABOLIC DISORDER

GLOMERULONEPHRITIS, PRIMARY

- 5809 ACUTE
- 5829 CHRONIC
- 5834 RAPIDLY PROGRESSIVE

HEREDITARY DISORDERS

- 75982 ALPORT'S SYNDROME
- 75311 POLYCYSTIC KIDNEY DISEASE
- 7531 OTHER CYSTIC DISEASE
- 58391 OTHER HEREDITARY RENAL DIS

HYPERTENSION, COMPLICATED

- 40593 ALDOSTERONE RELATED
- 22701 PHENOCROMOCYTOMA
- 40592 RENAL DISEASE ASSOCIATED
- 40591 RENOVASCULAR
- 40598 OTHER
- 4011 HYPERTENSION, UNCOMPLICATED

INFECTION

- 5950 CYSTITIS, ACUTE
- 5852 CYSTITIS, CHRONIC
- 8466 PREGNANCY RELATED, GU
- 601 PROSTATITIS
- 5901 PYELONEPHRITIS, ACUTE
- 8000 PYELONEPHRITIS, CHRONIC
- 0160 TUBERCULOSIS, RENAL
- 13691 OTHER INFECTION

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1° 2°

METABOLIC BONE DISEASE

- 5882 ALUMINUM RELATED
- 58801 OSTEITIS FIBROSIS
- 2882 OSTEOMALACIA
- 7330 OSTEOPOROSIS
- 5883 OTHER

NEOPLASIA, RENAL

- 2230 BENIGN
- 1890 MALIGNANT

NEPHRITIS, INTERSTITIAL

- 58089 ACUTE
- 58289 CHRONIC
- 5819 NEPHROTIC SYNDROME
- 3378 NEUROGENIC BLADDER
- 59393 OBSTRUCTIVE DISORDERS
- 8028 PROSTATE DISORDER

RENAL FAILURE

- 5841 ACUTE W/O DIALYSIS
- 5842 ACUTE W/DIALYSIS
- 5851 CHRONIC W/O DIALYSIS
- 5852 CHRONIC W/DIALYSIS
- 5861 W/UREMIA OR COMPLICATION

RENAL TRANSPLANT

- 5844 AFTERCARE, RENAL TRANSPLANT
- 99681 COMPLICATION
- 7081 DONOR EVALUATION
- 4202 RECIPIENT EVALUATION
- 5920 STONE DISORDERS

SYSTEMIC DISEASE, ASSOCIATED

- 2773 AMYLOID
- 44621 GOODPASTURE'S
- 7140 RHEUMATOID ARTHRITIS
- 135 SARCOID
- 7101 SCLERODERMA
- 7102 SJOGREN'S
- 7165 SLE
- 58382 OTHER

URINE SEDIMENT ABNORMALITY

- 79171 CYLINDRURIA
- 5997 HEMATURIA
- 7910 PROTEINURIA
- 59902 PYURIA
- 59990 UNSPECIFIED
- 3677 TOXIC NEPHROPATHY

1° 2°

VACUITIS

- 28701 HEMOCH-SCHONLEIN
- 4480 POLYARTERITIS NODOSA
- 4484 WEGENER'S GRANULOMATOSIS
- 78631 URIC ACID ABNORMALITY

VOLUME

- 2765 DEPLETION
- 2766 OVERLOAD/EDEMA

MISCELLANEOUS

AFTERCARE

- 5682 HEMODIALYSIS
- 5684 PERITONEAL ACCESS
- 5681 PERITONEAL DIALYSIS
- 5683 VASCULAR ACCESS
- 7245 BACK PAIN

COMPLICATION

- 9891 HEMODIALYSIS
- 9892 PERITONEAL DIALYSIS
- 84820 PREGNANCY
- 7881 DYSURIA
- 78842 NOCTURIA
- 78841 POLYURIA

5654 WORRIED/CONCERNED WELL

DIALYSIS RELATED DIAGNOSES

- 2784 ACID/BASE ABNORMALITY
- 250 DIABETES MELLITUS
- 7081 DONOR EVAL RENAL TRANSPLANT
- 5860 END-STAGE RENAL DISEASE
- 27690 FLUID/ELECTROLYTE ABNORMALITY
- 4059 HYPERTENSION
- 97790 POISONING
- 4202 RECIPIENT EVAL RENAL TRANSPLANT
- 584 RENAL FAILURE, ACUTE
- 585 RENAL FAILURE, CHRONIC
- 5844 RENAL TRANSPLANT, AFTERCARE
- 58291 SYSTEMIC DISEASE (CHRONIC NEPHRITIS)
- 2766 VOLUME OVERLOAD
- 5889 OTHER RENAL DISORDER, UNSPEC

ACCESS PLACEMENT FOLLOW-UP

AFTERCARE

- 5685 PERITONEAL DIALYSIS, CATHETER
- 5686 HEMODIALYSIS (CATHETER, GRAFT, FISTULA)

5654 WORRIED/CONCERNED WELL

1° 2°

NEPHROLOGY DIAGNOSES

ACID-BASE DISORDER

- 27841 RESPIRATORY
- 27842 METABOLIC

CONGENITAL ANOMALY, KIDNEY

- 75331 DIABETES MELLITUS

FLUID/ELECTROLYTE DISORDER

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- 2784 HYPERNATREMIA
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- 27691 POTASSIUM DISORDER
- 2779 OTHER, METABOLIC DISORDER

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- 5834 RAPIDLY PROGRESSIVE

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- 7531 OTHER CYSTIC DISEASE
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HYPERTENSION, COMPLICATED

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- 22701 PHENOCROMOCYTOMA
- 40592 RENAL DISEASE ASSOCIATED
- 40591 RENOVASCULAR
- 40598 OTHER
- 4011 HYPERTENSION, UNCOMPLICATED

INFECTION

- 5950 CYSTITIS, ACUTE
- 5852 CYSTITIS, CHRONIC
- 8466 PREGNANCY RELATED, GU
- 601 PROSTATITIS
- 5901 PYELONEPHRITIS, ACUTE
- 8000 PYELONEPHRITIS, CHRONIC
- 0160 TUBERCULOSIS, RENAL
- 13691 OTHER INFECTION

PATIENT TIME

30 min. 6 1/2 hrs.

1 hr. 7 hrs.

1 1/2 hrs. 7 1/2 hrs.

2 hrs. 8 hrs.

2 1/2 hrs. 8 1/2 hrs.

3 hrs. 9 hrs.

3 1/2 hrs. 9 1/2 hrs.

4 hrs. 10 hrs.

4 1/2 hrs. 10 1/2 hrs.

5 hrs. 11 hrs.

5 1/2 hrs. 11 1/2 hrs.

6 hrs. 12 hrs.

UNLISTED REASON FOR VISIT
(if not listed in columns above)

PRIMARY		SECONDARY	
1°	2°	1°	2°
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

NEUROLOGY PATIENT (BAKA)

OTHER UCA
 BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

UCA CODE
 (if not above)

B	A	A	A
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other ① ② ③

VISIT COUNT

①
②
③
④
⑤
⑥
⑦
⑧
⑨

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN															
BAY	MONTH																	
<input type="radio"/> ①	<input type="radio"/> Jan	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①	<input type="radio"/> ①
<input type="radio"/> ②	<input type="radio"/> Feb	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②	<input type="radio"/> ②
<input type="radio"/> ③	<input type="radio"/> Mar	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③	<input type="radio"/> ③
<input type="radio"/> ④	<input type="radio"/> Apr	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④	<input type="radio"/> ④
<input type="radio"/> ⑤	<input type="radio"/> May	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤	<input type="radio"/> ⑤
<input type="radio"/> ⑥	<input type="radio"/> Jun	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥	<input type="radio"/> ⑥
<input type="radio"/> ⑦	<input type="radio"/> Jul	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦	<input type="radio"/> ⑦
<input type="radio"/> ⑧	<input type="radio"/> Aug	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧	<input type="radio"/> ⑧
<input type="radio"/> ⑨	<input type="radio"/> Sep	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨	<input type="radio"/> ⑨
<input type="radio"/> ⑩	<input type="radio"/> Oct	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩	<input type="radio"/> ⑩
<input type="radio"/> ⑪	<input type="radio"/> Nov	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪	<input type="radio"/> ⑪
<input type="radio"/> ⑫	<input type="radio"/> Dec	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫	<input type="radio"/> ⑫

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
<input type="radio"/> ①	<input type="radio"/> ①	2 minutes	<input type="radio"/> ①	<input type="radio"/> ①
<input type="radio"/> ②	<input type="radio"/> ②	5 minutes	<input type="radio"/> ②	<input type="radio"/> ②
<input type="radio"/> ③	<input type="radio"/> ③	10 minutes	<input type="radio"/> ③	<input type="radio"/> ③
<input type="radio"/> ④	<input type="radio"/> ④	15 minutes	<input type="radio"/> ④	<input type="radio"/> ④
<input type="radio"/> ⑤	<input type="radio"/> ⑤	20 minutes	<input type="radio"/> ⑤	<input type="radio"/> ⑤
<input type="radio"/> ⑥	<input type="radio"/> ⑥	30 minutes	<input type="radio"/> ⑥	<input type="radio"/> ⑥
<input type="radio"/> ⑦	<input type="radio"/> ⑦	45 minutes	<input type="radio"/> ⑦	<input type="radio"/> ⑦
<input type="radio"/> ⑧	<input type="radio"/> ⑧	1 hour	<input type="radio"/> ⑧	<input type="radio"/> ⑧
<input type="radio"/> ⑨	<input type="radio"/> ⑨	1½ hours	<input type="radio"/> ⑨	<input type="radio"/> ⑨
<input type="radio"/> ⑩	<input type="radio"/> ⑩	2 hours	<input type="radio"/> ⑩	<input type="radio"/> ⑩
<input type="radio"/> ⑪	<input type="radio"/> ⑪	2½ hours	<input type="radio"/> ⑪	<input type="radio"/> ⑪
<input type="radio"/> ⑫	<input type="radio"/> ⑫	3 hours	<input type="radio"/> ⑫	<input type="radio"/> ⑫
<input type="radio"/> ⑬	<input type="radio"/> ⑬	3½ hours	<input type="radio"/> ⑬	<input type="radio"/> ⑬
<input type="radio"/> ⑭	<input type="radio"/> ⑭	4 hours	<input type="radio"/> ⑭	<input type="radio"/> ⑭
<input type="radio"/> ⑮	<input type="radio"/> ⑮	4½ hours	<input type="radio"/> ⑮	<input type="radio"/> ⑮
<input type="radio"/> ⑯	<input type="radio"/> ⑯	5 hours	<input type="radio"/> ⑯	<input type="radio"/> ⑯
<input type="radio"/> ⑰	<input type="radio"/> ⑰	5½ hours	<input type="radio"/> ⑰	<input type="radio"/> ⑰
<input type="radio"/> ⑱	<input type="radio"/> ⑱	6 hours	<input type="radio"/> ⑱	<input type="radio"/> ⑱
<input type="radio"/> ⑲	<input type="radio"/> ⑲	6½ hours	<input type="radio"/> ⑲	<input type="radio"/> ⑲
<input type="radio"/> ⑳	<input type="radio"/> ⑳	7 hours	<input type="radio"/> ⑳	<input type="radio"/> ⑳
<input type="radio"/> ㉑	<input type="radio"/> ㉑	7½ hours	<input type="radio"/> ㉑	<input type="radio"/> ㉑
<input type="radio"/> ㉒	<input type="radio"/> ㉒	8 hours	<input type="radio"/> ㉒	<input type="radio"/> ㉒

JOB REL ILL/INJ
 (not LOD det)
 Yes

MILITARY ONLY
 DUTY
 QUARTERS:
 24 hours
 48 hours
 72 hours
 PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①
②
③
④
⑤
⑥
⑦
⑧
⑨

REASON FOR # 2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other ① ② ③

NOT AVAILABLE
 Medical record
 Lab results
 X-Rays

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	10072
DO NOT MARK IN THIS AREA	

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

Table with 3 columns of procedure codes and descriptions. Includes codes like 95835 AUDITORY EVOKED POT, 82270 LUMBAR PUNCTURE, 83660 NON INVAS CAROTID EXAM.

ADDITIONAL PROCEDURES table with columns for PROVIDER 1 and PROVIDER 2, each with a grid of checkboxes.

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

Table with 3 columns of codes and descriptions for primary and secondary reasons for visit. Includes codes like 29301 ACUTE CONFUSIONAL STATE, 3800 MENIERE'S SYNDROME, 3520 AMYOTROPHIC LATERAL SCLEROSIS.

HEADACHE & PAIN table listing codes and descriptions such as 29002 ATYPICAL FACIAL PAIN, 3534 CAUSALGIA, 3521 CLUSTER HEADACHE.

DEMYELINATING INJURY & RELATED table listing codes and descriptions such as 13682 ENCEPHALOMYELITIS, POST-INFECT, 0463 LEUKOENCEPH, PROGRESS MULTIFOC.

TUMOR & RELATED table listing codes and descriptions such as 95340 BRACHIAL PLEXUS INJURY, 850 CONCUSSION, 8510 CONTUSION, CEREBRAL.

DEVELOPMENTAL/HEREDITARY table listing codes and descriptions such as 31401 ADD W/HYPERACTIVITY, 31400 ADD W/O HYPERACTIVITY.

VASCULAR DISEASE & RELATED table listing codes and descriptions such as 74781 ANEURYSM, INTRACRANIAL, 7479 ARTERIOVENOUS MALFORMATION.

MOVEMENT DISORDER/DEGENERATIVE table listing codes and descriptions such as 3334 CHOREA, HUNTINGTON'S, 3335 CHOREA, OTHER, 3338 DYSTONIA, FOCAL.

NEOPLASM & RELATED table listing codes and descriptions such as 2259 NEOPLASM, BENIGN, OTHER, 19841 CARCINOMATOUS MENINGITIS.

MISCELLANEOUS table listing codes and descriptions such as 276 FLUID/ELECTROLYTE DISORDER, 275 MINERAL METABOLISM DISORDER.

PAROXYSMAL DISORDERS & RELATED table listing codes and descriptions such as 34501 ABSENCE SEIZURES, 34543 COMPLEX PARTIAL SEIZURES.

UNLISTED REASON FOR VISIT table with columns for PRIMARY and SECONDARY reasons, each with a grid of checkboxes.

NEUROSURGERY PATIENT (BBCA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH		1	2	3	4
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

VISIT COUNT

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

UCA CODE (if not above)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

INPATIENT OR REFERRAL CODE

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0)

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7½ hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

5019

NUTRITION CARE PATIENT (BALA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN										
DAY	MONTH												
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

VISIT COUNT

0

2

3

4

5

6

7

8

9

UCA CODE
(if not above)

B	A	A	A
C	B	B	B
D	C	C	C
E	D	D	D
F	E	E	E
G	F	F	F
H	G	G	G
I	H	H	H
J	I	I	I
K	J	J	J
L	K	K	K
M	L	L	L
N	M	M	M
O	N	N	N
P	O	O	O
Q	P	P	P
R	Q	Q	Q
S	R	R	R
T	S	S	S
U	T	T	T
V	U	U	U
W	V	V	V
X	W	W	W
Y	X	X	X
Z	Y	Y	Y

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
0 0 0 0	2 minutes	0 0 0 0
A N 1 1 1 1	5 minutes	A N 1 1 1 1
B O 2 2 2 2	10 minutes	B O 2 2 2 2
C P 3 3 3 3	15 minutes	C P 3 3 3 3
D Q 4 4 4 4	20 minutes	D Q 4 4 4 4
E R 5 5 5 5	30 minutes	E R 5 5 5 5
F S 6 6 6 6	45 minutes	F S 6 6 6 6
G T 7 7 7 7	1 hour	G T 7 7 7 7
H U 8 8 8 8	1 1/2 hours	H U 8 8 8 8
I V 9 9 9 9	2 hours	I V 9 9 9 9
J W	2 1/2 hours	J W
K X	3 hours	K X
L Y	3 1/2 hours	L Y
M Z	4 hours	M Z
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

NOT AVAILABLE

Medical record

Lab results

X-Rays

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

DO NOT MARK IN THIS AREA

10185

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

Form with columns for Provider #1 and #2, and rows for various medical services like ANTHROPOMETRIC MEASUREMENTS, DISCHARGE PLANNING, MOD-DISEASE OF GI TRACT, etc. Includes checkboxes and a grid for marking 'Yes' or 'No' for each provider.

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

Large grid of medical categories such as ACUTE/CHRONIC CARDIAC DISEASE, PULMONARY, GASTROINTESTINAL, CANCER, OBSTETRICS/GYNECOLOGY, and PEDIATRICS. Includes checkboxes and a sub-grid for 'UNLISTED REASON FOR VISIT' with PRIMARY and SECONDARY columns.

OB PATIENT (BCCA)

OTHER UCA

BGYA BGYN

BCCC

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other ① ② ③

UCA CODE
(if not above)

B	A	A	A
R	R	R	R
D	C	C	C
D	D	D	D
F	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
S	J	J	J
J	I	I	I
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
P	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

VISIT COUNT

0

1

2

3

4

5

6

7

8

9

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																			
DAY	MONTH																					
	<input type="radio"/> Jan																					
	<input type="radio"/> Feb																					
0	<input type="radio"/> Mar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	<input type="radio"/> Apr	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	<input type="radio"/> May	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	<input type="radio"/> Jun	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	<input type="radio"/> Jul	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	<input type="radio"/> Aug	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	<input type="radio"/> Sep	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	<input type="radio"/> Oct	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	<input type="radio"/> Nov	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	<input type="radio"/> Dec	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
		2 minutes		
		5 minutes		
		10 minutes		
		15 minutes		
		20 minutes		
		30 minutes		
		45 minutes		
		1 hour		
		1 1/2 hours		
		2 hours		
		2 1/2 hours		
		3 hours		
		3 1/2 hours		
		4 hours		
		4 1/2 hours		
		5 hours		
		5 1/2 hours		
		6 hours		
		6 1/2 hours		
		7 hours		
		7 1/2 hours		
		8 hours		

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①

②

③

④

⑤

⑥

⑦

⑧

⑨

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other ① ② ③

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

40995

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes <input type="checkbox"/>	PROVIDER 2 Yes <input type="checkbox"/>
<input type="checkbox"/> 59001 AMNIOCENTESIS, GENETIC	<input type="checkbox"/> 17340 CRYOTHERAPY	<input type="checkbox"/> 89024 ROUTINE POSTOPERATIVE CARE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 59002 AMNIOCENTESIS, PULMON MATURETY	<input type="checkbox"/> 67020 CULDOCENTESIS	<input type="checkbox"/> 90035 WELL WOMAN EXAM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 59423 BIOPHYSICAL PROFILE	<input type="checkbox"/> 87070 CULTURE BACTERIAL, ANY SOURCE	<input type="checkbox"/> 55040 EXTERNAL CEPHALIC VERSION	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 59025 FETAL NON-STRESS TEST	<input type="checkbox"/> 88595 CULTURE FOR TISSUE	<input type="checkbox"/> 66400 I&D, VULVA	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 74720 FETAL VIABILITY DETER-ULTRASD	<input type="checkbox"/> 57170 DIAPHRAGM FITTING	<input type="checkbox"/> 90782 INJECTION	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 57500 BIOPSY, CERVICAL	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 59450 LABOR CHECK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 57100 BIOPSY, VAGINAL	<input type="checkbox"/> 57505 ENDOCERVICAL CURRETTAGE	<input type="checkbox"/> 56893 POST COITAL TEST	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 56800 BIOPSY, VULVAR	<input type="checkbox"/> 58102 ENDOMETRIAL CURRETTAGE-BIOPSY	<input type="checkbox"/> 82988 PREGNANCY DETERM - LAB TEST	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 93788 BLOOD PRESSURE CHECK	<input type="checkbox"/> 90013 EXAMS	<input type="checkbox"/> 80002 SUTURE REMOVAL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 53670 CATHETERIZATION, URETHRAL	<input type="checkbox"/> 90013 BREAST	<input type="checkbox"/> 86581 TB TINE TEST (ADMIN)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 53674 CATHETER CHANGE	<input type="checkbox"/> 90033 HISTORY W/D PHYSICAL	<input type="checkbox"/> 78606 ULTRASOUND, PELVIC, OB, GYN	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 57460 CULDESCOPY	<input type="checkbox"/> 90032 PELVIC	<input type="checkbox"/> 36415 VENIPUNCTURE, ROUTINE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 99155 COUNSELING	<input type="checkbox"/> 88026 PELVIC/PAP	<input type="checkbox"/> 87215 WET MOUNT (OVA, PARASITE, BACT)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 99157 COUNSELING, NURSE/PATIENT	<input type="checkbox"/> 90027 PHYSICAL COMPLETE, OB/GYN	<input type="checkbox"/> 90805 CONSULTATION		
<input type="checkbox"/> 07014 COUNSELING, PRENATAL	<input type="checkbox"/> 59420 ROUTINE ANTEPARTUM CARE			
	<input type="checkbox"/> 58430 ROUTINE POSTPARTUM CARE			

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)		
1° 2°	1° 2°	1° 2°
<input type="checkbox"/> 7950 ABNORMAL PAP SMEAR	<input type="checkbox"/> 5950 ACUTE CYSTITIS	<input type="checkbox"/> 832 ABORTION, MISSED
<input type="checkbox"/> V2509 CONTRACEPTIVE GUIDANCE, GEN	<input type="checkbox"/> 5901 ACUTE PYELONEPHRITIS	<input type="checkbox"/> 834 ABORTION, SPONTANEOUS, COMP
<input type="checkbox"/> V252 DESIRE VOLUNTARY STERILIZATION	<input type="checkbox"/> 6268 URINARY STRESS INCONTINENCE	<input type="checkbox"/> 83471 ABORTION, SPONTANEOUS, INCOMP
<input type="checkbox"/> V263 GENETIC COUNSELING		<input type="checkbox"/> 8400 ABORTION, THREATENED
<input type="checkbox"/> V724 POSSIBLE PREGNANCY		<input type="checkbox"/> 8482 ANEMIA OF PREGNANCY
		<input type="checkbox"/> 7109 COLLAGEN DISEASE/VASCULAR DIS
		<input type="checkbox"/> 64805 DIABETES IN PG, DIET CONTROL
		<input type="checkbox"/> 84806 DIABETES IN PG, INSULIN CONTR
		<input type="checkbox"/> 833 ECTOPIC PREGNANCY
		<input type="checkbox"/> 84881 ENDOCRINE DISORDER
		<input type="checkbox"/> 8441 FALSE LABOR
		<input type="checkbox"/> 8320 FETAL DEATH IN UTERO < 22 WKS
		<input type="checkbox"/> 85844 FETAL DEATH IN UTERO > 22 WKS
		<input type="checkbox"/> 84892 GASTROINTESTINAL DISEASE
		<input type="checkbox"/> 64630 HABITUAL ABORTER-CURRENTLY PG
		<input type="checkbox"/> 84675 HEPATITIS
		<input type="checkbox"/> 84661 HERPES GENITALIS
		<input type="checkbox"/> 6430 HYPEREMESIS GRAVIDARUM
		<input type="checkbox"/> 8420 HYPERTENSION IN PREGNANCY
		<input type="checkbox"/> 6545 INCOMPETENT CERVIX
		<input type="checkbox"/> 65655 INTRAUTERINE GROWTH RETARDATION
		<input type="checkbox"/> 8581 ISOIMMUNIZATION, RH (D)
		<input type="checkbox"/> 65193 MULTIPLE GESTATION
		<input type="checkbox"/> 8410 PLACENTA PREVIA
		<input type="checkbox"/> 8565 POOR FETAL GROWTH
		<input type="checkbox"/> V242 POST PARTUM CARE
		<input type="checkbox"/> 8424 PREECLAMPSIA, MILD
		<input type="checkbox"/> 844 PREMATURE LABOR
		<input type="checkbox"/> 8581 PREMATURE RUPTURE, MEMBRANES
		<input type="checkbox"/> 84687 PREGNANCY, ABNORMAL FETUS
		<input type="checkbox"/> V22 PREGNANCY, NORMAL
		<input type="checkbox"/> V23 PREGNANCY, HIGH RISK
		<input type="checkbox"/> V2210 PREGNANCY, SINGLE PARENT
		<input type="checkbox"/> V6542 PREVIOUS CESAREAN SECTION
		<input type="checkbox"/> 8412 ABRUPTIO PLACENTAE
		<input type="checkbox"/> 6488 GESTATIONAL DIABETES
		<input type="checkbox"/> 6594 GRAND MULTIPARITY
		<input type="checkbox"/> 86585 PELVIC BONE SEPARATION
		<input type="checkbox"/> 645 POST DATES PREGNANCY
		<input type="checkbox"/> 8862 POSTPARTUM BLEEDING
		<input type="checkbox"/> 64696 PULMONARY DISEASE, NOS
		<input type="checkbox"/> 64620 RENAL DISEASE
		<input type="checkbox"/> 64682 SEIZURE DISORDER
		<input type="checkbox"/> 87190 VASCULAR, INCLUDING PHLEBITIS
		<input type="checkbox"/> V6554 WORRIED/CONCERNED WELL
		<input type="checkbox"/> V6555 HEALTH MAINTENANCE/WELLNESS

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	<input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15
<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20
<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25
<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30
<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35	<input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35
<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40	<input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40
<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45	<input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45
<input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50	<input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

MARK "OUT" IF ORDERED & PERFORMED OUT OF OH PROGRAM/CLINIC

Grid of evaluation services and procedures with checkboxes. Categories include HEARING CONSERVATION, VISION CONSERVATION, IMMUNIZATION, TOXIC HAZARD, VISION PROTECTION, OTHER HEALTH ED/COUNSEL, TREATMENTS, and CLINICAL STUDIES.

MARK ONE PRIMARY DIAGNOSIS AND SECONDARIES (IF APPLICABLE) IF NEW INJURY (TRAUMATIC) OR NEW ILLNESS, DISEASE OR IF YOU WISH TO RECORD AN EXISTING CONDITION/DISEASE

Main diagnostic grid with checkboxes. Categories include INFECTIOUS PARASITIC DISEASE, NEOPLASIA MALIGNANT, ENDOCRINE/METABOLIC DISEASE, RESPIRATORY SYSTEM DISEASE, DIGESTIVE SYSTEM DISEASE, DISEASES OF THE BLOOD, MENTAL DISORDERS, GEONTOURINARY SYSTEM DISEASE, SKIN, MUCOCUTANEOUS TISSUE DISEASE, BONE, SYMPTOMS, UN-DEFINED COND, TOXIC EFFECTS, CHEFELY NONMEDICAL SUB, and OTHER.

ADDITIONAL PROCEDURES header with columns for PROV 2 and OUT.

ADDITIONAL PROCEDURES grid with checkboxes for various procedures like OPTHALMIC EXAM/SURVEILLANCE, PLATELETS, PROTHROMBIN TIME, etc.

ADDITIONAL PROCEDURES grid with checkboxes for CLINICAL STUDIES like BLOOD LEAD, CBC W/DIFF, CHEST X-RAY, PA, etc.

ADDITIONAL PROCEDURES grid with checkboxes for EFFECTS OF RADIATION, FOREIGN BODY, FRACTURE, etc.

ADDITIONAL PROCEDURES grid with checkboxes for TOXIC EFFECTS, CHEFELY NONMEDICAL SUB like ALCOHOL, CARBON MONOXIDE, etc.

ADDITIONAL PROCEDURES grid with checkboxes for OTHER procedures like EXAM, MEDICAL, HEARING PROBLEM, etc.

ADDITIONAL PROCEDURES grid with checkboxes for UNLISTED DIAGNOSIS (if not listed in columns above), PRIMARY and SECONDARY diagnosis boxes.

OCCUPATIONAL THERAPY PATIENT (DHBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

- Unscheduled
- Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

- Ward
- Telephone
- Home
- Other (1) (2) (3)

VISIT COUNT

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INPATIENT OR REFERRAL CODE

IF NOT LISTED AT LEFT

- AAAA
- AAAF
- AABA
- ABAA
- ABDA
- AEEA
- AFYA
- BAAA
- BACA
- BAKA
- BBAA
- BBDA
- BDDA
- BAAA
- BDZA
- BEAA
- BGYA
- BHAA
- BHAB
- BHAE
- BHAF
- BHAG
- BHEA
- BIYA
- DHDA

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																	
DAY	MONTH																			
<input type="radio"/>	Jan	<input type="radio"/>																		
<input type="radio"/>	Feb	<input type="radio"/>																		
<input type="radio"/>	Mar	<input type="radio"/>																		
<input type="radio"/>	Apr	<input type="radio"/>																		
<input type="radio"/>	May	<input type="radio"/>																		
<input type="radio"/>	Jun	<input type="radio"/>																		
<input type="radio"/>	Jul	<input type="radio"/>																		
<input type="radio"/>	Aug	<input type="radio"/>																		
<input type="radio"/>	Sep	<input type="radio"/>																		
<input type="radio"/>	Oct	<input type="radio"/>																		
<input type="radio"/>	Nov	<input type="radio"/>																		
<input type="radio"/>	Dec	<input type="radio"/>																		

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/> 2 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 10 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 15 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 20 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 30 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 45 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 hour	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 8 hours	<input type="radio"/>

REASON - #2 PROVIDER

- Co-therapist
- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other (1) (2) (3)

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

- DUTY
- QUARTERS:
 - 24 hours
 - 48 hours
 - 72 hours
- PROFILE:
 - 1-3 days
 - 4-7 days
 - 8-14 days
 - > 14 days
 - LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

NOT AVAILABLE

- Medical record
- Lab results
- X-Rays

DO NOT MARK IN THIS AREA

20682

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES

PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER 2 Yes ()	PROVIDER 2 Yes ()	
EVALUATIONS & ASSESSMENT					
<input type="checkbox"/> 04142 INTERVIEW/HX	<input type="checkbox"/> 04158 COMMUNITY LIVING SKILLS ASSESS	<input type="checkbox"/> 04221 ATTENTION SPAN	<input type="checkbox"/> 04208 ROM, ACTIVE/ASSISTIVE	<input type="checkbox"/> 04209 ROM, PASSIVE	
<input type="checkbox"/> 04140 SCREEN RECORD	<input type="checkbox"/> 04156 COPING STRATEGIES	<input type="checkbox"/> 04222 COGNITIVE REHABILITATION	<input type="checkbox"/> 04211 SENSORY REEDUCATION	<input type="checkbox"/> 04095 STRENGTHENING/ENDURANCE	
COGNITIVE STATUS					
<input type="checkbox"/> 04152 ATTENTION SPAN	<input type="checkbox"/> 04159 MOTIVATION	<input type="checkbox"/> 04222 MEMORY TRAINING	<input type="checkbox"/> 04127 WOUND MANAGEMENT		
<input type="checkbox"/> 04151 COMPREHENSION	<input type="checkbox"/> 04162 PHYSICAL FUNCTION/SENSORIMOTOR	<input type="checkbox"/> 04220 REALITY ORIENTATION	WORK/LEISURE		
<input type="checkbox"/> 04151 MEMORY	<input type="checkbox"/> 04161 PROBLEM SOLVING/GOAL SETTING	<input type="checkbox"/> 04190 DEVELOPMENTAL THERAPY	<input type="checkbox"/> 04188 JOB ACQUISITION TRAINING	<input type="checkbox"/> 04196 LEISURE EDUCATION	
<input type="checkbox"/> 04081 ORIENTATION	<input type="checkbox"/> 04154 SELF MAINTENANCE ASSESSMENT	<input type="checkbox"/> 04190 BEHAVIOR MODIFICATION	<input type="checkbox"/> 04195 PREVOCAIONAL COUNSELING	<input type="checkbox"/> 04062 PREVOCAIONAL TRAINING	
<input type="checkbox"/> 04088 PROBLEM SOLVING	<input type="checkbox"/> 04155 SOCIAL/INTERPERSONAL ASSESSMENT	<input type="checkbox"/> 04136 COMPENSATORY/ORGANIZATIONAL SKILLS DEV	<input type="checkbox"/> 04197 RECREATION ACTIVITY	<input type="checkbox"/> 04194 WORK ADJUSTMENT	
DEVELOPMENTAL STATUS					
<input type="checkbox"/> 04168 DEVELOPMENTAL ASSESSMENT	<input type="checkbox"/> 04157 STRESS APPRAISAL	<input type="checkbox"/> 04192 EDUCATION/CONSULTATION	<input type="checkbox"/> 04194 WORK HARDENING	<input type="checkbox"/> 04121 WORK SIMPLIFICATION	
<input type="checkbox"/> 90765 EFMP ASSESSMENT	<input type="checkbox"/> 04153 TASK PERFORMANCE EVAL	<input type="checkbox"/> 04189 HANDWRITING DEVELOPMENT	<input type="checkbox"/> 04126 WORK THERAPY		
<input type="checkbox"/> 04170 FINE-MOTOR DEVELOPMENT	<input type="checkbox"/> 04160 TIME MANAGEMENT/LIFE STYLE EVAL	<input type="checkbox"/> 04187 INFANT STIMULATION	OTHER TREATMENT PROCEDURES		
<input type="checkbox"/> 04170 GROSS-MOTOR DEVELOPMENT	WORK/LEISURE STATUS				
<input type="checkbox"/> 04168 ORAL-MOTOR ASSESSMENT	<input type="checkbox"/> 04177 LEISURE INVENTORY/HX	<input type="checkbox"/> 04182 LANGUAGE/COMMUNICATION	<input type="checkbox"/> 04202 ADAPTIVE DEVICES	<input type="checkbox"/> 04206 AMPUTEE TRAINING	
<input type="checkbox"/> 04184 POSTURAL INTEGRATION	<input type="checkbox"/> 04178 PLAY HISTORY	<input type="checkbox"/> 04187 NEURO-DEVELOPMENTAL TREATMENT	<input type="checkbox"/> 90816 BIOFEEDBACK	<input type="checkbox"/> 04200 CARDIAC REHABILITATION	
<input type="checkbox"/> 04171 SEATING ASSESSMENT	<input type="checkbox"/> 04173 PREVOCAIONAL EVAL	<input type="checkbox"/> 04184 ORAL-MOTOR TREATMENT	<input type="checkbox"/> 04205 CASE CONFERENCE/PATIENT	<input type="checkbox"/> 04201 ENERGY CONSERVATION	
<input type="checkbox"/> 04167 SENSORY INTEGRATIVE EVALUATION	<input type="checkbox"/> 04174 VOCATIONAL INTEREST TEST	<input type="checkbox"/> 04185 SENSORIMOTOR TREATMENT	<input type="checkbox"/> 04204 HOME PROGRAM	<input type="checkbox"/> 04101 JOINT PROTECTION TECHNIQUES	
<input type="checkbox"/> 04183 VISUAL PERCEPTION	<input type="checkbox"/> 04176 WORK PERFORMANCE EVAL	<input type="checkbox"/> 04186 SENSORY INTEGRATION TREATMENT	<input type="checkbox"/> 04101 JOINT PROTECTION TECHNIQUES	<input type="checkbox"/> 04102 ORTHOTIC DEVICES/FABRICATION	
<input type="checkbox"/> 04185 VISUAL-MOTOR INTEGRATION	<input type="checkbox"/> 04172 WORK SKILLS/HABITS	<input type="checkbox"/> 04188 SOCIALIZATION TECHNIQUES	<input type="checkbox"/> 04203 TRANSFER TECHNIQUES		
INDEPENDENT DAILY LIVING SKILLS					
<input type="checkbox"/> 04150 COMPLETE ADL EVALUATION	<input type="checkbox"/> 04175 WORK THERAPY EVAL	<input type="checkbox"/> 04085 VISUAL MOTOR/PERCEPTION			
<input type="checkbox"/> 04147 DRESSING	OTHER EVALUATIONS				
<input type="checkbox"/> 04146 FEEDING/EATING	<input type="checkbox"/> 04180 ADAPTIVE/ASSISTIVE	<input type="checkbox"/> 04087 VISUAL/AUDITORY MEMORY			
<input type="checkbox"/> 04149 FUNCTIONAL COMMUNICATION	<input type="checkbox"/> 04182 HOME EVAL	<input type="checkbox"/> 04087 PSYCHOSOCIAL			
<input type="checkbox"/> 04148 FUNCTIONAL MOBILITY	<input type="checkbox"/> 04179 ORTHOTIC EVAL	<input type="checkbox"/> 04128 GROUP THERAPY			
<input type="checkbox"/> 04145 GROOMING & HYGIENE	<input type="checkbox"/> 04183 OTHER EVAL	<input type="checkbox"/> 04229 INDIVIDUAL COUNSELING			
NEUROMUSCULAR STATUS					
<input type="checkbox"/> 04143 EDEMA	<input type="checkbox"/> 04053 PROSTHETIC CHECKOUT	<input type="checkbox"/> 04224 LIFE SKILLS TRAINING			
<input type="checkbox"/> 04144 GROSS/FINE MOTOR COORD	<input type="checkbox"/> 04181 REASSESSMENT	<input type="checkbox"/> 04129 PHYSICAL RECONDITIONING			
<input type="checkbox"/> 04021 MUSCULOSKELETAL	ADL TRAINING				
<input type="checkbox"/> 04011 RANGE OF MOTION	<input type="checkbox"/> 04219 ADAPTIVE/ASSISTIVE DEVICES	<input type="checkbox"/> 04225 SUPPORTIVE ACTIVITY			
<input type="checkbox"/> 04019 REFLEX TESTING	<input type="checkbox"/> 04217 COMMUNICATION	<input type="checkbox"/> 04225 TASK/COGNITIVE ACTIVITY			
<input type="checkbox"/> 04020 SENSORY	<input type="checkbox"/> 04215 DRESSING	<input type="checkbox"/> 04228 TIME MANAGEMENT			
<input type="checkbox"/> 04C14 STRENGTH/ENDURANCE	<input type="checkbox"/> 04214 FEEDING	<input type="checkbox"/> 04228 VALUES CLARIFICATION TRNG			
<input type="checkbox"/> 04013 VASCULAR	<input type="checkbox"/> 04213 GROOMING/HYGIENE	<input type="checkbox"/> 04228 SENSORIMOTOR/NEUROMUSCULAR			
	<input type="checkbox"/> 04216 KITCHEN	<input type="checkbox"/> 04123 BURN PROTOCOL			
	<input type="checkbox"/> 04216 OBJECT MANIPULATION	<input type="checkbox"/> 04093 EDEMA CONTROL			
		<input type="checkbox"/> 04092 FINE/GROSS-MOTOR COORDINATION			
		<input type="checkbox"/> 04210 MOTOR PLANNING			
		<input type="checkbox"/> 04104 PAIN MANAGEMENT			
		<input type="checkbox"/> 04212 PNF			
		<input type="checkbox"/> 04209 REFLEX INTEGRATION			
		<input type="checkbox"/> 04094 ROM, ACTIVE			

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*
<input type="checkbox"/> 3099 PSYCHOLOGICAL PROBLEMS	<input type="checkbox"/> 8489 PREGNANCY COMPLICATION	<input type="checkbox"/> 5895 MUSCULOSKELETAL PROBLEMS	<input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROPHY		
<input type="checkbox"/> 29693 ADJUSTMENT DISORDER	<input type="checkbox"/> 585 RENAL FAILURE, CHRONIC	<input type="checkbox"/> 5841 AFTERCARE, AMPUTATION	<input type="checkbox"/> 78201 SENSORY NEUROPATHY/PARESTHESIA		
<input type="checkbox"/> 3000 AFFECTIVE DISORDER	<input type="checkbox"/> 0893 REITER'S DISEASE	<input type="checkbox"/> 5841 AFTERCARE, KNEE SURGERY	<input type="checkbox"/> 848 STRAIN/SPRAIN		
<input type="checkbox"/> 311 ANXIETY DISORDER	<input type="checkbox"/> 5199 RESPIRATORY DISEASE	<input type="checkbox"/> 7140 ARTHRITIS, JUVENILE RHEUMATOID	<input type="checkbox"/> 72892 TENDINITIS		
<input type="checkbox"/> 311 DEPRESSION	<input type="checkbox"/> 4599 VASCULAR DISEASE	<input type="checkbox"/> 7140 ARTHRITIS, RHEUMATOID	<input type="checkbox"/> 8487 TENDON LACERATION		
<input type="checkbox"/> 30590 DRUG ABUSE	NEUROLOGICAL PROBLEMS				
<input type="checkbox"/> 30490 DRUG DEPENDENCE	<input type="checkbox"/> 74781 ANEURYSM, INTRACRANIAL	<input type="checkbox"/> 7273 BURSITIS	<input type="checkbox"/> 72707 TENDOSYNOVITIS		
<input type="checkbox"/> 3139 EMOTIONAL RELATIONSHIP DISTURB	<input type="checkbox"/> 31400 ATTENTION DEFICIT DISORDER	<input type="checkbox"/> 72690 CAPSULITIS	<input type="checkbox"/> 72703 TRIGGER FINGER/THUMB		
<input type="checkbox"/> 319 MENTAL RETARDATION	<input type="checkbox"/> 23963 BRAIN TUMOR	<input type="checkbox"/> 3540 CARPAL TUNNEL SYNDROME	MISCELLANEOUS		
<input type="checkbox"/> 710 NP OBSERVATION	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 95880 COMPARTMENT SYNDROME	<input type="checkbox"/> 403 BEHAVIORAL PROBLEMS		
<input type="checkbox"/> 3109 ORGANIC BRAIN DISORDER	<input type="checkbox"/> 7803 CONVULSIONS/SEIZURE	<input type="checkbox"/> 7599 CONGENITAL DEFORMITY	<input type="checkbox"/> 7833 FEEDING PROBLEMS		
<input type="checkbox"/> 2979 PARANOID DISORDER	<input type="checkbox"/> 5883 CRANIOTOMY AFTERCARE	<input type="checkbox"/> 71840 CONTRACTURE	<input type="checkbox"/> 78131 HANDWRITING PROBLEM		
<input type="checkbox"/> 3019 PERSONALITY/CHARACTER DISORDER	<input type="checkbox"/> 436 CVA	<input type="checkbox"/> 9249 CONTUSION	<input type="checkbox"/> 201 HIGH RISK INFANT		
<input type="checkbox"/> 2989 PSYCHOTIC DISORDER	<input type="checkbox"/> 3158 DELAYED MILESTONES	<input type="checkbox"/> 72704 DE QUERVAIN'S DISEASE	<input type="checkbox"/> 400 LEARNING PROBLEM		
<input type="checkbox"/> 29590 SCHIZOPHRENIC DISORDER	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAY, PHYSIOLOGIC	<input type="checkbox"/> 75590 DEFORMITY, JOINT	<input type="checkbox"/> 3152 LEARNING DISABILITY		
<input type="checkbox"/> 29540 SCHIZOPHRENIFORM DISORDER	<input type="checkbox"/> 3483 ENCEPHALOPATHY (UNSPEC)	<input type="checkbox"/> 839 DISLOCATION			
<input type="checkbox"/> 95991 SUICIDE ATTEMPT	<input type="checkbox"/> 345 EPILEPSY	<input type="checkbox"/> 7286 DUPUYTREN'S CONTRACTURE			
<input type="checkbox"/> 30090 OTHER MENTAL DISORDER	<input type="checkbox"/> 3570 GUNLAIN BARRE SYNDROME	<input type="checkbox"/> 7823 EDEMA			
GENERAL MEDICAL PROBLEMS					
<input type="checkbox"/> 7589 ANOMALIES, CHROMOSOMAL, CONGEN	<input type="checkbox"/> 8453 HEAD TRAUMA	<input type="checkbox"/> 829 FRACTURE			
<input type="checkbox"/> 2899 BLOOD DISORDER	<input type="checkbox"/> 31401 HYPERACTIVITY	<input type="checkbox"/> 72743 GANGLION CYST			
<input type="checkbox"/> 849 BURN	<input type="checkbox"/> 3229 MENINGITIS, UNSPEC	<input type="checkbox"/> 95341 INJURY, BRACHIAL PLEXUS			
<input type="checkbox"/> 42990 CARDIAC DISEASE	<input type="checkbox"/> 31491 MINIMAL BRAIN DYSFUNCTION	<input type="checkbox"/> 71948 JOINT PAIN/BACK			
<input type="checkbox"/> 7707 CHRONIC RESP DIS ARISING IN PERINATAL PERIOD	<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	<input type="checkbox"/> 436 JOINT REPLACEMENT/ARTHROPLASTY			
<input type="checkbox"/> 58491 GI DISORDER	<input type="checkbox"/> 35592 NEUROPATHY	<input type="checkbox"/> 7106 JOINT STIFFNESS			
<input type="checkbox"/> 13891 INFECTION	<input type="checkbox"/> 3499 OTHER CNS DISORDER	<input type="checkbox"/> 95971 KNEE INJURY/PAIN			
<input type="checkbox"/> 919 INJURY, SUPERFICIAL	<input type="checkbox"/> 332 PARKINSON'S DISEASE	<input type="checkbox"/> 7361 MALLET FINGER			
<input type="checkbox"/> 8798 LACERATION	<input type="checkbox"/> 89791 PERIPHERAL NERVE INJURY	<input type="checkbox"/> 7289 MUSCLE WEAKNESS			
<input type="checkbox"/> 19912 NEOPLASM, MALIGNANT	<input type="checkbox"/> 3588 SENSORIMOTOR DELAY	<input type="checkbox"/> 35585 NERVE ENTRAPMENT SYNDROME			
<input type="checkbox"/> 2399 NEOPLASM UNSPEC	<input type="checkbox"/> 74190 SPINA BIFIDA	<input type="checkbox"/> 71590 OSTEOARTHRITIS			
	<input type="checkbox"/> 9529 SPINAL CORD INJURY	<input type="checkbox"/> 35492 PALSY, NERVE, UE			
	<input type="checkbox"/> 3360 SYRINGOMELIA	<input type="checkbox"/> 3449 PARALYSIS/PARESIS			
	<input type="checkbox"/> 36818 VISUAL/PERCEPTUAL MOTOR DYSFUNC	<input type="checkbox"/> 8819 PARONYCHIA			

FOR CLERICAL USE ONLY

PATIENT INFORMATION

FMP	SPONSOR'S SSN										DIAGNOSIS																		

OT (DHBA)
REPEAT VISIT

INPATIENT OR REFERRAL CODE

<input type="radio"/> AAAA	<input type="radio"/> BBKA	(IF NOT LISTED)			
<input type="radio"/> AAFA	<input type="radio"/> BDAA	(A)	(A) (N)	(A) (N)	(A) (N)
<input type="radio"/> ABAA	<input type="radio"/> BEAA	(B)	(B) (P)	(B) (P)	(B) (P)
<input type="radio"/> ABDA	<input type="radio"/> BGYA	(C)	(C) (R)	(C) (R)	(C) (R)
<input type="radio"/> AEAA	<input type="radio"/> BNAE	(D)	(D) (T)	(D) (T)	(D) (T)
<input type="radio"/> AFYA	<input type="radio"/> BNAF	(E)	(E) (U)	(E) (U)	(E) (U)
<input type="radio"/> AFYC	<input type="radio"/> BNAG	(F)	(F) (V)	(F) (V)	(F) (V)
<input type="radio"/> BAAA	<input type="radio"/> BIYA	(G)	(G) (W)	(G) (W)	(G) (W)
<input type="radio"/> BBAA	<input type="radio"/> DHDA	(M)	(M) (Z)	(M) (Z)	(M) (Z)

TODAY'S DATE

DAY	MONTH
(0) (0)	(0) (0)
(1) (1)	(1) (1)
(2) (2)	(2) (2)
(3) (3)	(3) (3)
(4) (4)	(4) (4)
(5) (5)	(5) (5)
(6) (6)	(6) (6)
(7) (7)	(7) (7)
(8) (8)	(8) (8)
(9) (9)	(9) (9)

PROVIDER

#1	#2
(0) (0)	(0) (0)
(1) (1)	(1) (1)
(2) (2)	(2) (2)
(3) (3)	(3) (3)
(4) (4)	(4) (4)
(5) (5)	(5) (5)
(6) (6)	(6) (6)
(7) (7)	(7) (7)
(8) (8)	(8) (8)
(9) (9)	(9) (9)

PROCEDURES

- ADL TRNG-DRESSING
- ADL TRNG-FEEDING
- ADL TRNG-GROOMING/HYGIENE
- COMPENSATORY/ORGANZTL SKLS
- EDUCATION/CONSULTATION
- GROSS/FINE COORDINATION
- GROUP THERAPY
- INDIVIDUAL COUNSELING
- LEISURE EDUCATION
- LIFE SKILL TRNG
- NEURODEVELOPMENTAL TX
- PAIN MANAGEMENT
- PHYSICAL RECONDITIONING
- ROM, ACTIVE
- ROM, ACTIVE/ASSISTIVE
- ROM, PASSIVE
- SENSORY INTEGRATION TX
- SENSORY MOTOR TREATMENT
- STRENGTHENING/ENDURANCE
- STRESS MANAGEMENT
- SUPPORTIVE ACTIVITY
- VISUAL/MOTDR PERCEPTION
- VISUAL/AUDITORY MEMORY
- WORK ADJUSTMENT
- WORK THERAPY
- WOUND MANAGEMENT

CARE PROVIDER #1

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TIME SPENT #1

- 5 min.
- 10 min.
- 15 min.
- 20 min.
- 30 min.
- 45 min.
- 1 hr.
- >1 hr.

CARE PROVIDER #2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TIME SPENT #2

- 5 min.
- 10 min.
- 15 min.
- 20 min.
- 30 min.
- 45 min.
- 1 hr.
- >1 hr.

REASON FOR #2 CARE PROVIDER

- Co-therapist
- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other

(1) (2) (3)

VISIT COUNT

(0)	(4)	(7)
(2)	(5)	(8)
(3)	(6)	(9)

TODAY'S DATE

DAY	MONTH
(0) (0)	(0) (0)
(1) (1)	(1) (1)
(2) (2)	(2) (2)
(3) (3)	(3) (3)
(4) (4)	(4) (4)
(5) (5)	(5) (5)
(6) (6)	(6) (6)
(7) (7)	(7) (7)
(8) (8)	(8) (8)
(9) (9)	(9) (9)

PROVIDER

#1	#2
(0) (0)	(0) (0)
(1) (1)	(1) (1)
(2) (2)	(2) (2)
(3) (3)	(3) (3)
(4) (4)	(4) (4)
(5) (5)	(5) (5)
(6) (6)	(6) (6)
(7) (7)	(7) (7)
(8) (8)	(8) (8)
(9) (9)	(9) (9)

PROCEDURES

- ADL TRNG-DRESSING
- ADL TRNG-FEEDING
- ADL TRNG-GROOMING/HYGIENE
- COMPENSATORY/ORGANZTL SKLS
- EDUCATION/CONSULTATION
- GROSS/FINE COORDINATION
- GROUP THERAPY
- INDIVIDUAL COUNSELING
- LEISURE EDUCATION
- LIFE SKILL TRNG
- NEURODEVELOPMENTAL TX
- PAIN MANAGEMENT
- PHYSICAL RECONDITIONING
- ROM, ACTIVE
- ROM, ACTIVE/ASSISTIVE
- ROM, PASSIVE
- SENSORY INTEGRATION TX
- SENSORY MOTOR TREATMENT
- STRENGTHENING/ENDURANCE
- STRESS MANAGEMENT
- SUPPORTIVE ACTIVITY
- VISUAL/MOTDR PERCEPTION
- VISUAL/AUDITORY MEMORY
- WORK ADJUSTMENT
- WORK THERAPY
- WOUND MANAGEMENT

CARE PROVIDER #1

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TIME SPENT #1

- 5 min.
- 10 min.
- 15 min.
- 20 min.
- 30 min.
- 45 min.
- 1 hr.
- >1 hr.

CARE PROVIDER #2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	(U)	(V)	(W)	(X)	(Y)	(Z)
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TIME SPENT #2

- 5 min.
- 10 min.
- 15 min.
- 20 min.
- 30 min.
- 45 min.
- 1 hr.
- >1 hr.

REASON FOR #2 CARE PROVIDER

- Co-therapist
- Teaching/Supervision
- Consultation
- Procedure/Treatment
- Other

(1) (2) (3)

VISIT COUNT

(0)	(4)	(7)
(2)	(5)	(8)
(3)	(6)	(9)

TODAY'S DATE

DAY	MONTH
<input type="checkbox"/>	<input type="checkbox"/> Jan
<input type="checkbox"/>	<input type="checkbox"/> Feb
<input type="checkbox"/>	<input type="checkbox"/> Mar
<input type="checkbox"/>	<input type="checkbox"/> Apr
<input type="checkbox"/>	<input type="checkbox"/> May
<input type="checkbox"/>	<input type="checkbox"/> Jun
<input type="checkbox"/>	<input type="checkbox"/> Jul
<input type="checkbox"/>	<input type="checkbox"/> Aug
<input type="checkbox"/>	<input type="checkbox"/> Sep
<input type="checkbox"/>	<input type="checkbox"/> Oct
<input type="checkbox"/>	<input type="checkbox"/> Nov
<input type="checkbox"/>	<input type="checkbox"/> Dec

PROCEEDURES

- ADL TRNG-DRESSING
- ADL TRNG-FEEDING
- ADL TRNG-GROOMING/HYGIENE
- COMPENSATORY/ORGANZTL SKLS
- EDUCATION/CONSULTATION
- GROSS/FINE COORDINATION
- GROUP THERAPY
- INDIVIDUAL COUNSELING
- LEISURE EDUCATION
- LIFE SKILL TRNG
- NEURODEVELOPMENTAL TX
- PAIN MANAGEMENT
- PHYSICAL RECONDITIONING
- ROM, ACTIVE
- ROM, ACTIVE/ASSISTIVE
- ROM, PASSIVE
- SENSORY INTEGRATION TX
- SENSORY MOTOR TREATMENT
- STRENGTHENING/ENDURANCE
- STRESS MANAGEMENT
- SUPPORTIVE ACTIVITY
- VISUAL/MOTOR PERCEPTION
- VISUAL/AUDITORY MEMORY
- WORK ADJUSTMENT
- WORK THERAPY
- WOUND MANAGEMENT

CARE PROVIDER #1

TIME SPENT #1

5 min. 30 min.

10 min. 45 min.

15 min. 1 hr.

20 min. >1 hr.

CARE PROVIDER #2

TIME SPENT #2

5 min. 30 min.

10 min. 45 min.

15 min. 1 hr.

20 min. >1 hr.

UNLISTED PROCEEDURE

VISIT COUNT

REASON FOR #1 CARE PROVIDER

Co-therapist

Teaching/Supervision

Consultation

Procedure/Treatment

Other

TODAY'S DATE

DAY	MONTH
<input type="checkbox"/>	<input type="checkbox"/> Jan
<input type="checkbox"/>	<input type="checkbox"/> Feb
<input type="checkbox"/>	<input type="checkbox"/> Mar
<input type="checkbox"/>	<input type="checkbox"/> Apr
<input type="checkbox"/>	<input type="checkbox"/> May
<input type="checkbox"/>	<input type="checkbox"/> Jun
<input type="checkbox"/>	<input type="checkbox"/> Jul
<input type="checkbox"/>	<input type="checkbox"/> Aug
<input type="checkbox"/>	<input type="checkbox"/> Sep
<input type="checkbox"/>	<input type="checkbox"/> Oct
<input type="checkbox"/>	<input type="checkbox"/> Nov
<input type="checkbox"/>	<input type="checkbox"/> Dec

PROCEEDURES

- ADL TRNG-DRESSING
- ADL TRNG-FEEDING
- ADL TRNG-GROOMING/HYGIENE
- COMPENSATORY/ORGANZTL SKLS
- EDUCATION/CONSULTATION
- GROSS/FINE COORDINATION
- GROUP THERAPY
- INDIVIDUAL COUNSELING
- LEISURE EDUCATION
- LIFE SKILL TRNG
- NEURODEVELOPMENTAL TX
- PAIN MANAGEMENT
- PHYSICAL RECONDITIONING
- ROM, ACTIVE
- ROM, ACTIVE/ASSISTIVE
- ROM, PASSIVE
- SENSORY INTEGRATION TX
- SENSORY MOTOR TREATMENT
- STRENGTHENING/ENDURANCE
- STRESS MANAGEMENT
- SUPPORTIVE ACTIVITY
- VISUAL/MOTOR PERCEPTION
- VISUAL/AUDITORY MEMORY
- WORK ADJUSTMENT
- WORK THERAPY
- WOUND MANAGEMENT

CARE PROVIDER #1

TIME SPENT #1

5 min. 30 min.

10 min. 45 min.

15 min. 1 hr.

20 min. >1 hr.

CARE PROVIDER #2

TIME SPENT #2

5 min. 30 min.

10 min. 45 min.

15 min. 1 hr.

20 min. >1 hr.

UNLISTED PROCEEDURE

VISIT COUNT

REASON FOR #2 CARE PROVIDER

Co-therapist

Teaching/Supervision

Consultation

Procedure/Treatment

Other

MAKE NO STRAY MARKS

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

Table with columns for Provider 1 and Provider 2, listing various medical services such as BIOPSY BONE/MARROW, BLEEDING TIME (DUKE), BONE MARROW INTERPRETATION, etc.

Table titled 'ADDITIONAL PROCEDURES' with columns for PROVIDER 2 and rows for various procedures like COMPLEX INFUS/PUSH MULTI-AGENT, INTRATHECAL RESERVOIR, etc.

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

Main table for marking reasons for visit, categorized into sections like ANEMIA, MYELOPROLIFERATIVE DISORDERS, COAGULATION DEFECTS, etc., with sub-columns for 1st and 2nd reasons.

Table titled 'UNLISTED REASON FOR VISIT (if not listed in columns above)' with 'PRIMARY' and 'SECONDARY' columns and rows for reasons like WORRIED/CONCERNED WELL, ADVERSE DRUG REACTION, etc.

OPHTHALMOLOGY PATIENT (BBDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

UCA CODE (if not above)

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

INPATIENT OR REFERRAL CODE

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

VISIT COUNT

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

PATIENT DATA

TODAY'S DATE

DAY	MONTH
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

FMP (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

SPONSOR'S SSN (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	2 minutes	<input type="radio"/>	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
A) (N) (1) (2) (3) (4)	<input type="radio"/>	5 minutes	<input type="radio"/>	B) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
B) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	10 minutes	<input type="radio"/>	C) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
C) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	15 minutes	<input type="radio"/>	D) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
D) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	20 minutes	<input type="radio"/>	E) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
E) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	30 minutes	<input type="radio"/>	F) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
F) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	45 minutes	<input type="radio"/>	G) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
G) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	1 hour	<input type="radio"/>	H) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
H) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	1 1/2 hours	<input type="radio"/>	I) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
I) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	2 hours	<input type="radio"/>	J) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
J) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)	<input type="radio"/>	2 1/2 hours	<input type="radio"/>	K) (X)
K) (X)	<input type="radio"/>	3 hours	<input type="radio"/>	L) (Y)
L) (Y)	<input type="radio"/>	3 1/2 hours	<input type="radio"/>	M) (Z)
M) (Z)	<input type="radio"/>	4 hours	<input type="radio"/>	
	<input type="radio"/>	4 1/2 hours	<input type="radio"/>	
	<input type="radio"/>	5 hours	<input type="radio"/>	
	<input type="radio"/>	5 1/2 hours	<input type="radio"/>	
	<input type="radio"/>	6 hours	<input type="radio"/>	
	<input type="radio"/>	6 1/2 hours	<input type="radio"/>	
	<input type="radio"/>	7 hours	<input type="radio"/>	
	<input type="radio"/>	7 1/2 hours	<input type="radio"/>	
	<input type="radio"/>	8 hours	<input type="radio"/>	

JOB REL ILL/INJ (not LOD det)

Yes

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

MILITARY ONLY

DUTY QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

21091

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER 1		PROVIDER 2	
#1	#2	#1	#2
<input type="checkbox"/> 92376 SPECTACLE PROCEDURE (FIT, ORDER, ADJUST)	<input type="checkbox"/> 92285 EXTERNAL/SLIT LAMP PHOTOGRAPHY	<input type="checkbox"/> 12010 EYELID LACERATION REPAIR	<input type="checkbox"/> 87840 EYELID LESION EXCISION
<input type="checkbox"/> 92004 COMPREHENSIVE	<input type="checkbox"/> 92235 FLUORESCIN ANGIOGRAPHY	<input type="checkbox"/> 86763 PHOTOCOAGULATION, ANT SEGMENT	<input type="checkbox"/> 87105 PHOTOCOAGULATION, RETINA
<input type="checkbox"/> 92004 GENERAL EYE EXAM	<input type="checkbox"/> 92250 FUNDUS PHOTOGRAPHY	<input type="checkbox"/> 88920 NASOLACRIMAL DUCT PROBE	<input type="checkbox"/> 85420 PTERYGIUM EXCISION
<input type="checkbox"/> 92004 LIMITED		<input type="checkbox"/> 87901 PTOSIS REPAIR	<input type="checkbox"/> 87501 RETROBULBAR, PERIOCCULAR INJECT
<input type="checkbox"/> 92004 COMPREHENSIVE	<input type="checkbox"/> 68100 BIOPSY, CONJUNCTIVA, EYELID	<input type="checkbox"/> 88985 SECONDARY IMPLANT	<input type="checkbox"/> 90002 SUTURE REMOVAL
<input type="checkbox"/> 92283 COLOR VISION	<input type="checkbox"/> 67810 BIOPSY, EYELID	<input type="checkbox"/> 87880 TARSORRHAPHY	<input type="checkbox"/> 37608 TEMPORAL ARTERY BIOPSY
<input type="checkbox"/> 88888 FLUORESCIN DYE TEST	<input type="checkbox"/> 15820 BLEPHAROPLASTY, LOWER EYELID	<input type="checkbox"/> 80605 CONSULTATION	
<input type="checkbox"/> 92020 GONIOSCOPY	<input type="checkbox"/> 15822 BLEPHAROPLASTY, UPPER EYELID		
<input type="checkbox"/> 65780 KERATOMETRY	<input type="checkbox"/> 68984 CATARACT EXTRACTION W/ IOL		
<input type="checkbox"/> 92491 LENSDOMETRY	<input type="checkbox"/> 68840 CATARACT EXTRACTION W/O IOL		
<input type="checkbox"/> 68821 LACRIMAL PROBING/IRRIGATION	<input type="checkbox"/> 65224 CORNEAL FOREIGN BODY REMOVAL		
<input type="checkbox"/> 92083 PERMETER	<input type="checkbox"/> 68883 CRYOTHERAPY, CLARIARY BODY		
<input type="checkbox"/> 68888 SCHURMER TEAR TEST	<input type="checkbox"/> 67103 CRYOTHERAPY, RETINAL		
<input type="checkbox"/> 76516 ULTRASONOGRAPHY A-SCAN	<input type="checkbox"/> 67914 ECTROPIUM REPAIR		
<input type="checkbox"/> 76517 ULTRASONOGRAPHY B-SCAN	<input type="checkbox"/> 67921 ENTROPION REPAIR		
	<input type="checkbox"/> 67825 EPLATION OF LASHES		

ADDITIONAL PROCEDURES									
PROVIDER 2					PROVIDER 2				
Yes <input type="checkbox"/>					Yes <input type="checkbox"/>				
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()
<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()	<input type="checkbox"/> ()

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1 st is Follow-up / 1 st is Rule/out		1 st 2 nd		1 st 2 nd		1 st 2 nd	
GENERAL OPHTHALMOLOGY (EXCLUDES CATARACT)		<input type="checkbox"/> 37123 BULLOUS KERATOPATHY	<input type="checkbox"/> 3720 CONJUNCTIVITIS, ACUTE	<input type="checkbox"/> 17311 BASAL CELL CARCINOMA OF LID	<input type="checkbox"/> 33381 BLEPHAROSPASM	<input type="checkbox"/> V7202 FOLLOWUP	<input type="checkbox"/> V7203 INITIAL FITTING
<input type="checkbox"/> 37391 APHAKIA	<input type="checkbox"/> 3730 BLEPHARITIS	<input type="checkbox"/> 3721 CONJUNCTIVITIS, CHRONIC	<input type="checkbox"/> 37150 CORNEAL DYSTROPHY	<input type="checkbox"/> 3750 DACRYOADENITIS	<input type="checkbox"/> 70181 DERMATOCHALASIS, SENILE	REFRACTION	
<input type="checkbox"/> 3665 POSTERIOR CAPSULE OPACIFICATION	<input type="checkbox"/> 36605 CATARACT, INFANTILE	<input type="checkbox"/> 3712 CORNEAL EDEMA	<input type="checkbox"/> 3710 CORNEAL SCARS	<input type="checkbox"/> 3741 ECTROPIUM	<input type="checkbox"/> 3740 ENTROPIUM	<input type="checkbox"/> 36803 AMBLYOPIA	<input type="checkbox"/> V7204 LOW VISION EVALUATION
<input type="checkbox"/> 3663 CATARACT, SECONDARY	<input type="checkbox"/> 3661 CATARACT, SENILE	<input type="checkbox"/> 3700 CORNEAL ULCER	<input type="checkbox"/> 3800 ENDOPTHALMITIS	<input type="checkbox"/> 37850 ENOPHTHALMOS	<input type="checkbox"/> 3752 EPIPHORA	<input type="checkbox"/> 36791 REFRACTIVE ERROR	
<input type="checkbox"/> 3662 CATARACT, TRAUMATIC	<input type="checkbox"/> 3732 CHALAZION	<input type="checkbox"/> 36400 IRIDOCYCLITIS, ACUTE	<input type="checkbox"/> 38410 IRIDOCYCLITIS, CHRONIC	<input type="checkbox"/> 37830 EXOPHTHALMOS	<input type="checkbox"/> 37823 GRAVES' DISEASE	TRAUMA	
<input type="checkbox"/> 37321 HORDEOLUM	<input type="checkbox"/> 37321 PHTHISIS BULBI	<input type="checkbox"/> 3716 KERATOCONUS	<input type="checkbox"/> 3724 PTERYGIUM	<input type="checkbox"/> 37558 LACRIMAL OBSTRUCTION	<input type="checkbox"/> 2241 ORBITAL TUMOR, BENIGN	<input type="checkbox"/> 940 BURN, EYE/ADNEXA	<input type="checkbox"/> 9219 CONTUSION, EYE
<input type="checkbox"/> 37932 SUBLUXATION OF LENS	<input type="checkbox"/> 3719 OTHER CORNEAL DISORDER	<input type="checkbox"/> 36442 RUBEOISIS IRIDIS	<input type="checkbox"/> 3719 OTHER CORNEAL DISORDER	<input type="checkbox"/> 1901 ORBITAL TUMOR, MALIGNANT	<input type="checkbox"/> 37890 ORBITAL VASCULAR ANOMALIES	<input type="checkbox"/> 91811 CORNEAL ABRASION	<input type="checkbox"/> 9300 CORNEAL FOREIGN BODY
<input type="checkbox"/> 36241 CENTRAL SEROUS RETINOPATHY	<input type="checkbox"/> 36511 PRIMARY OPEN ANGLE	<input type="checkbox"/> 3659 OTHER		<input type="checkbox"/> 37405 TRICIASIS	<input type="checkbox"/> 37490 OTHER	<input type="checkbox"/> 87141 CORNEAL/SCLERAL LACERATION	<input type="checkbox"/> 950 CRANIAL NERVE INJURY
<input type="checkbox"/> 36710 CHORIORETINITIS, DISSEMINATED	<input type="checkbox"/> 3652 PRIMARY ANGLE CLOSURE			<input type="checkbox"/> 37490 OTHER		<input type="checkbox"/> 8700 EYELID LACERATION	<input type="checkbox"/> 8028 FRACTURE, BLOW-OUT
<input type="checkbox"/> 36300 CHORIORETINITIS, FOCAL	<input type="checkbox"/> 3656 SECONDARY GLAUCOMA					<input type="checkbox"/> 36441 HYPHEMA	<input type="checkbox"/> 87161 INTRAOCULAR FOREIGN BODY
<input type="checkbox"/> 36293 CYSTOID MACULAR EDEMA	<input type="checkbox"/> 3650 SUSPECT GLAUCOMA			NEURO-OPHTHALMOLOGY		<input type="checkbox"/> 8702 TEAR DUCT LACERATION	
<input type="checkbox"/> 36291 DIABETIC RETINOPATHY	<input type="checkbox"/> 3654 W/CONGENITAL ANOMALIES			<input type="checkbox"/> 37947 ADIE'S PUPIL	<input type="checkbox"/> 37741 ISCHEMIC OPTIC NEUROPATHY	<input type="checkbox"/> V6554 WORRIED/CONCERNED WELL	<input type="checkbox"/> V6555 HEALTH MAINTENANCE/ WELLNESS
<input type="checkbox"/> 36183 LATTICE DEGENERATION	<input type="checkbox"/> 3659 OTHER			<input type="checkbox"/> 33790 HORNER'S SYNDROME	<input type="checkbox"/> 346 MIGRAINE		
<input type="checkbox"/> 36250 MACULAR DEGENERATION	TRANSVERSE/PERRITIC	<input type="checkbox"/> 37887 DISASSOCIATED VERT. DEVIATION	<input type="checkbox"/> 37835 ESOTROPIA, ACCOMMODATIVE	<input type="checkbox"/> 35800 MYASTHENIA GRAVIS	<input type="checkbox"/> 37950 NYSTAGMUS		
<input type="checkbox"/> 36246 MACULAR DYSTROPHY		<input type="checkbox"/> 37835 ESOTROPIA, CONGENITAL	<input type="checkbox"/> 374391 ESOTROPIA, CONGENITAL	<input type="checkbox"/> 3771 OPTIC ATROPHY	<input type="checkbox"/> 3772 OPTIC DISC ANOMALY		
<input type="checkbox"/> 9961 MELANOMA OF CHOROID		<input type="checkbox"/> 3781 EXOTROPIA	<input type="checkbox"/> 37831 HYPERTROPIA	<input type="checkbox"/> 3770 OPTIC DISC EDEMA	<input type="checkbox"/> 3773 OPTIC NEURITIS		
<input type="checkbox"/> 22451 NEVUS, CHOROID		<input type="checkbox"/> 37834 MONOFIXATION SYNDROME	<input type="checkbox"/> 37893 OPTHALMOPLLEGIC SYNDROME	<input type="checkbox"/> 3773 PALSYP	<input type="checkbox"/> 37852 THIRD NERVE		
<input type="checkbox"/> 11402 OCULAR HISTIOPLASMOSIS		<input type="checkbox"/> 3787 OTHER		<input type="checkbox"/> 37853 FOURTH NERVE	<input type="checkbox"/> 37854 SIXTH NERVE		
<input type="checkbox"/> 3616 RETINAL DETACHMENT W/BREAK				<input type="checkbox"/> 44851 TEMPORAL ARTERITIS	<input type="checkbox"/> 36840 VISUAL FIELD DEFECT		
<input type="checkbox"/> 36121 RETINAL DETACHMENT W/O BREAK				<input type="checkbox"/> 3779 OTHER			
<input type="checkbox"/> 36130 RETINAL BREAKS							
<input type="checkbox"/> 19051 RETINOBLASTOMA							
<input type="checkbox"/> 36110 RETINOSCHISIS							
<input type="checkbox"/> 37924 VITREOUS FLOATERS							
<input type="checkbox"/> 37923 VITREOUS MEMORRHAGE							
<input type="checkbox"/> 3628 OTHER RETINAL DISORDERS							

UNLISTED REASON FOR VISIT (if not listed in columns above)

PRIMARY					SECONDARY				
V	()	()	()	()	V	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()
()	()	()	()	()	()	()	()	()	()

OPTOMETRY PATIENT (BHCA)

OTHER UCA
 BHCH BHCI

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
 APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
 PLACE OF VISIT
 Ward
 Telephone
 Home
 Other

UCA CODE (if not above):
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

INPATIENT OR REFERRAL CODE
 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH		1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/> Jan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Apr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISIT COUNT
 (0)
 (1)
 (2)
 (3)
 (4)
 (5)
 (6)
 (7)
 8
 9

PROVIDER

#1 CARE PROVIDER	#1 TIME SPENT WITH PATIENT	#2 CARE PROVIDER
<input type="checkbox"/>	<input type="checkbox"/> 2 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 10 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 15 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 20 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 30 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 45 minutes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 1 hour	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 1 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 2 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 3 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 3 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 4 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 4 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 5 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 6 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 6 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 7 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 7 1/2 hours	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> 8 hours	<input type="checkbox"/>

JOB REL ILL/INJ (not LOD det)
 Yes

MILITARY ONLY
 DUTY
 QUARTERS:
 24 hours
 48 hours
 72 hours
 PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
 1
 2
 3
 4
 5
 6
 7
 8
 9

REASON FOR #2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other

NOT AVAILABLE
 Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA 44875

EVALUATIONS SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER 1	PROVIDER 2	PROVIDER 2
Yes	Yes	Yes
<input type="checkbox"/> 92001 TRIAGE/SCREENING	<input type="checkbox"/> 92065 EVALUATION	<input type="checkbox"/> 92492 EVALUATION
<input type="checkbox"/> 92001 TRIAGE/SCREENING	<input type="checkbox"/> 92066 FOLLOW-UP	<input type="checkbox"/> 92494 FITTING
<input type="checkbox"/> 92004 COMPREHENSIVE	<input type="checkbox"/> 92067 TRAINING SESSION	<input type="checkbox"/> 92496 REFITTING
<input type="checkbox"/> 92004 COMPREHENSIVE	<input type="checkbox"/> 92100 TONOMETRY	<input type="checkbox"/> 92498 DISPENSING
<input type="checkbox"/> 92056 CONSULTATIVE	<input type="checkbox"/> 92020 BIOMSCOPY	<input type="checkbox"/> 92499 FOLLOW-UP
<input type="checkbox"/> 92289 CLASS I	<input type="checkbox"/> 92481 LENSMETRY	<input type="checkbox"/> 92499 VERIFICATION
<input type="checkbox"/> 92289 CLASS I	<input type="checkbox"/> 92227 BIOMICROSCOPY	<input type="checkbox"/> 92528 MODIFICATION/CLEANING
<input type="checkbox"/> 92289 CLASS II	<input type="checkbox"/> 92289 COLOR VISION	<input type="checkbox"/> 92490 ORDER/VERIFICATION
<input type="checkbox"/> 92289 CLASS III	<input type="checkbox"/> 92278 DEPTH PERCEPTION	<input type="checkbox"/> 92069 NEW ORDER
<input type="checkbox"/> 92292 ATE/WO EXAM	<input type="checkbox"/> 92780 KERATOMETRY	<input type="checkbox"/> 92070 REORDER/VERIFICATION
<input type="checkbox"/> 92293 FAA	<input type="checkbox"/> 92085 PERIMETRY, AUTOMATED	<input type="checkbox"/> 92071 REPAIR/ADJUSTMENT/DISPENSING
<input type="checkbox"/> 92221 SAFETY SPEC EXAM	<input type="checkbox"/> 92498 AUTO REFACTION	<input type="checkbox"/> PERIODIC/ROUTINE
<input type="checkbox"/> 92278 LASER EVALUATION	<input type="checkbox"/> 92260 PHOTOGRAPHY, FUNDUS	<input type="checkbox"/> MEPS
<input type="checkbox"/> 92277 MICROWAVE EVALUATION	<input type="checkbox"/> 92093 PERIMETRY, GOLDMANN	<input type="checkbox"/> DODMERS
<input type="checkbox"/> 92488 OCCUPATIONAL VISION SURVEY	<input type="checkbox"/> 92088 PERIMETRY, TANGENT SCREEN	<input type="checkbox"/> DRIVERS LICENSE
<input type="checkbox"/> 92005 IRRIGATION, EYE	<input type="checkbox"/> 92288 PHOTOGRAPHY, ANT SEGMENT	<input type="checkbox"/> SVC SCHOOL
<input type="checkbox"/> 92224 REMOVAL FOREIGN BODY	<input type="checkbox"/> 92286 PHOTOGRAPHY, EXTERNAL	<input type="checkbox"/> PEB/MEB
<input type="checkbox"/> 92021 EVALUATION	<input type="checkbox"/> 92280 VISUAL EVOKED RESPONSE	<input type="checkbox"/> OTHER
<input type="checkbox"/> 92022 FOLLOW-UP	<input type="checkbox"/> 92282 CONTRAST SENSITIVITY	
<input type="checkbox"/> 92023 CONSULTATION/DISPENSING	<input type="checkbox"/> 92284 DARK ADAPTATION	
	<input type="checkbox"/> 92270 ELECTRO-OCULOGRAPHY	
	<input type="checkbox"/> 92275 ELECTRO-RETINOGRAPHY	

ADDITIONAL PROCEDURES

PROVIDER 2				PROVIDER 2			
Yes				Yes			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 37940 ABNORMALITIES OF PUPIL	<input type="checkbox"/> 3713 CHANGES IN CORNEAL MEMBRANE	<input type="checkbox"/> 3640 IRIDOCYCLITIS	
<input type="checkbox"/> 36800 AMBLYOPIA	<input type="checkbox"/> 346 MIGRAINE	<input type="checkbox"/> 3714 CORNEAL ABRASION	<input type="checkbox"/> 31811 CORNEAL ABRASION	<input type="checkbox"/> 3647 IRIS, ADHESIONS & DISRUPTIONS	
<input type="checkbox"/> 36731 ANISOMETROPIA	<input type="checkbox"/> 35800 MYASTHENIA GRAVIS	<input type="checkbox"/> 37190 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 3645 IRIS DEGENERATIONS	
<input type="checkbox"/> 36720 ASTIGMATISM	<input type="checkbox"/> 37950 NYSTAGMUS	<input type="checkbox"/> 37150 CORNEAL DYSTROPHY	<input type="checkbox"/> 3712 CORNEAL EDEMA	<input type="checkbox"/> 35310 CHORIORETINITIS, DISSEMINATED	
<input type="checkbox"/> 36700 HYPERMETROPIA	<input type="checkbox"/> 7840 HEADACHE (NOT MIGRAINE)	<input type="checkbox"/> 3706 CORNEAL NEOVASCULARIZATION	<input type="checkbox"/> 3711 CORNEAL PIGMENTATION	<input type="checkbox"/> 36300 CHORIORETINITIS, FOCAL	
<input type="checkbox"/> 3674 PRESBYOPIA	<input type="checkbox"/> 377 DISORDER OF OPTIC NERVE & VISUAL PATHWAYS	<input type="checkbox"/> 3710 CORNEAL SCARS & OPAICITIES	<input type="checkbox"/> 3710 CORNEAL SCARS & OPAICITIES	<input type="checkbox"/> 3634 CHOROID DEGENERATION	
<input type="checkbox"/> 3671 MYOPIA		<input type="checkbox"/> 3700 CORNEAL ULCER	<input type="checkbox"/> 3705 KERATITIS, INTERSTITIAL	<input type="checkbox"/> 36250 MACULAR DEGENERATION	
<input type="checkbox"/> 36741 EMMETROPIA		<input type="checkbox"/> 3702 KERATITIS, SUPERFICIAL	<input type="checkbox"/> 3702 KERATITIS, SUPERFICIAL	<input type="checkbox"/> 3620 RETINOPATHY, DIABETIC	
<input type="checkbox"/> 36725 MYOPIC ASTIGMATISM	<input type="checkbox"/> 3722 BLEPHARO-CONJUNCTIVITIS	<input type="checkbox"/> 3703 KERATOCONJUNCTIVITIS	<input type="checkbox"/> 3703 KERATOCONJUNCTIVITIS	<input type="checkbox"/> 3621 RETINOPATHY, VASCULAR	
<input type="checkbox"/> 36723 HYPEROPIC ASTIGMATISM	<input type="checkbox"/> 37250 CONJUNCTIVAL DEGENERATION	<input type="checkbox"/> 3703 KERATOCONJUNCTIVITIS	<input type="checkbox"/> 3703 KERATOCONJUNCTIVITIS	<input type="checkbox"/> 3622 RETINOPATHY, NONDIABETIC	
<input type="checkbox"/> 3674 MIXED ASTIGMATISM	<input type="checkbox"/> 3720 CONJUNCTIVITIS, ACUTE	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 36741 ACCOMMODATIVE DISORDER	<input type="checkbox"/> 3721 CONJUNCTIVITIS, CHRONIC	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3685 COLOR VISION DEFICIENCIES	<input type="checkbox"/> 37214 CONJUNCTIVITIS, ALLERGY	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 921 CONTUSION OF EYE & ADNEXA	<input type="checkbox"/> 37251 PINGUECULA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3682 DIPLOPIA	<input type="checkbox"/> 3724 PTERYGIUM	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 930 FOREIGN BODY, EXTERNAL	<input type="checkbox"/> 3727 VASCULAR DISORDERS & CYSTS	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 36860 NIGHT BLINDNESS	<input type="checkbox"/> 37841 ESOPHORIA, FAR/NEAR	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 36817 PHOTOPHOBIA	<input type="checkbox"/> 37842 ESOPHORIA, FAR/NEAR	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 36640 VISUAL FIELD DEFECT	<input type="checkbox"/> 3780 ESOTROPIA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 36810 SUBJECTIVE VISUAL DISTURBANCE	<input type="checkbox"/> 37836 ESOTROPIA, ACCOMMODATIVE	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3730 BLEPHARITIS	<input type="checkbox"/> 3781 EXOTROPIA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3732 UNHALAZION	<input type="checkbox"/> 37831 HYPERTROPIA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 37450 DEGENERATIVE DISORDERS	<input type="checkbox"/> 37832 HYPOTROPIA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3741 ECTROPION	<input type="checkbox"/> 37834 MONOFIXATION SYNDROME	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3740 ENTROPION	<input type="checkbox"/> 3786 STRABISMUS, MECHANICAL	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3731 HORDEOLUM	<input type="checkbox"/> 3785 STRABISMUS, PARALYTIC	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3736 INFECTIVE DERMATITIS	<input type="checkbox"/> 3787 STRABISMUS, OTHER	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3733 NON-INFECTIVE DERMATITIS	<input type="checkbox"/> 37848 HYPERTROPIA	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 37430 PTOSIS	<input type="checkbox"/> 37899 CONVERGENCE, INSUFFICIENCY	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3744 SENSORIMOTOR DISORDERS	<input type="checkbox"/> 37896 CONVERGENCE, EXCESS	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3780 DACTYLOADENITIS	<input type="checkbox"/> 37818 DIVERGENCE, INSUFFICIENCY	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3782 EPIPHORA	<input type="checkbox"/> 37896 DIVERGENCE, EXCESS	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3753 INFLAMMATION, ACUTE		<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3754 INFLAMMATION, CHRONIC		<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	
<input type="checkbox"/> 3755 STENOSIS/INSUFFICIENCY		<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37180 CORNEAL DISORDER, CONTACT LENS INDUCED	<input type="checkbox"/> 37821 VITREOUS DEGENERATION	

UNLISTED REASON FOR VISIT (if not listed in columns above)

PRIMARY				SECONDARY			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORTHO APPLIANCE/CAST PATIENT (BEEA)

OTHER UCA
 BEBA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
	<input type="radio"/> Jan														
	<input type="radio"/> Feb														
(1) (0)	<input type="radio"/> Mar	(0) (0)	(0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)												
(1) (1)	<input type="radio"/> Apr	(1) (1)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)												
(2) (2)	<input type="radio"/> May	(2) (2)	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)												
(3) (3)	<input type="radio"/> Jun	(3) (3)	(3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)												
(4)	<input type="radio"/> Jul	(4)	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)												
(5)	<input type="radio"/> Aug	(5)	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)												
(6)	<input type="radio"/> Sep	(6)	(6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6)												
(7)	<input type="radio"/> Oct	(7)	(7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)												
(8)	<input type="radio"/> Nov	(8)	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)												
(9)	<input type="radio"/> Dec	(9)	(9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)												

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
 Other (1) (2) (3)

VISIT COUNT

(0)
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

UCA CODE (if not above)

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)
 (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T)
 (U) (V) (W) (X) (Y) (Z)

INPATIENT OR REFERRAL CODE

(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
 (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)
 (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T)
 (U) (V) (W) (X) (Y) (Z)

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) A (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) B (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) C (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) D (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) E (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) F (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) G (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) H (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) I (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) J (W) K (X) L (Y) M (Z)		<input type="radio"/> 2 minutes <input type="radio"/> 5 minutes <input type="radio"/> 10 minutes <input type="radio"/> 15 minutes <input type="radio"/> 20 minutes <input type="radio"/> 30 minutes <input type="radio"/> 45 minutes <input type="radio"/> 1 hour <input type="radio"/> 1½ hours <input type="radio"/> 2 hours <input type="radio"/> 2½ hours <input type="radio"/> 3 hours <input type="radio"/> 3½ hours <input type="radio"/> 4 hours <input type="radio"/> 4½ hours <input type="radio"/> 5 hours <input type="radio"/> 5½ hours <input type="radio"/> 6 hours <input type="radio"/> 6½ hours <input type="radio"/> 7 hours <input type="radio"/> 7½ hours <input type="radio"/> 8 hours		(0) (1) (2) (3) (4) (5) (6) (7) (8) (9) A (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) B (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) C (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) D (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) E (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) F (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) G (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) H (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) I (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) J (W) K (X) L (Y) M (Z)

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1) (2) (3)

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

SPECIFIC PREASSIGNED CLINIC CODES

(0)
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

DO NOT MARK IN THIS AREA 21494

EVALUATIONS SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES									
PROVIDER 2					PROVIDER 2				
Yes					Yes				
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

- 29012 BODY/LIE
- 29365 LE, CYLINDER
- 29308 LE, HIP SPICA UNILATERAL
- 29345 LE, LONG LEG
- 29355 LE, LONG LEG, WALKER/AMB TYPE
- 29435 LE, PATELLAR BEARING
- 29065 LONG ARM
- 29458 POST AMPUTATION
- 29801 PRIMARY
- 29802 SECONDARY OR TERTIARY
- 29078 SHORT ARM
- 29405 SHORT LEG
- 29425 SHORT LEG, WALKER/AMB TYPE

- 07301 MEASUREMENT
- 07302 FITTING
- 07303 FOLLOW-UP

- 29705 FULL ARM/FULL LEG
- 29700 GAUNTLET, BOOT, BODY
- 29710 SPICA
- 29800 REAPPLICATION

- BHI
- CORK & LEATHER ARCH SUPPORTS
- DENNIS BROWN SPLINTS
- FLEXI-FLANGE
- HEAT MOLDED PLASTIZOTE
- HEEL CLIPS
- HEEL SPUR INSERT
- HEEL WEDGES (INTERNAL)
- HEEL LIFTS, 1/4, 3/8, 1/2 INCH
- MORTONS EXTENSION
- PLASTIZOTE INSOLE
- POLYPROPYLENE ARCH SUPPORTS
- REECE SHOE
- REECE SHOE W/EXTRA PADDING
- SOFT SOLE
- SOLE WEDGES (INTERNAL)

- AFO (FABRICATED)
- AFO (STOCK)
- CANVAS LACE
- ELASTIC ANKLET
- LEATHER LACE
- M-R SPLINT
- ORTHOPLAST STIRRUP SPLINT
- SHORT LEG ORTHOSIS
- OTHER (ANKLE)

- AIRPLANE SPLINTS
- CANVAS WRIST GAUNTLET
- CVA SLING
- ELASTIC WRIST BAND
- ELBOW PADS
- FINGER SPLINTS
- JOBST GLOVES
- POLYPROPYLENE WRIST GAUNTLET
- TENNIS ELBOW
- OTHER (ARMS/HANDS)

- 29130 FINGER
- 29105 LONG ARM
- 29505 LONG LEG
- 29125 SHORT ARM
- 29515 SHORT LEG

- SPENCO
- INSERTS
- W/SCAPHOID PAD
- W/CUTOUTS
- W/CUTOUTS & SCAPHOID PADS
- W/METATARSAL PADS
- W/METATARSAL BARS
- W/DANCERS PEG
- FOREFOOT EXTENSION
- W/WEDGE
- W/SCAPHOID & WEDGE
- W/MET BAR & SCAPHOID PAD
- STOCK ARCH SUPPORTS
- UCB INSERTS
- OTHER (FEET)

- CALF LEATHER
- CART/HINGED/ELASTIC SUPPORT
- CHO-PAT STRAP
- DONJOY KNEE BRACE
- GARTER BELT
- JOBST HOSE
- JOBST HOSE W/GARTER BELT
- KO (FABRICATED)
- LENOX HILL
- LERMAN
- LONG LEG ORTHOSIS
- NEOPRENE SLEEVE
- PATELLA STABILIZER
- PTB (GRTHOPLAST)
- PTB (POLYPROPYLENE)
- SWEDISH KNEE CAGE
- THIGH LACER
- WAIST SUSPENSION BELT
- OTHER (KNEE/LEG)

- ABDOMINAL BINDER
- CASH
- CERVICAL COLLAR
- CHAIR BACK
- DORSO-LUMBAR CORSET
- FOUR POSTER
- JEWETT
- L/S/S-I CORSET
- S.O.M.I.
- TAYLOR BACK
- TLSO
- OTHER (SPINAL)

- 29540 ANKLE
- 29260 ELBOW/WRIST
- 29289 HAND/FINGER
- 29530 KNEE
- 29220 LOW BACK
- 29240 SHOULDER
- 29550 TOES
- 29793 UNLISTED STRAPPING

- DISTAL END PAD
- PYLONS/SATCH FOOT
- STUMP SOCKS
- OTHER (PROSTHETICS)

- AKHO
- HO
- PAVLUK HARNESS
- SCOTTISH-RITE
- OTHER (HIPS)

- VELCRO
- BOSTON SHOES
- BUILD-UPS
- CREPE SOLES
- HEELS
- LEATHER SOLES
- METATARSAL BARS (EXTERNAL)
- RIPPLE SOLES
- ROCKER BOTTOM
- STIRRUP CHANGES
- STRETCH BOOTS
- WEDGES (EXTERNAL)
- OTHER (SHOES)

- 90001 DRESSING CHANGE
- 29459 FRACTURE MANIP & IMMOB, NOS
- 05559 MEASUREMENT, RANGE OF MOTION
- 99100 REECE SHOE
- 29600 REMOVE PLATE, BAND SCREW, WIRE
- 29174 SUTURE REMOVAL & DRESSING
- 29589 UNNA BOOT
- 04127 WOUND MANAGEMENT

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	CAST CLINIC DIAGNOSES
<input type="checkbox"/>	<input type="checkbox"/>	V5895 AFTERCARE AMPUTATION
<input type="checkbox"/>	<input type="checkbox"/>	7389 ANATOMIC DEFORMITY (BUNION, SPUR)
<input type="checkbox"/>	<input type="checkbox"/>	71680 ARTHRITIS
<input type="checkbox"/>	<input type="checkbox"/>	8361 CARTILAGE TEAR, LAT MENISCUS
<input type="checkbox"/>	<input type="checkbox"/>	8360 CARTILAGE TEAR, MED MENISCUS
<input type="checkbox"/>	<input type="checkbox"/>	839 DISLOCATION
<input type="checkbox"/>	<input type="checkbox"/>	828 FRACTURE
<input type="checkbox"/>	<input type="checkbox"/>	71880 JOINT INSTABILITY
<input type="checkbox"/>	<input type="checkbox"/>	72892 LIGAMENT INJURY
<input type="checkbox"/>	<input type="checkbox"/>	72892 SOFT TISSUE DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	72995 SOFT TISSUE INJURY
<input type="checkbox"/>	<input type="checkbox"/>	848 SPRAIN/STRAIN

1*	2*	ORTHO APPLIANCE DIAGNOSES
<input type="checkbox"/>	<input type="checkbox"/>	829 FRACTURE
<input type="checkbox"/>	<input type="checkbox"/>	848 SPRAIN/STRAIN
<input type="checkbox"/>	<input type="checkbox"/>	72995 SOFT TISSUE INJURY
<input type="checkbox"/>	<input type="checkbox"/>	72992 SOFT TISSUE DISORDER
<input type="checkbox"/>	<input type="checkbox"/>	V5895 AFTERCARE AMPUTATION
<input type="checkbox"/>	<input type="checkbox"/>	71880 JOINT INSTABILITY
<input type="checkbox"/>	<input type="checkbox"/>	V5371 NEEDS ORTHOTIC APPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	78897 ORTHOPEDIC PAIN
<input type="checkbox"/>	<input type="checkbox"/>	V5372 REPAIR OF ORTHOTIC APPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	V5373 REPAIR OF PROSTHESIS
<input type="checkbox"/>	<input type="checkbox"/>	V5496 PROBLEM W/PROSTHESIS

UNLISTED REASON FOR VISIT (if not listed in columns above)									
PRIMARY					SECONDARY				
V	0	0	0	0	V	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

ORTHOPEDICS PATIENT (BEAA)

OTHER UCA
 BEBA BEFA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
 APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
 PLACE OF VISIT
 Ward
 Telephone
 Home
 Other (1) (2) (3)

UCA CODE (if not above)

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

INPATIENT OR REFERRAL CODE

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

PATIENT DATA

TODAY'S DATE		FMP		SPONSOR'S SSN						
DAY	MONTH									
	<input type="radio"/> Jan									
	<input type="radio"/> Feb									
(1) (1)	<input type="radio"/> Mar	(1) (1)		(1) (1)	(1) (1)	(1) (1)	(1) (1)	(1) (1)	(1) (1)	(1) (1)
(2) (2)	<input type="radio"/> Apr	(2) (2)		(2) (2)	(2) (2)	(2) (2)	(2) (2)	(2) (2)	(2) (2)	(2) (2)
(3) (3)	<input type="radio"/> May	(3) (3)		(3) (3)	(3) (3)	(3) (3)	(3) (3)	(3) (3)	(3) (3)	(3) (3)
(4) (4)	<input type="radio"/> Jun	(4) (4)		(4) (4)	(4) (4)	(4) (4)	(4) (4)	(4) (4)	(4) (4)	(4) (4)
(5) (5)	<input type="radio"/> Jul	(5) (5)		(5) (5)	(5) (5)	(5) (5)	(5) (5)	(5) (5)	(5) (5)	(5) (5)
(6) (6)	<input type="radio"/> Aug	(6) (6)		(6) (6)	(6) (6)	(6) (6)	(6) (6)	(6) (6)	(6) (6)	(6) (6)
(7) (7)	<input type="radio"/> Sep	(7) (7)		(7) (7)	(7) (7)	(7) (7)	(7) (7)	(7) (7)	(7) (7)	(7) (7)
(8) (8)	<input type="radio"/> Oct	(8) (8)		(8) (8)	(8) (8)	(8) (8)	(8) (8)	(8) (8)	(8) (8)	(8) (8)
(9) (9)	<input type="radio"/> Nov	(9) (9)		(9) (9)	(9) (9)	(9) (9)	(9) (9)	(9) (9)	(9) (9)	(9) (9)
(0) (0)	<input type="radio"/> Dec	(0) (0)		(0) (0)	(0) (0)	(0) (0)	(0) (0)	(0) (0)	(0) (0)	(0) (0)

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
		<input type="radio"/> 2 minutes		
		<input type="radio"/> 5 minutes		
(1) (1)	(1) (1)	<input type="radio"/> 10 minutes	(1) (1)	(1) (1)
(2) (2)	(2) (2)	<input type="radio"/> 15 minutes	(2) (2)	(2) (2)
(3) (3)	(3) (3)	<input type="radio"/> 20 minutes	(3) (3)	(3) (3)
(4) (4)	(4) (4)	<input type="radio"/> 30 minutes	(4) (4)	(4) (4)
(5) (5)	(5) (5)	<input type="radio"/> 45 minutes	(5) (5)	(5) (5)
(6) (6)	(6) (6)	<input type="radio"/> 1 hour	(6) (6)	(6) (6)
(7) (7)	(7) (7)	<input type="radio"/> 1 1/2 hours	(7) (7)	(7) (7)
(8) (8)	(8) (8)	<input type="radio"/> 2 hours	(8) (8)	(8) (8)
(9) (9)	(9) (9)	<input type="radio"/> 2 1/2 hours	(9) (9)	(9) (9)
(0) (0)	(0) (0)	<input type="radio"/> 3 hours	(0) (0)	(0) (0)
(1) (1)	(1) (1)	<input type="radio"/> 3 1/2 hours	(1) (1)	(1) (1)
(2) (2)	(2) (2)	<input type="radio"/> 4 hours	(2) (2)	(2) (2)
		<input type="radio"/> 4 1/2 hours		
		<input type="radio"/> 5 hours		
		<input type="radio"/> 5 1/2 hours		
		<input type="radio"/> 6 hours		
		<input type="radio"/> 6 1/2 hours		
		<input type="radio"/> 7 hours		
		<input type="radio"/> 7 1/2 hours		
		<input type="radio"/> 8 hours		

REASON FOR # 2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1) (2) (3)

JOB REL ILL/INJ (not LOD det)
 Yes

MILITARY ONLY

DUTY QUARTERS:
 24 hours
 48 hours
 72 hours

PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

NOT AVAILABLE

Medical record
 Lab results
 X-Ray

DO NOT MARK IN THIS AREA 41370

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES									
PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER 2 Yes <input type="checkbox"/>				PROVIDER 2 Yes <input type="checkbox"/>			
EVALUATIONS		CASTS		SURGERY									
<input type="checkbox"/> 87070 CULTURE	<input type="checkbox"/> 89820 NEUROVASCULAR EVAL	<input type="checkbox"/> 29065 LONG ARM CAST	<input type="checkbox"/> 29075 SHORT ARM CAST	<input type="checkbox"/> 20601 ARTHROCENTESIS	<input type="checkbox"/> 11100 BIOPSY	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 85831 MUSCLE TEST	<input type="checkbox"/> 85851 ROM MEASUREMENT	<input type="checkbox"/> 29045 LONG LEG CAST	<input type="checkbox"/> 29405 SHORT LEG CAST	<input type="checkbox"/> 29002 CLOSED REDUCTION & CAST	<input type="checkbox"/> 11044 DEBRIDE SKIN, MUSCLE, BONE	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 20998 OTHER		<input checked="" type="checkbox"/> 29001 OTHER CAST	<input checked="" type="checkbox"/> 29100 SPLINT	<input checked="" type="checkbox"/> 10120 FOREIGN BODY REMOVAL	<input checked="" type="checkbox"/> 10060 I&D ABSCESS	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
				<input type="checkbox"/> 20670 REMOVE PLATE, SCREW, WIRE	<input type="checkbox"/> 99074 SUTURE REMOVAL	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
		<input checked="" type="checkbox"/> 89780 ANES & STERIOD		<input type="checkbox"/> 12001 SUTURE WOUND	<input type="checkbox"/> 04127 WOUND MANAGEMENT	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
		<input type="checkbox"/> 84460 NERVE BLOCK		<input type="checkbox"/> 99005 CONSULTATION		<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
		<input type="checkbox"/> 89782 OTHER				<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)																																																																				
1° is Follow-up		1° is Rule/out		1° 2°		1° 2°		1° 2°																																																												
1°	2°	1°	2°	1°	2°	1°	2°	1°	2°																																																											
SPINE				GENERAL				HIP/THIGH																																																												
<input type="checkbox"/> 7561 CONGENITAL ANOMALY	<input type="checkbox"/> 737 CURVATURE/SCHOLIOSIS/KYPHOSIS	<input type="checkbox"/> 7220 DISPLACEMENT, CERVICAL DISK	<input type="checkbox"/> 806 FRACTURE W/NEUROL INJURY	<input type="checkbox"/> 805 FRACTURE W/O NEUROL INJURY	<input type="checkbox"/> 720 INFLAMMATORY SPONDYLITIS	<input type="checkbox"/> 722 INTERVERTEBRAL DISORDER	<input type="checkbox"/> 7242 LOW BACK SYNDROME	<input type="checkbox"/> 74191 MENINGOYELOCELE	<input type="checkbox"/> 7244 RADICULAR SYNDROME LOWER BACK	<input type="checkbox"/> 741 SPINA BIFIDA	<input type="checkbox"/> 72400 SPINAL STENOSIS	<input type="checkbox"/> 7384 SPONDYLOLISTHESIS	<input type="checkbox"/> 721 SPONDYLOSIS	<input type="checkbox"/> 8470 STRAIN, CERVICAL	<input type="checkbox"/> 8460 STRAIN, LUMBOSACRAL	<input type="checkbox"/> 23924 TUMOR	<input type="checkbox"/> 724 OTHER BACK DISORDER	<input type="checkbox"/> 723 OTHER CERVICAL DISORDER																																																		
SHOULDER & ARM				ELBOW/FOREARM				KNEE/LEG																																																												
<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS	<input type="checkbox"/> 89731 AMPUTATION	<input type="checkbox"/> 8062 COMPRESSION FX (THORACIC) W/NEURO LOSS	<input type="checkbox"/> 8052 COMPRESSION FX W/O NEURO LOSS	<input type="checkbox"/> 83104 DISLOCATION AC JOINT	<input type="checkbox"/> 83100 DISLOCATION SHOULDER (CLOSED)	<input type="checkbox"/> 81208 FRACTURE	<input type="checkbox"/> 81000 FRACTURE CLAVICLE	<input type="checkbox"/> 812 FRACTURE HUMERUS	<input type="checkbox"/> 81100 FRACTURE SCAPULA	<input type="checkbox"/> 955 NERVE INJURY	<input type="checkbox"/> 953 NERVE ROOT/PLEXUS INJURY	<input type="checkbox"/> 71591 OSTEOARTHRITIS OF SHOULDER	<input type="checkbox"/> 7261 ROTATOR CUFF/ARTHROPATHY	<input type="checkbox"/> 23926 TUMOR OF SHOULDER	<input type="checkbox"/> 7262 OTHER AFFECTIONS OF SHOULDER	<input type="checkbox"/> 88752 AMPUTATION	<input type="checkbox"/> 832 DISLOCATION	<input type="checkbox"/> 72638 EPICONDYLITIS/BURSITIS	<input type="checkbox"/> 81245 DISTAL HUMERUS	<input type="checkbox"/> 81381 RADIUS	<input type="checkbox"/> 81382 ULNA, SHAFT	<input type="checkbox"/> 955 NERVE INJURY	<input type="checkbox"/> 71593 OSTEOARTHRITIS	<input type="checkbox"/> 72639 OTHER	<input type="checkbox"/> 8974 AMPUTATION	<input type="checkbox"/> 71696 ARTHRITIS	<input type="checkbox"/> 72751 BAKER'S CYST	<input type="checkbox"/> 7177 CHONDROMALACIA, PATELLA	<input type="checkbox"/> 95881 COMPARTMENT SYNDROME, ACUTE	<input type="checkbox"/> 95882 COMPARTMENT SYNDROME, CHRONIC	<input type="checkbox"/> 92411 CONTUSION, KNEE	<input type="checkbox"/> 92410 CONTUSION, LEG	<input type="checkbox"/> 836 DISLOCATION	<input type="checkbox"/> 822 FX PATELLA	<input type="checkbox"/> 823 FX TIBIA/FIBULA	<input type="checkbox"/> 7187 INSTABILITY OF THE KNEE	<input type="checkbox"/> 717 INTERNAL DERANGEMENT	<input type="checkbox"/> 71786 LIGAMENT INJURY	<input type="checkbox"/> 7176 LOOSE BODIES	<input type="checkbox"/> 7327 OSTEOCHONDRITIS DISSECANS	<input type="checkbox"/> 71998 PATELLA SYNDROME	<input type="checkbox"/> 72664 PATELLAR TENDINITIS	<input type="checkbox"/> 73314 STRESS FRACTURE	<input type="checkbox"/> 23927 TUMOR	<input type="checkbox"/> 72666 OTHER	<input type="checkbox"/> 84508 ACHILLES TENDON INJURY	<input type="checkbox"/> 8960 AMPUTATION	<input type="checkbox"/> 7271 BUNION	<input type="checkbox"/> 7545 CAVUS FOOT/VARUS DEFORMITY	<input type="checkbox"/> 75454 CLUB FOOT	<input type="checkbox"/> 92420 CONTUSION	<input type="checkbox"/> 700 CORN/CALLUS	<input type="checkbox"/> 837 DISLOCATION OF ANKLE	<input type="checkbox"/> 83800 DISLOCATION OF FOOT	<input type="checkbox"/> 824 FX OF ANKLE	<input type="checkbox"/> 825 FX OF FOOT	<input type="checkbox"/> 828 FX OF TOE	<input type="checkbox"/> 72670 METATARSALGIA	<input type="checkbox"/> 703 NAIL DISEASE	<input type="checkbox"/> 35551 NERVE COMPRESSION	<input type="checkbox"/> 71597 OSTEOARTHRITIS	<input type="checkbox"/> 71492 RHEUMATOID/INFLAMMATORY ARTHRITIS	<input type="checkbox"/> 845 SPRAIN	<input type="checkbox"/> 73313 STRESS FRACTURE	<input type="checkbox"/> 735 TOE DEFORMITIES	<input type="checkbox"/> 7546 VALGUS DEFORMITIES	<input type="checkbox"/> 72678 OTHER	<input type="checkbox"/> V6554 WORRIED/CONCERNED WELL

UNLISTED REASON FOR VISIT (if not listed in columns above)			
PRIMARY		SECONDARY	
V	(0) 0 (0) 0 (0)	V	(0) 0 (0) 0 (0)
	(1) 1 (1) 1 (1)		(1) 1 (1) 1 (1)
S	(2) 2 (2) 2 (2)	S	(2) 2 (2) 2 (2)
	(3) 3 (3) 3 (3)		(3) 3 (3) 3 (3)
	(4) 4 (4) 4 (4)		(4) 4 (4) 4 (4)
	(5) 5 (5) 5 (5)		(5) 5 (5) 5 (5)
	(6) 6 (6) 6 (6)		(6) 6 (6) 6 (6)
	(7) 7 (7) 7 (7)		(7) 7 (7) 7 (7)
	(8) 8 (8) 8 (8)		(8) 8 (8) 8 (8)
	(9) 9 (9) 9 (9)		(9) 9 (9) 9 (9)

PAIN/PHYSICAL MEDICINE PATIENT (BBAB)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 



OTHER UCA
 DNCA

IF NOT SCHEDULED
 APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
 PLACE OF VISIT
 Ward
 Telephone
 Home
 Other (1)(2)(3)

UCA CODE (if not above)

0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z				

INPATIENT OR REFERRAL CODE

A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z				

VISIT COUNT

0
1
2
3
4
5
6
7
8
9

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN													
DAY	MONTH															
	<input type="radio"/> Jan															
	<input type="radio"/> Feb															
<input type="radio"/> 01	<input type="radio"/> Mar	<input type="radio"/> 01														
<input type="radio"/> 02	<input type="radio"/> Apr	<input type="radio"/> 02														
<input type="radio"/> 03	<input type="radio"/> May	<input type="radio"/> 03														
<input type="radio"/> 04	<input type="radio"/> Jun	<input type="radio"/> 04														
<input type="radio"/> 05	<input type="radio"/> Jul	<input type="radio"/> 05														
<input type="radio"/> 06	<input type="radio"/> Aug	<input type="radio"/> 06														
<input type="radio"/> 07	<input type="radio"/> Sep	<input type="radio"/> 07														
<input type="radio"/> 08	<input type="radio"/> Oct	<input type="radio"/> 08														
<input type="radio"/> 09	<input type="radio"/> Nov	<input type="radio"/> 09														
<input type="radio"/> 10	<input type="radio"/> Dec	<input type="radio"/> 10														

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
	<input type="radio"/>	2 minutes	<input type="radio"/>	
	<input type="radio"/>	5 minutes	<input type="radio"/>	
<input type="radio"/> A	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/> B
<input type="radio"/> C	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/> C
<input type="radio"/> D	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/> E
<input type="radio"/> F	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/>	1 1/2 hours	<input type="radio"/>	<input type="radio"/> G
<input type="radio"/> H	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/>	2 1/2 hours	<input type="radio"/>	<input type="radio"/> I
<input type="radio"/> J	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/>	3 1/2 hours	<input type="radio"/>	<input type="radio"/> K
<input type="radio"/> L	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/>	4 1/2 hours	<input type="radio"/>	<input type="radio"/> M
<input type="radio"/> N	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/>	5 1/2 hours	<input type="radio"/>	<input type="radio"/> O
<input type="radio"/> P	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/>	6 1/2 hours	<input type="radio"/>	<input type="radio"/> Q
<input type="radio"/> R	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/>	7 1/2 hours	<input type="radio"/>	<input type="radio"/> S
<input type="radio"/> T	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/> T

REASON FOR #2 CARE PROVIDER
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1)(2)(3)

JOB REL ILL/INJ (not LOD del)
 Yes

MILITARY ONLY
 DUTY
 QUARTERS:
 24 hours
 48 hours
 72 hours
 PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
 1
 2
 3
 4
 5
 6
 7
 8

NOT AVAILABLE
 Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA 5066

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)			ADDITIONAL PROCEDURES	
PROVIDER 1	PROVIDER 2	PROVIDER 3	PROVIDER 2	
01 #2	01 #2	01 #2	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
PHYSICAL MEDICINE PROCEDURES			PAIN PROCEDURES	
MOTOR <input type="checkbox"/> 85906 ONE EXTREMITY <input type="checkbox"/> 85908 TWO EXTREMITIES <input type="checkbox"/> 85907 THREE EXTREMITIES <input type="checkbox"/> 85908 FOUR EXTREMITIES <input type="checkbox"/> 85909 FACIAL NERVE SENSORY <input type="checkbox"/> 85912 ONE EXTREMITY <input type="checkbox"/> 85913 TWO EXTREMITIES SURAL <input type="checkbox"/> 85914 ONE EXTREMITY <input type="checkbox"/> 85915 TWO EXTREMITIES <input type="checkbox"/> 87762 EXTREMITY TESTING			BLOCK <input type="checkbox"/> 84530 CELIAC PLEXUS <input type="checkbox"/> 82278 EPIDURAL <input type="checkbox"/> 84442 FAUCET JOINT <input type="checkbox"/> 84420 INTERCOSTAL <input type="checkbox"/> 84520 LUMBAR SYMPATHETIC <input type="checkbox"/> 84450 PERIPHERAL NERVE <input type="checkbox"/> 84505 SPHENOPALATINE GANGLION <input type="checkbox"/> 84441 SPINAL <input type="checkbox"/> 84510 STELLATE GANGLION <input type="checkbox"/> 84417 SYMPATHETIC AXILARY <input type="checkbox"/> 84512 SYMPATHETIC BIER <input type="checkbox"/> 82279 BLOOD PATCH <input type="checkbox"/> 82278 DIFFERENTIAL SPINAL EPIDURAL <input type="checkbox"/> 84488 CATHETER REINJECTION <input type="checkbox"/> 84485 CATHETER PLACEMENT <input type="checkbox"/> 84413 CERVICAL <input type="checkbox"/> 82275 DIFFERENTIAL <input type="checkbox"/> 82289 STERIODS <input type="checkbox"/> 20560 INJECTION, TRIGGER POINT <input type="checkbox"/> 11902 INTRALESIONAL STERIOD INJECTION <input type="checkbox"/> 80771 INTRATHECAL STERIOD	
TRANSIT ELECT NERVE STIMULATION <input checked="" type="checkbox"/> 97118 MANUAL <input checked="" type="checkbox"/> 97014 UNATTENDED <input checked="" type="checkbox"/> 20668 TRIGGER POINT STIMULATION <input checked="" type="checkbox"/> 90028 PHYSICAL EXAMINATION ELECTROMYOGRAPHY <input checked="" type="checkbox"/> 95883 THREE EXTREMITIES <input checked="" type="checkbox"/> 95884 FOUR EXTREMITIES <input checked="" type="checkbox"/> 95885 RELATED PARASPINAL MUSCLE <input checked="" type="checkbox"/> 95871 FACIAL MUSCLES <input checked="" type="checkbox"/> 95872 SPHINCTER EMG <input type="checkbox"/> 80805 CONSULTATION			JOINT INJECTION <input type="checkbox"/> 20605 INTERMEDIATE JOINT <input type="checkbox"/> 20610 MAJOR JOINT <input type="checkbox"/> 20600 SMALL JOINT NEUROLYTIC <input type="checkbox"/> 84462 INTERCOSTAL <input type="checkbox"/> 84480 CELIAC <input type="checkbox"/> 82283 LUMBAR SYMPATHETIC <input type="checkbox"/> 84461 PERIPHERAL <input type="checkbox"/> 82280 SUBARACHNOID <input type="checkbox"/> 80805 CONSULTATION	

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)					
1 st	2 nd	1 st	2 nd	1 st	2 nd
PHYSICAL MEDICINE DIAGNOSES		PAIN DIAGNOSIS/REASON FOR VISIT			
<input type="checkbox"/> 7831 ABNORMAL WEIGHT GAIN <input type="checkbox"/> 7832 ABNORMAL WEIGHT LOSS <input type="checkbox"/> 9952 ADVERSE EFFECTS-UNSPEC DRUGS <input type="checkbox"/> V719 OBSERVATION/EVALUATION <input type="checkbox"/> 7999 OTHER UNSPECIFIED DISEASE CARDIOVASCULAR <input type="checkbox"/> 492 EMPHYSEMA <input type="checkbox"/> 4405 GENERALIZED ISCHEMIC ASCVD <input type="checkbox"/> 451 PHLEBITIS/THROMBOPHLEBITIS <input type="checkbox"/> 4430 RAYNAUD'S SYNDROME <input type="checkbox"/> 454 VARICOSE VEINS (LEGS) DERMATOLOGY <input type="checkbox"/> 7854 GANGRENE <input type="checkbox"/> 7079 ULCER, CHRONIC ENDOCRINE/METABOLIC <input type="checkbox"/> 250 DIABETES MELLITIS <input type="checkbox"/> 274 GOUT <input type="checkbox"/> 2780 OBESITY (NON-ENDOCRINE) HEMATOLOGY AND NEOPLASTIC DISEASE <input type="checkbox"/> 7100 LUPUS, SYSTEMIC ERYTHEMATOSUS <input type="checkbox"/> 4460 POLYARTERITIS, NODOSA <input type="checkbox"/> 725 POLYMYALGIA <input type="checkbox"/> 7856 LYMPHADENOPATHY MUSCULOSKELETAL ARTHRITIS <input type="checkbox"/> 71430 JUVENILE <input type="checkbox"/> 71590 OSTEO <input type="checkbox"/> 0993 REITER'S <input type="checkbox"/> 7140 RHEUMATOID <input type="checkbox"/> 71690 UNSPECIFIED TYPE <input type="checkbox"/> 7273 BURSITIS <input type="checkbox"/> 7109 CONNECTIVE TISSUE DISEASE <input type="checkbox"/> 73397 COSTOCHONDRITIS <input type="checkbox"/> 7141 FELTY'S <input type="checkbox"/> 7290 FIBROSITIS <input type="checkbox"/> 72813 HETEROTOPIC OSSIFICATION (POST-OP) <input type="checkbox"/> 7291 MYALGIA <input type="checkbox"/> 7330 OSTEOPOROSIS <input type="checkbox"/> 696 PSORIASIS <input type="checkbox"/> 7243 SCIATICA <input type="checkbox"/> 7101 SCLERODERMA <input type="checkbox"/> 7209 SPONDYLITIS <input type="checkbox"/> 7270 SYNOVITIS/TENOSYN <input type="checkbox"/> 7336 TETZE'S <input type="checkbox"/> V8554 WORRIED/CONCERNED WELL		<input type="checkbox"/> 7840 HEADACHE <input type="checkbox"/> 0538 HERPES ZOSTER W/O COMPLICATION <input type="checkbox"/> 7291 MYALGIA, MYOSITIS <input type="checkbox"/> 35585 NERVE ENTRAPMENT SYNDROME PAIN <input type="checkbox"/> 78092 CHRONIC, NOS <input type="checkbox"/> 7890 ABDOMINAL, NOS <input type="checkbox"/> 7244 BACK, W/RADIATING SYMPTOMS <input type="checkbox"/> 72422 LOW BACK, RADICULAR <input type="checkbox"/> 7245 BACK NOS <input type="checkbox"/> 78400 FACIAL <input type="checkbox"/> 78098 SECONDARY TO MALIGNANCY <input type="checkbox"/> 44392 PERIPHERAL VASCULAR INSUFFIC <input type="checkbox"/> 72280 POST LAMINECTOMY SYNDROME <input type="checkbox"/> 05310 POST-HERPetic NEURALGIA <input type="checkbox"/> V7091 PRE-OP FOR PEDIATRIC PATIENTS <input type="checkbox"/> V7092 PRE-OP FOR OPHTHALMOLOGY PATIENTS <input type="checkbox"/> 7292 RADICULITIS, RADICULOPATHY <input type="checkbox"/> 33791 REFLEX SYMPATHETIC DYSTROPHY <input type="checkbox"/> V6540 SMOKING CESSATION <input type="checkbox"/> 3501 TRIGEMINAL NEURALGIA & NEURITIS <input type="checkbox"/> V8554 WORRIED/CONCERNED WELL			
		UNLISTED REASON FOR VISIT (if not listed in columns above)			
		PRIMARY		SECONDARY	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

PEDIATRIC PATIENT (BDAA)

OTHER UCA	
<input type="checkbox"/> BOBA	<input type="checkbox"/> BDBA
<input type="checkbox"/> BSYA	<input type="checkbox"/> BSYN
<input type="checkbox"/> BHAA	<input type="checkbox"/> BBYA

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill ovals completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.
- ONLY ACCEPTABLE MARK**



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

UCA CODE
(if not above)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B)	(A)	(A)	(A)
(B)	(B)	(B)	(B)
(C)	(C)	(C)	(C)
(D)	(D)	(D)	(D)
(E)	(E)	(E)	(E)
(F)	(F)	(F)	(F)
(G)	(G)	(G)	(G)
(H)	(H)	(H)	(H)
(I)	(I)	(I)	(I)
(J)	(J)	(J)	(J)
(K)	(K)	(K)	(K)
(L)	(L)	(L)	(L)
(M)	(M)	(M)	(M)
(N)	(N)	(N)	(N)
(O)	(O)	(O)	(O)
(P)	(P)	(P)	(P)
(Q)	(Q)	(Q)	(Q)
(R)	(R)	(R)	(R)
(S)	(S)	(S)	(S)
(T)	(T)	(T)	(T)
(U)	(U)	(U)	(U)
(V)	(V)	(V)	(V)
(W)	(W)	(W)	(W)
(X)	(X)	(X)	(X)
(Y)	(Y)	(Y)	(Y)
(Z)	(Z)	(Z)	(Z)

INPATIENT OR REFERRAL CODE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A)	(A)	(A)	(A)
(B)	(B)	(B)	(B)
(C)	(C)	(C)	(C)
(D)	(D)	(D)	(D)
(E)	(E)	(E)	(E)
(F)	(F)	(F)	(F)
(G)	(G)	(G)	(G)
(H)	(H)	(H)	(H)
(I)	(I)	(I)	(I)
(J)	(J)	(J)	(J)
(K)	(K)	(K)	(K)
(L)	(L)	(L)	(L)
(M)	(M)	(M)	(M)
(N)	(N)	(N)	(N)
(O)	(O)	(O)	(O)
(P)	(P)	(P)	(P)
(Q)	(Q)	(Q)	(Q)
(R)	(R)	(R)	(R)
(S)	(S)	(S)	(S)
(T)	(T)	(T)	(T)
(U)	(U)	(U)	(U)
(V)	(V)	(V)	(V)
(W)	(W)	(W)	(W)
(X)	(X)	(X)	(X)
(Y)	(Y)	(Y)	(Y)
(Z)	(Z)	(Z)	(Z)

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Jan													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Feb													
(1)	(1)	<input type="checkbox"/> Mar	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	<input type="checkbox"/> Apr	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	<input type="checkbox"/> May	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	<input type="checkbox"/> Jun	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	<input type="checkbox"/> Jul	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	<input type="checkbox"/> Aug	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	<input type="checkbox"/> Sep	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	<input type="checkbox"/> Oct	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	<input type="checkbox"/> Nov	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)
(0)	(0)	<input type="checkbox"/> Dec	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)

VISIT COUNT

(0)

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	
	<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	
(1)	(1)	10 minutes	(1)	(1)
(2)	(2)	15 minutes	(2)	(2)
(3)	(3)	20 minutes	(3)	(3)
(4)	(4)	30 minutes	(4)	(4)
(5)	(5)	45 minutes	(5)	(5)
(6)	(6)	1 hour	(6)	(6)
(7)	(7)	1 1/2 hours	(7)	(7)
(8)	(8)	2 hours	(8)	(8)
(9)	(9)	2 1/2 hours	(9)	(9)
(0)	(0)	3 hours	(0)	(0)
(1)	(1)	3 1/2 hours	(1)	(1)
(2)	(2)	4 hours	(2)	(2)
(3)	(3)	4 1/2 hours	(3)	(3)
(4)	(4)	5 hours	(4)	(4)
(5)	(5)	5 1/2 hours	(5)	(5)
(6)	(6)	6 hours	(6)	(6)
(7)	(7)	6 1/2 hours	(7)	(7)
(8)	(8)	7 hours	(8)	(8)
(9)	(9)	7 1/2 hours	(9)	(9)
(0)	(0)	8 hours	(0)	(0)

REASON FOR #2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

NOT AVAILABLE

Medical record

Lab results

X-Rays

SPECIFIC PREASSIGNED CLINIC CODES

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

DO NOT MARK IN THIS AREA

61587

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2
<input type="checkbox"/> 90009 COMPLAINT SPECIFIC MED EXAM	<input type="checkbox"/> 38600 ARTERIAL STICK	<input type="checkbox"/> 38000 IV, START
<input type="checkbox"/> 90008 COMPLAINT SPECIFIC F/U EXAM	<input type="checkbox"/> 20601 ASPIRATION, JOINT	<input type="checkbox"/> 82270 LUMBAR PUNCTURE
<input type="checkbox"/> 99028 DEVELOP SCREEN-HANDICAPS CHILD	<input type="checkbox"/> 51000 BLADDER TAP	<input type="checkbox"/> 89190 NASAL SMEAR
<input type="checkbox"/> 45988 DIGITAL EXAM OF RECTUM	<input type="checkbox"/> 90796 CHEMOTHERAPY	<input type="checkbox"/> 88210 REMOVAL IMPACTED CERUMEN, EAR
<input type="checkbox"/> 90016 EYE EXAM, LIMITED	<input type="checkbox"/> 07018 COUNSELING, NEWBORN	<input type="checkbox"/> 10120 REMOVAL OF FOREIGN BODY (SUBQ)
<input type="checkbox"/> 90024 GENERAL EXAM	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 90700 SHOT RECORD REVIEW
<input type="checkbox"/> 90022 WELL BABY	<input type="checkbox"/> 90785 EFMP ASSESSMENT	<input type="checkbox"/> 84010 SPIROMETRY
	<input type="checkbox"/> 90786 EFMP EVALUATION	<input type="checkbox"/> 28100 SPLINT APPLICATION
	<input type="checkbox"/> 04052 EVAL DEVELOPMENTAL STATUS	<input type="checkbox"/> 80002 SUTURE REMOVAL
<input type="checkbox"/> 90711 H. FLU VACCINE	<input type="checkbox"/> 99156 GEN COUNSELLING NO PE	<input type="checkbox"/> 53670 URETHRAL CATHETERIZATION
	<input type="checkbox"/> 95840 INHALATION THERAPY	<input type="checkbox"/> 38415 VENIPUNCTURE
	<input type="checkbox"/> 90782 INJECTION, IM/SUBQ	<input type="checkbox"/> 17110 WART REMOVAL
	<input type="checkbox"/> 88212 IRRIGATION OF EAR	<input type="checkbox"/> 90605 CONSULTATION
<input type="checkbox"/> 87070 CULTURE, BACTERIAL		
<input type="checkbox"/> 87080 CULTURE, THROAT		
<input type="checkbox"/> 87205 GRAM STAIN		
<input type="checkbox"/> 85014 HEMATOCRIT		
<input type="checkbox"/> 81000 URINALYSIS, DIP & SPN		
<input type="checkbox"/> 87215 WET PREP/KOH		

ADDITIONAL PROCEDURES	
PROVIDER 2	PROVIDER 2
Yes	Yes
<input type="checkbox"/> (1) (1) (1) (1) (1)	<input type="checkbox"/> (1) (1) (1) (1) (1)
<input type="checkbox"/> (2) (2) (2) (2) (2)	<input type="checkbox"/> (2) (2) (2) (2) (2)
<input type="checkbox"/> (3) (3) (3) (3) (3)	<input type="checkbox"/> (3) (3) (3) (3) (3)
<input type="checkbox"/> (4) (4) (4) (4) (4)	<input type="checkbox"/> (4) (4) (4) (4) (4)
<input type="checkbox"/> (5) (5) (5) (5) (5)	<input type="checkbox"/> (5) (5) (5) (5) (5)
<input type="checkbox"/> (6) (6) (6) (6) (6)	<input type="checkbox"/> (6) (6) (6) (6) (6)
<input type="checkbox"/> (7) (7) (7) (7) (7)	<input type="checkbox"/> (7) (7) (7) (7) (7)
<input type="checkbox"/> (8) (8) (8) (8) (8)	<input type="checkbox"/> (8) (8) (8) (8) (8)
<input type="checkbox"/> (9) (9) (9) (9) (9)	<input type="checkbox"/> (9) (9) (9) (9) (9)

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1°	2°	1°	2°	1°	2°	1°	2°
<input type="checkbox"/> 477 ALLERGIC RHINITIS	<input type="checkbox"/> 7890 ABDOMINAL PAIN	<input type="checkbox"/> 3739 INFLAMMATION OF LID, UNSPEC	<input type="checkbox"/> 281 ANEMIA, UNSPEC DEFICIENCY	<input type="checkbox"/> 219 INJURY TO EYE, UNSPEC	<input type="checkbox"/> 208 LEUKEMIA, UNSPEC	<input type="checkbox"/> 2299 NEOPLASM, BENIGN	<input type="checkbox"/> 19912 NEOPLASM, MALIGNANT, UNSPEC SITE
<input type="checkbox"/> 493 ASTHMA	<input type="checkbox"/> 8952 ADVERSE EFFECT OF MEDICATION	<input type="checkbox"/> 9218 INFLAMMATION OF LID, UNSPEC	<input type="checkbox"/> 208 LEUKEMIA, UNSPEC		<input type="checkbox"/> 2299 NEOPLASM, BENIGN	<input type="checkbox"/> 19912 NEOPLASM, MALIGNANT, UNSPEC SITE	
<input type="checkbox"/> 4661 BRONCHOLITIS	<input type="checkbox"/> 8953 ALLERGY UNSPEC						
<input type="checkbox"/> 490 BRONCHITIS	<input type="checkbox"/> 949 BURN						
<input type="checkbox"/> 1129 CANDIDIASIS, UNSPEC SITE	<input type="checkbox"/> 7881 DYSURIA						
<input type="checkbox"/> 37230 CONJUNCTIVITIS	<input type="checkbox"/> 7876 ENCOPIRESIS						
<input type="checkbox"/> 5640 CONSTIPATION	<input type="checkbox"/> 7883 EMURESIS						
<input type="checkbox"/> 7862 COUGH	<input type="checkbox"/> 7833 FEEDING PROBLEM						
<input type="checkbox"/> 00882 DIARRHEA/GASTROENTERITIS	<input type="checkbox"/> 77841 FEVER < 3 MOS						
<input type="checkbox"/> 891 ECZEMA/ATOPIC DERMATITIS	<input type="checkbox"/> 7808 FEVER OF UNDETERMINED ORIGIN						
<input type="checkbox"/> 7847 EPISTAXIS	<input type="checkbox"/> 828 FRACTURE CLOSED, UNSPEC						
<input type="checkbox"/> 684 IMPETIGO	<input type="checkbox"/> V412 HEARING PROBLEMS						
<input type="checkbox"/> 4871 INFLUENZA	<input type="checkbox"/> 78601 HYPERVENTILATION						
<input type="checkbox"/> 7856 LYMPHADENOPATHY	<input type="checkbox"/> 98954 INSECT BITES						
<input type="checkbox"/> 7370 NAUSEA & VOMITING	<input type="checkbox"/> 8798 LACERATION						
<input type="checkbox"/> 3631 OTITIS EXTERNA, INFECTIVE	<input type="checkbox"/> V6126 NON-ACCIDENTAL TRAUMA, SUSPEC						
<input type="checkbox"/> 5822 OTITIS MEDIA, NOS	<input type="checkbox"/> 848 SPRAIN/STRAIN ALL SITES						
<input type="checkbox"/> 462 PHARYNGITIS, ACUTE	<input type="checkbox"/> 30093 SUICIDE GESTURE						
<input type="checkbox"/> 310 PHARYNGITIS, STREP	<input type="checkbox"/> 7802 SYNCOPSE/COLLAPSE						
<input type="checkbox"/> 1274 PINWORMS	<input type="checkbox"/> 78042 VERTIGO						
<input type="checkbox"/> 461 SINUSITIS	<input type="checkbox"/> V410 VISION PROBLEMS						
<input type="checkbox"/> 1202 SURVEIL HEALTH DEVELOP							
<input type="checkbox"/> 469 URI (COMMON COLD)							
<input type="checkbox"/> 5950 URINARY TRACT INFECTION							
<input type="checkbox"/> 052 VARICELLA (CHICKENPOX)							

PHYSICAL THERAPY PATIENT (DHDA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



OTHER UCA
 BEDA BEDA & DHQA

IF NOT SCHEDULED
 APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
 PLACE OF VISIT
 Ward
 Telephone
 Home
 Other 1 2 3

VISIT COUNT
 0
 2
 3
 4
 5
 6
 7
 8
 9

INPATIENT OR REFERRAL CODE

IF NOT LISTED AT LEFT

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

AAAA
 ABAA
 AEAA
 BAAA
 BACA
 BAKA
 BAQA
 BBAA
 BBQA
 BEAA
 BEDA
 BEFA
 BDAA
 BGYA
 BHAA
 BHAE
 BHAF
 BHAG
 BHAH
 BHAI
 BHAK
 BHAL
 BHAM
 BIYA
 BJYA
 DHQA

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN										
DAY	MONTH		1	2	3	4	5	6	7	8	9		
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9

TODAY'S DATE: DAY MONTH

0	0	Jan
1	1	Feb
2	2	Mar
3	3	Apr
4	4	May
5	5	Jun
6	6	Jul
7	7	Aug
8	8	Sep
9	9	Oct
0	0	Nov
1	1	Dec

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON #2 PROVIDER

Co-therapist
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other 1 2 3

JOB REL/ILL/INJ (not LOD-det)

Yes

MILITARY ONLY

DUTY QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA

22671

AREA OF COMPLAINT	EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)				ADDITIONAL PROCEDURES	
	PROVIDER #1 #2		PROVIDER #1 #2		PROVIDER 2	PROVIDER 2
	Yes		Yes		Yes	Yes
<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> 04000	ACTIVITIES OF DAILY LIVING	<input type="checkbox"/> 00915	BIOFEEDBACK	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ANKLE	<input type="checkbox"/> 08002	AMPUTEE	<input type="checkbox"/> 08030	BURN CARE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> 08008	ASSISTIVE DEVICE	<input type="checkbox"/> 08032	CARDIAC REHAB	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHEST	<input type="checkbox"/> 08000	BURN, GENERAL	<input type="checkbox"/> 07126	CONTRAST BATH	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DISTAL LE	<input type="checkbox"/> 04018	COORDINATION	<input type="checkbox"/> 03010	DISCHARGE PLANNING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DISTAL UE	<input type="checkbox"/> 04052	DEVELOPMENTAL	<input type="checkbox"/> 07118	ELECTRICAL STIMULATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ELBOW	<input type="checkbox"/> 08003	HAND	EXERCISE TRAINING PROTOCOL			<input type="checkbox"/>
<input type="checkbox"/> FOOT	<input type="checkbox"/> 07753	ISOMETRIC	<input type="checkbox"/> 08038	CHEST	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HAND	<input type="checkbox"/> 04021	MUSCULOSKELETAL	<input type="checkbox"/> 08041	FOOT AND ANKLE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HIP	<input type="checkbox"/> 04011	RANGE OF MOTION	<input type="checkbox"/> 08040	HIP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KNEE	<input type="checkbox"/> 04020	SENSORY	<input type="checkbox"/> 08039	KNEE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LES	<input type="checkbox"/> 08001	SPORTS MED	<input type="checkbox"/> 08037	MASTECTOMY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PELVIS	<input type="checkbox"/> 04014	STRENGTH	<input type="checkbox"/> 08044	PRE & POSTPARTUM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PROX LE	<input type="checkbox"/> 08089	ELECTROMYOGRAPHY	<input type="checkbox"/> 08042	SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PROX UE	<input type="checkbox"/> 08005	GAIT/RUNNING ANALYSIS	<input type="checkbox"/> 08084	SPINE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SACROILIAC	<input type="checkbox"/> 08000	NERVE CONDUCTION VELOCITY	<input type="checkbox"/> 08043	OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SHOULDER	<input type="checkbox"/> 08088	PALFATION	<input type="checkbox"/> 08045	FACILITATION/INHIBITION TECHS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> THORACIC	<input type="checkbox"/> 04019	REFLEX TESTING	<input type="checkbox"/> 08031	FLUORTHERAPY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WRIST	<input type="checkbox"/> 08004	SCOLIOSIS CLINIC/SCREENING	<input type="checkbox"/> 07114	FUNCTIONAL ACTIVITIES TRNG	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 08087	STABILITY TESTING	<input type="checkbox"/> 07116	GAIT TRAINING	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 78142	X-RAY CONSULTATION	<input type="checkbox"/> 07010	HOT PACKS	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08011	ICE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08083	INTERMITTENT CERVICAL TRACTION	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08026	JOBST PUMP	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08027	MANUAL THERAPY	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07124	MASSAGE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08013	MEDCOLATOR	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08014	MEDCOSONOLATOR	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07112	NEURO MUSCULAR RE-EDUC	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08033	ORTHOTIC FABRICATION/MOD	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07018	PARAFFIN BATH	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08034	PATIENT EDUCATION	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08035	POOL THERAPY	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08063	POSTOP KNEE REHAB	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08046	POSTURAL DRAINAGE/CHEST	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07520	PROSTHETIC TRAINING	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07024	SHORT WAVE DIATHERMY	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08017	TENS	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08023	THERAPEUTIC EXERCISE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08029	TILT TABLE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07012	TRACTION	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07128	ULTRASOUND	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 07022	WHIRLPOOL	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 12008	WOUND CARE	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> 08047	OTHER PROCEDURE	<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)							
1°		2°		1°		2°	
ORTHOPEDIC PROBLEMS	NEUROLOGY	MEDICINE	PEDIATRIC	DENTAL	DERMATOLOGY	PSYCHIATRIC	UNLISTED REASON FOR VISIT
<input type="checkbox"/> 7260 ADHESIVE CAPSULITIS	<input type="checkbox"/> 23963 BRAIN TUMOR	<input type="checkbox"/> 7200 ANKYLOSING SPONDYLITIS	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V6554 WORRIED/CONCERNED WELL
<input type="checkbox"/> 7194 ARTHRALGIA	<input type="checkbox"/> 8543 HEAD INJURY, CLOSED	<input type="checkbox"/> 7070 DECBUTIS ULCER	<input type="checkbox"/> 75991 CONGENITAL DEFORMITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V6555 HEALTH MAINTENANCE/ WELLNESS
<input type="checkbox"/> 7273 BURSTITIS	<input type="checkbox"/> 8541 HEAD INJURY, OPEN	<input type="checkbox"/> 250 DIABETES	<input type="checkbox"/> 7834 DEVELOPMENTAL DELAYED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7238 CERVICAL SYNDROME	<input type="checkbox"/> 3441 PARAPLEGIA	<input type="checkbox"/> 79931 GENERAL DEBILITATION	<input type="checkbox"/> V201 HIGH RISK INFANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 8243 CONTUSION	<input type="checkbox"/> 95792 PERIPHERAL NERVE REPAIR	<input type="checkbox"/> 274 GOUT	<input type="checkbox"/> 74191 MENINGOMYELOCELE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 73871 DEFORMITY	<input type="checkbox"/> V4583 POST SURGICAL SPINE	<input type="checkbox"/> 42990 HEART DISEASE	<input type="checkbox"/> 35910 MUSCULAR DYSTROPHY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 823 FRACTURE	<input type="checkbox"/> 3440 QUADRIPLÉGIA	<input type="checkbox"/> 04291 HIV (AIDS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 71870 INSTABILITY	<input type="checkbox"/> 9529 SPINAL CORD INJURY	<input type="checkbox"/> 2399 NEOPLASM, UNSPEC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72958 ILIOTIBIAL SYNDROME	<input type="checkbox"/> 23970 SPINAL CORD TUMOR	<input type="checkbox"/> V2421 OB AFTERCARE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 717 INTERNAL DERANGEMENT, KNEE	<input type="checkbox"/> 3310 ALZHEIMER'S DISEASE	<input type="checkbox"/> 2780 OVERWEIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> V438 JOINT REPLACEMENT	<input type="checkbox"/> 438 CVA	<input type="checkbox"/> 4439 PERIPHERAL VASCULAR DISEASE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 95971 KNEE INJURY/PAIN	<input type="checkbox"/> 3419 DEMYELINATING/DEGENERATION DISORDER	<input type="checkbox"/> 5199 PULMONARY DISEASE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7291 MUSCULAR-LIGAMENTOUS PAIN	<input type="checkbox"/> 3570 GUILLAIN-BARRE SYNDROME	<input type="checkbox"/> 0993 REITER'S SYNDROME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 71590 OSTEOARTHRITIS (DJD)	<input type="checkbox"/> 7840 HEADACHE	<input type="checkbox"/> 585 RENAL FAILURE, CHRONIC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 73020 OSTEOMYELITIS	<input type="checkbox"/> 342 HEMIPLEGIA	<input type="checkbox"/> 7140 RHEUMATOID ARTHRITIS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72886 OVERUSE SYNDROME/SOFT TISSUE	<input type="checkbox"/> 3229 MENINGITIS	<input type="checkbox"/> 4540 VENUOS STASIS ULCER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 78093 PAIN, NOS	<input type="checkbox"/> 340 MULTIPLE SCLEROSIS	<input type="checkbox"/> 72994 OTHER CONNECTIVE TISSUE DISORD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 71996 PATELLA SYNDROME	<input type="checkbox"/> 3109 ORGANIC BRAIN SYNDROME			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72871 PLANTAR FASCITIS	<input type="checkbox"/> 04590 POLIOMYELITIS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 73678 PODIATRIC CONDITIONS	<input type="checkbox"/> 78201 PARESTHESIA/DYSESTHESIA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7234 RADICULITIS	<input type="checkbox"/> 332 PARKINSON'S DISEASE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7261 ROTATOR CUFF SYNDROME	<input type="checkbox"/> 95791 PERIPHERAL NERVE INJURY/DYSFUNCTION			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7243 SCIATICA	<input type="checkbox"/> 3589 PERIPHERAL NEUROPATHY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7373 SCOLIOSIS/KYPHOSCOLIOSIS	<input type="checkbox"/> 7292 RADICULITIS/RADICULOPATHY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 848 SPRAIN/STRAIN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7331 STRESS FRACTURE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 73315 STRESS FRACTURE, BOOT TOP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 83961 SUBLUXATION/DISLOCATION				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72700 SYNOVITIS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72692 TENONITIS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 84893 TENDON/MUSCLE RUPTURE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72632 TENNIS ELBOW				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 72707 TENOSYNOVITIS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3530 THORACIC OUTLET SYNDROME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 7241 THORACIC PAIN				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 73398 OTHER DYSFUNCTION				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 95994 OTHER BONE AND JOINT INJURY				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOR CLERICAL USE ONLY

PATIENT INFORMATION table with columns for EMP, SPONSOR'S SSN, and a grid for patient identification.

DIAGNOSIS table with a grid for recording diagnosis codes.

PT (DHDA) REPEAT VISIT

INPATIENT OR REFERRAL CODES table with columns for codes (AAAA, BGYA, etc.) and a grid for recording codes.

TODAY'S DATE table with columns for DAY and MONTH, and a grid for recording the date.

UNLISTED PROCEDURE table with a grid for recording unlisted procedure codes.

PROVIDER #1-#2 PROCEDURES table with columns for provider and a list of procedures with checkboxes.

CARE PROVIDER #1 table with columns for provider and a grid for recording care provider information.

CARE PROVIDER #2 table with columns for provider and a grid for recording care provider information.

VISIT COUNT table with a grid for recording visit counts.

REASON FOR #2 CARE PROVIDER table with a list of reasons and checkboxes.

TODAY'S DATE table with columns for DAY and MONTH, and a grid for recording the date.

UNLISTED PROCEDURE table with a grid for recording unlisted procedure codes.

PROVIDER #1-#2 PROCEDURES table with columns for provider and a list of procedures with checkboxes.

CARE PROVIDER #1 table with columns for provider and a grid for recording care provider information.

CARE PROVIDER #2 table with columns for provider and a grid for recording care provider information.

VISIT COUNT table with a grid for recording visit counts.

REASON FOR #2 CARE PROVIDER table with a list of reasons and checkboxes.

22519

DO NOT MARK IN THIS AREA

TODAY'S DATE

DAY	MONTH
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- PROCEDURES
- BURN CARE
 - ELECTRICAL STIMULATION
 - FUNCTIONAL ACT TRNG
 - GAIT TRAINING
 - GAIT/RUNNING ANALYSIS
 - HOT PACKS
 - ICE
 - INTERMIT CERVICAL TRACT
 - JOBST PUMP
 - MANUAL THERAPY
 - MEDCOLATOR
 - MEDCOSMOLATOR
 - MUSCULOSKELETAL EVAL
 - PATIENT EDUCATION
 - POOL THERAPY
 - POST OP KNEE REHAB
 - RANGE OF MOTION EVAL
 - SENSORY EVAL
 - SHORT WAVE DIATHERMY
 - STRENGTH EVAL
 - TENS
 - THERAPEUTIC EXERCISE
 - TRACTION
 - ULTRASOUND
 - WHIRLPOOL
 - WOUND CARE

CARE PROVIDER #1

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME SPENT #1

5 min. 30 min.
 10 min. 45 min.
 15 min. 1 hr.
 20 min. >1 hr.

CARE PROVIDER #2

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME SPENT #2

5 min. 30 min.
 10 min. 45 min.
 15 min. 1 hr.
 20 min. >1 hr.

- REASON FOR #2 CARE PROVIDER
- Co-therapist
 - Teaching/Supervision
 - Consultation
 - Procedure/Treatment
 - Other

VISIT COUNT

0 1 2
 3 4 5

UNLISTED PROCEDURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TODAY'S DATE

DAY	MONTH
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- PROCEDURES
- BURN CARE
 - ELECTRICAL STIMULATION
 - FUNCTIONAL ACT TRNG
 - GAIT TRAINING
 - GAIT/RUNNING ANALYSIS
 - HOT PACKS
 - ICE
 - INTERMIT CERVICAL TRACT
 - JOBST PUMP
 - MANUAL THERAPY
 - MEDCOLATOR
 - MEDCOSMOLATOR
 - MUSCULOSKELETAL EVAL
 - PATIENT EDUCATION
 - POOL THERAPY
 - POST OP KNEE REHAB
 - RANGE OF MOTION EVAL
 - SENSORY EVAL
 - SHORT WAVE DIATHERMY
 - STRENGTH EVAL
 - TENS
 - THERAPEUTIC EXERCISE
 - TRACTION
 - ULTRASOUND
 - WHIRLPOOL
 - WOUND CARE

CARE PROVIDER #1

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME SPENT #1

5 min. 30 min.
 10 min. 45 min.
 15 min. 1 hr.
 20 min. >1 hr.

CARE PROVIDER #2

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIME SPENT #2

5 min. 30 min.
 10 min. 45 min.
 15 min. 1 hr.
 20 min. >1 hr.

- REASON FOR #2 CARE PROVIDER
- Co-therapist
 - Teaching/Supervision
 - Consultation
 - Procedure/Treatment
 - Other

VISIT COUNT

0 1 2
 3 4 5

UNLISTED PROCEDURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

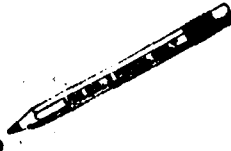
MAKE NO STRAY MARKS

PLASTIC SURGERY PATIENT (BBGA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
	<input type="radio"/> Jan														
	<input type="radio"/> Feb														
<input type="radio"/> 01	<input type="radio"/> Mar	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	
<input type="radio"/> 02	<input type="radio"/> Apr	<input type="radio"/> 02	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	<input type="radio"/> 21	<input type="radio"/> 22	<input type="radio"/> 23	<input type="radio"/> 24	
<input type="radio"/> 03	<input type="radio"/> May	<input type="radio"/> 03	<input type="radio"/> 25	<input type="radio"/> 26	<input type="radio"/> 27	<input type="radio"/> 28	<input type="radio"/> 29	<input type="radio"/> 30	<input type="radio"/> 31	<input type="radio"/> 32	<input type="radio"/> 33	<input type="radio"/> 34	<input type="radio"/> 35	<input type="radio"/> 36	
<input type="radio"/> 04	<input type="radio"/> Jun	<input type="radio"/> 04	<input type="radio"/> 37	<input type="radio"/> 38	<input type="radio"/> 39	<input type="radio"/> 40	<input type="radio"/> 41	<input type="radio"/> 42	<input type="radio"/> 43	<input type="radio"/> 44	<input type="radio"/> 45	<input type="radio"/> 46	<input type="radio"/> 47	<input type="radio"/> 48	
<input type="radio"/> 05	<input type="radio"/> Jul	<input type="radio"/> 05	<input type="radio"/> 49	<input type="radio"/> 50	<input type="radio"/> 51	<input type="radio"/> 52	<input type="radio"/> 53	<input type="radio"/> 54	<input type="radio"/> 55	<input type="radio"/> 56	<input type="radio"/> 57	<input type="radio"/> 58	<input type="radio"/> 59	<input type="radio"/> 60	
<input type="radio"/> 06	<input type="radio"/> Aug	<input type="radio"/> 06	<input type="radio"/> 61	<input type="radio"/> 62	<input type="radio"/> 63	<input type="radio"/> 64	<input type="radio"/> 65	<input type="radio"/> 66	<input type="radio"/> 67	<input type="radio"/> 68	<input type="radio"/> 69	<input type="radio"/> 70	<input type="radio"/> 71	<input type="radio"/> 72	
<input type="radio"/> 07	<input type="radio"/> Sep	<input type="radio"/> 07	<input type="radio"/> 73	<input type="radio"/> 74	<input type="radio"/> 75	<input type="radio"/> 76	<input type="radio"/> 77	<input type="radio"/> 78	<input type="radio"/> 79	<input type="radio"/> 80	<input type="radio"/> 81	<input type="radio"/> 82	<input type="radio"/> 83	<input type="radio"/> 84	
<input type="radio"/> 08	<input type="radio"/> Oct	<input type="radio"/> 08	<input type="radio"/> 85	<input type="radio"/> 86	<input type="radio"/> 87	<input type="radio"/> 88	<input type="radio"/> 89	<input type="radio"/> 90	<input type="radio"/> 91	<input type="radio"/> 92	<input type="radio"/> 93	<input type="radio"/> 94	<input type="radio"/> 95	<input type="radio"/> 96	
<input type="radio"/> 09	<input type="radio"/> Nov	<input type="radio"/> 09	<input type="radio"/> 97	<input type="radio"/> 98	<input type="radio"/> 99	<input type="radio"/> 00	<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	
<input type="radio"/> 10	<input type="radio"/> Dec	<input type="radio"/> 10	<input type="radio"/> 09	<input type="radio"/> 10	<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20	

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other: 1 2 3

VISIT COUNT

0

1

2

3

4

5

6

7

8

9

UCA CODE (if not above)

0 1 2 3 4 5 6 7 8 9

INPATIENT OR REFERRAL CODE

0 1 2 3 4 5 6 7 8 9

PROVIDER

# 1 CARE PROVIDER	TIME SPENT WITH PATIENT	# 2 CARE PROVIDER
<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04	<input type="radio"/> 2 minutes	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04
<input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08	<input type="radio"/> 5 minutes	<input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08
<input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 10 minutes	<input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12
<input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16	<input type="radio"/> 15 minutes	<input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16
<input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20	<input type="radio"/> 20 minutes	<input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20
<input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24	<input type="radio"/> 30 minutes	<input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24
<input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28	<input type="radio"/> 45 minutes	<input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28
<input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32	<input type="radio"/> 1 hour	<input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32
<input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36	<input type="radio"/> 1 1/2 hours	<input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36
<input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40	<input type="radio"/> 2 hours	<input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40
<input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44	<input type="radio"/> 2 1/2 hours	<input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44
<input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48	<input type="radio"/> 3 hours	<input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48
<input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52	<input type="radio"/> 3 1/2 hours	<input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52
<input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56	<input type="radio"/> 4 hours	<input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56
<input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60	<input type="radio"/> 4 1/2 hours	<input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60
<input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64	<input type="radio"/> 5 hours	<input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64
<input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68	<input type="radio"/> 5 1/2 hours	<input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68
<input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72	<input type="radio"/> 6 hours	<input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72
<input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76	<input type="radio"/> 6 1/2 hours	<input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76
<input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80	<input type="radio"/> 7 hours	<input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80
<input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84	<input type="radio"/> 7 1/2 hours	<input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84
<input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88	<input type="radio"/> 8 hours	<input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88
<input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92		<input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92

JOB REL ILL/INJ (not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

REASON FOR # 2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other: 1 2 3

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

4988

EVALUATIONS SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

ADDITIONAL PROCEDURES	
PROVIDER 2	PROVIDER 2
Yes	Yes
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	0

- BLEPHAROPLASTY**
- 15820 LOWER LID
 - 15822 UPPER LID
 - 30901 CONTROL HEMORRHAGE, NOSE
 - 90011 DRESSING CHANGE
 - 89600 EAR REVISION-PREVIOUS SURGERY
 - 11950 INJECTION OF SUBSTANCE (E.G. STEROID/COLLAGEN/FILL MAT 1cc)
 - 17385 LASER TREATMENT
 - 19369 MAMMARY CAPSULOTOMY (CLOSED)
 - 69310 MEATOPLASTY

- OTOPLASTY**
- 88301 BILATERAL
 - 88300 UNILATERAL
 - 10120 REMOVAL FOREIGN BODY, SUBCUT TISSUE
 - 15830 RESTORATION OF EYEBROW
 - 30406 RHINOPLASTY
 - 11407 SCAR EXCISION/REVISION
 - 11100 SKIN BIOPSY
 - 15860 SKIN FLAPS
 - 15360 SKIN GRAFT (ALLOGRAFT)
 - 80302 SUTURE REMOVAL
 - 15788 TATTOO REMOVAL
 - 40500 VERMILIONECTOMY
 - 80606 CONSULTATION

1° is Follow-up
1° is Rule/out

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

- EARS**
- ABSENCE**
- 74409 CONGENITAL
 - 87203 ACQUIRED
- DEFORMITY**
- 7443 CONGENITAL
 - 38032 ACQUIRED
 - 87201 LACERATION
- NOSE**
- DEFORMITY**
- 7481 CONGENITAL
 - 7380 ACQUIRED
 - 470 DEVIATED SEPTUM, NOS
 - 8020 FRACTURE
 - 8732 LACERATION
 - 21900 NEOPLASM, BENIGN
 - 19511 NEOPLASM, MALIGNANT

- 1° 2°**
- 52411 ASYMMETRY
 - 52441 MALOCCLUSION
 - 52441 CONGENITAL
 - 52440 ACQUIRED
 - 52400 MICROGENIA
 - 7491 CLEFT LIP
 - 7490 CLEFT PALATE
 - 75603 CRANIOSYNOSTOSIS
 - 74915 FACIAL CLEFTS
 - 75028 VELOPHARYNGEAL INCOMPETENCE
 - 75604 OTHER
 - 74491 CONGENITAL NOS
 - 73811 ACQUIRED
 - 33510 PARALYSIS
 - 70183 RHYTIDOSIS FACIALIS
 - 70926 SCARS
 - 75763 APLASIA
 - 75762 ASYMMETRY
 - 70923 CAPSULAR CONTRACTURE
 - 61010 CHRONIC MASTITIS
 - 61180 DEFORMITY
 - 61011 FIBROCYSTIC DISEASE
 - 6111 GYNecomASTIA
 - 61113 HYPERTROPHY
 - 75761 HYPOPLASIA
 - 61191 IMPLANTS/AUGMENTATION
 - 61172 MASS
 - 61181 PTOSIS

- 1° 2°**
- ABDOMEN**
- 72884 DIASTASIS RECTI
 - 70193 EXCESS SKIN
 - 27811 REDUNDANT FAT
 - 5531 UMBILICAL HERNIA
- EXCESS OR REDUNDANT SKIN**
- 70192 EXCESS OR REDUNDANT SKIN

- 1° 2°**
- SCARS**
- 70921 ADHERENT
 - 70992 DEPRESSED
 - 70141 HYPERTROPHIC
 - 70993 IRREGULAR
 - 7014 KELOID
 - 70825 PAINFUL
 - 70994 RAISED
 - 70995 STROPHIC
 - 70996 WIDE

- 27261 ANKLES**
- 27262 ARMS**
- 27263 FLANKS**
- 27264 KNEES**
- 27260 THIGHS**
- HAND**
- 75591 CONGENITAL DEFORMITIES
 - 72642 RHEUMATOID PROBLEMS
 - 73692 TRAUMATIC DEFORMITIES

- FRACTURE**
- 8026 BLOW-OUT (CLOSED)
 - 80243 LEFORT
 - 8022 MANDIBLE
 - 8024 MAXILLA
 - 8020 NOSE (CLOSED)
 - 80242 ZYGOMA

- EYES**
- 9434 BLEPHAROCHALASIS
 - 3711 ECTROPION
 - 8714 LACERATION
- PTOSIS**
- 74361 EYELID PTOSIS, CONGENITAL
 - 37438 EYELID PTOSIS, ACQUIRED
 - 37430 PTOSIS, UNSPECIFIED
 - 70928 SCAR
- EYEBROW**
- DEFORMITY**
- 74487 CONGENITAL
 - 37438 ACQUIRED
 - 37435 PTOSIS, EYEBROW

- 27261 ANKLES**
- 27262 ARMS**
- 27263 FLANKS**
- 27264 KNEES**
- 27260 THIGHS**
- HAND**
- 75591 CONGENITAL DEFORMITIES
 - 72642 RHEUMATOID PROBLEMS
 - 73692 TRAUMATIC DEFORMITIES
- INTEGUMENT**
- 8809 BOIL
 - 7065 CYST
 - 2280 HEMANGIOMA
 - 8798 LACERATION
 - 2141 LIPOMA
 - 75791 MOLE (NEVUS)
 - 70905 TATTOO
 - 21694 NEOPLASIA BENIGN
 - 173 MALIGNANT
 - 78220 NODULE
 - 70997 ULCER ACUTE
 - 7079 CHRONIC SKIN
 - 7070 DECUBITUS

- OTHER**
- 919 ABRASION, SCRATCH, BLISTER
 - 7081 ACNE SCARS
 - 70400 ALOPECIA NOT AA
 - 70610 CYSTIC ACNE
 - 9497 BURNS THERMAL
 - 9496 CHEMICAL
 - 9498 RADIATION
 - 87991 OPEN WOUND/TRAUMA/AMPUTATION
 - 95993 TRAUMATIC DEFORMITY
 - 6889 OTHER INFECTIONS SKIN/SUBCUT
 - 76554 WORRIED/CONCERNED WELL

UNLISTED REASON FOR VISIT
(if not listed in columns above)

PRIMARY		SECONDARY	
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

PREVENTIVE MEDICINE/ CHN PATIENT (FBBA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
	<input type="radio"/> Jan														
	<input type="radio"/> Feb														
<input type="radio"/> 01	<input type="radio"/> Mar	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01	<input type="radio"/> 01
<input type="radio"/> 02	<input type="radio"/> Apr	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02	<input type="radio"/> 02
<input type="radio"/> 03	<input type="radio"/> May	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03	<input type="radio"/> 03
<input type="radio"/> 04	<input type="radio"/> Jun	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04	<input type="radio"/> 04
<input type="radio"/> 05	<input type="radio"/> Jul	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05	<input type="radio"/> 05
<input type="radio"/> 06	<input type="radio"/> Aug	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06	<input type="radio"/> 06
<input type="radio"/> 07	<input type="radio"/> Sep	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07	<input type="radio"/> 07
<input type="radio"/> 08	<input type="radio"/> Oct	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08	<input type="radio"/> 08
<input type="radio"/> 09	<input type="radio"/> Nov	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09	<input type="radio"/> 09
<input type="radio"/> 10	<input type="radio"/> Dec	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10	<input type="radio"/> 10

OTHER UCA

FBAA BAQA

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
Other (1)(2)(3)

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

UCA CODE
(if not above)

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

INPATIENT OR REFERRAL CODE

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT		#2 CARE PROVIDER
	#1	#2	
	<input type="radio"/>	2 minutes	<input type="radio"/>
	<input type="radio"/>	5 minutes	<input type="radio"/>
	<input type="radio"/>	10 minutes	<input type="radio"/>
<input type="radio"/> 01	<input type="radio"/>	15 minutes	<input type="radio"/>
<input type="radio"/> 02	<input type="radio"/>	20 minutes	<input type="radio"/>
<input type="radio"/> 03	<input type="radio"/>	30 minutes	<input type="radio"/>
<input type="radio"/> 04	<input type="radio"/>	45 minutes	<input type="radio"/>
<input type="radio"/> 05	<input type="radio"/>	1 hour	<input type="radio"/>
<input type="radio"/> 06	<input type="radio"/>	1 1/2 hours	<input type="radio"/>
<input type="radio"/> 07	<input type="radio"/>	2 hours	<input type="radio"/>
<input type="radio"/> 08	<input type="radio"/>	2 1/2 hours	<input type="radio"/>
<input type="radio"/> 09	<input type="radio"/>	3 hours	<input type="radio"/>
<input type="radio"/> 10	<input type="radio"/>	3 1/2 hours	<input type="radio"/>
<input type="radio"/> 11	<input type="radio"/>	4 hours	<input type="radio"/>
<input type="radio"/> 12	<input type="radio"/>	4 1/2 hours	<input type="radio"/>
<input type="radio"/> 13	<input type="radio"/>	5 hours	<input type="radio"/>
<input type="radio"/> 14	<input type="radio"/>	5 1/2 hours	<input type="radio"/>
<input type="radio"/> 15	<input type="radio"/>	6 hours	<input type="radio"/>
<input type="radio"/> 16	<input type="radio"/>	6 1/2 hours	<input type="radio"/>
<input type="radio"/> 17	<input type="radio"/>	7 hours	<input type="radio"/>
<input type="radio"/> 18	<input type="radio"/>	7 1/2 hours	<input type="radio"/>
<input type="radio"/> 19	<input type="radio"/>	8 hours	<input type="radio"/>

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
Other (1)(2)(3)

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

<div style="display: flex; justify-content: center; gap: 10px;"> </div> <p style="text-align: center; font-size: small;">DO NOT MARK IN THIS AREA</p>	20997
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EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	ADDITIONAL PROCEDURES	
			PROVIDER 2 Yes	PROVIDER 2 Yes
<input type="checkbox"/> 89081 HEALTH RECORD REVIEW	<input type="checkbox"/> 80011 DRESSING CHANGE	<input type="checkbox"/> 07060 BHM MONITORING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 85014 HEMATOGRIT	<input type="checkbox"/> 90745 INJECTION/OBSERVATION	<input type="checkbox"/> 07030 SMOKING	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 82270 MEMOCULT	<input type="checkbox"/> 07008 OSTOMY CARE	<input type="checkbox"/> 07036 STD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 84030 PKU		<input type="checkbox"/> 07055 TB	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07002 RUBELLA	<input type="checkbox"/> 07012 ADL	<input type="checkbox"/> 07040 WELL CHILD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90700 SHOT RECORD	<input type="checkbox"/> 07023 APNEA MONITOR USE	<input type="checkbox"/> 07050 WELL BABY	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07001 SICKLE CELL	<input type="checkbox"/> 07024 AVAILABLE COMMUNITY RESOURCES	<input type="checkbox"/> 07007 W.L.C. PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 87080 THROAT CULTURE	<input type="checkbox"/> 07010 BREAST FEEDING		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 81001 URINE (DIP STICK)	<input type="checkbox"/> 07018 DISEASE SPECIFIC	<input type="checkbox"/> 07091 COMM DIS CASE INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 36415 VENIPUNCTURE	<input type="checkbox"/> 07017 FAMILY PLANNING	<input type="checkbox"/> 07092 COMM DIS CONTACT INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 07020 FOREIGN TRAVEL	<input type="checkbox"/> 07070 STD CONTACT INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07008 COMPLEX PATIENT COORDINATION	<input type="checkbox"/> 07025 GROWTH & DEVELOPMENT	<input type="checkbox"/> 07093 OTHER EPI INTERVIEW	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07004 DEVELOPMENTAL (EX: DOST)	<input type="checkbox"/> 07011 HEALTH/FITNESS	<input type="checkbox"/> 88581 TB SKIN TEST, TIME (ADMM)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 03010 DISCHARGE PLANNING	<input type="checkbox"/> 07028 HOME SAFETY	<input type="checkbox"/> 88582 TB SKIN TEST, READ	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90785 EXCEPTIONAL FAMILY MEMBER	<input type="checkbox"/> 07019 INFECTIOUS DISEASE PREV		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07008 HEALTH NEEDS	<input type="checkbox"/> 07027 MULTIPLE BIRTH		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07006 HOME EVALUATION	<input type="checkbox"/> 07015 NEWBORN		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07022 HOME SAFETY	<input type="checkbox"/> 89157 NURSE PATIENT COUNSELING		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07003 PHYSICAL (CHN)	<input type="checkbox"/> 03049 NUTRITION		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07021 PRE-SCHOOL	<input type="checkbox"/> 07013 POSTPARTUM		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 90023 REFERRAL TO LOCAL RESOURCE	<input type="checkbox"/> 07016 PREMATURE INFANT CARE		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 07014 PRENATAL		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 89078 SELF EXAM, BREAST		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 89077 SELF EXAM, TESTICULAR		<input type="checkbox"/>	<input type="checkbox"/>

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1° is Follow-up / 1° is Rule/out

1°	2°	1°	2°	1°	2°
<input type="checkbox"/> 088 GONORRHEA, ALL SITES	<input type="checkbox"/> 30510 ABUSE OF TOBACCO	<input type="checkbox"/> 829 FRACTURES, ALL SITES	<input type="checkbox"/> 99582 PARENT/OTHR ADULT ABUSE/NEGLECT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V0731 IMH PROPHYLAXIS	<input type="checkbox"/> 2942 ORGANIC PSYCHOSES EXCL ALCOHOLIC	<input type="checkbox"/> 7310 OSTEITIS DEFORMANS	<input type="checkbox"/> 8488 PREGNANCY COMPLICATIONS, OTHER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V30 NORMAL NEWBORN	NEUROSES & OTHER PSYCH DISORDERS	<input type="checkbox"/> 71590 OSTEOARTHRITIS & ALLIED COND	<input type="checkbox"/> 674 PREGNANCY W/COMP OF PUERPERIUM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V242 POSTPARTUM CARE, ROUTINE F/U	<input type="checkbox"/> 30500 ALCOHOLIC PROBLEM	<input type="checkbox"/> 7140 RHEUMATOID ARTHR & ALLIED COND	<input type="checkbox"/> V228 PREGNANCY, ADOLESCENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V221 PRENATAL CARE	<input type="checkbox"/> 3128 BEHAVIOR DISORDERS NEC	<input type="checkbox"/> 848 SPRAIN & STRAIN, ALL OTH SITES	<input type="checkbox"/> 78511 PREMATURE INFANT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0109 TUBERCULIN CONVERTER	<input type="checkbox"/> 30040 DEPRESSIVE DISORDER	GENERAL SIGNS & SYMPTOMS	<input type="checkbox"/> S2231 PROBLEMS ADJUST TO DIFF CULTURE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7955 TUBERCULIN REACTOR, NONSPEC	<input type="checkbox"/> 319 MENTAL RETARDATION	<input type="checkbox"/> V0711 DESENSITIZATION, ALLERGENS, F/U	<input type="checkbox"/> S2117 PROBLEMS ASSOC W/SOLE PARENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 79551 TUBERCULOSIS CONTACT	NERVOUS SYSTEM	<input type="checkbox"/> 7833 FEEDING PROBLEM	<input type="checkbox"/> S2291 PROBLEMS, MULTIPLE SITUAT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V875 UNSPEC HOUSING/ECONOMIC CONCERN	<input type="checkbox"/> 3310 ALZHEIMER'S DISEASE	<input type="checkbox"/> 7806 FEVER OF UNDETERMINED CAUSE	<input type="checkbox"/> V05 PROPHYLACTIC IMMUNIZATION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V8251 WELLNESS MAINTEN/HEALTH PROMO	<input type="checkbox"/> 3439 CEREBRAL PALSY	<input type="checkbox"/> 7807 MALAISE, FATIGUE, TIREDNESS	<input type="checkbox"/> 7980 SIDIS	<input type="checkbox"/>	<input type="checkbox"/>
INFECTIVE & PARASITIC DISEASES	<input type="checkbox"/> 345 EPILEPSY, ALL TYPES	<input type="checkbox"/> 7821 RASH & OTHR NONSPEC SKIN ERUPT	<input type="checkbox"/> 7079 SKIN ULCER, CHRONIC	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1126 CANDIDIASIS, NOS	<input type="checkbox"/> 332 PARKINSONISM	SUPPLEMENTARY CLASSIFICATION	<input type="checkbox"/> 89581 SPOUSE ABUSE	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V0771 HEPATITIS, EXPOSURE	<input type="checkbox"/> 3312 SENILITY (DBS)	<input type="checkbox"/> 8776 ACCIDENTAL INGESTION	<input type="checkbox"/> 998 SURGERY COMPLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5733 HEPATITIS, UNSPEC	CONGENITAL ANOMALIES	<input type="checkbox"/> 678 BREAST DISORDERS, OTHER	<input type="checkbox"/> V629 OTHER SOCIAL PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0093 INTESTINAL DISEASE-PRES INFECT	<input type="checkbox"/> 7492 CLEFT LIP/PALATE	<input type="checkbox"/> V029 CARRIER, INFECT/PARAS DIS		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0050 INTESTINAL DISEASE-PROV INFECT	<input type="checkbox"/> 7469 CONGENITAL HEART DISEASE	<input type="checkbox"/> 388 CATARACT	AIDS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1329 PEDICULOSIS	<input type="checkbox"/> 7569 CONGENITAL ORTHOPEDIC CONDITION	<input type="checkbox"/> 9955 CHILD ABUSE/CHILD NEGLECT	<input type="checkbox"/> 042 AIDS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0569 RUBELLA	<input type="checkbox"/> 7580 DOWN'S SYNDROME	<input type="checkbox"/> 78901 COLIC	<input type="checkbox"/> 27917 ARC	<input type="checkbox"/>	<input type="checkbox"/>
SEXUALLY TRANSMITTED DISEASES	<input type="checkbox"/> 3314 HYDROCEPHALUS	<input type="checkbox"/> 37230 CONJUNCTIVITIS & OPTHALMIA	<input type="checkbox"/> 27916 HTLV-III, POS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 07981 CHLAMYDIA	<input type="checkbox"/> 74191 MENINGOMYELOCELE	<input type="checkbox"/> 892 CONTACT DERMATITIS & ECZEMA	<input type="checkbox"/> 27910 IMMUN DEF, T-CELL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> V016 CONTACT/EXPOSURE	<input type="checkbox"/> 74190 SPINA BIFIDA	<input type="checkbox"/> V019 CONTACT W/INFECT/PARAS DIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 05410 HERPES GENITALIS	<input type="checkbox"/> 7599 OTHER CONGENITAL CONDITION	<input type="checkbox"/> 7834 DELAYED MILESTONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0989 PPNG	CIRCULATORY SYSTEM	<input type="checkbox"/> 7881 DYSURIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0910 SYPHILIS, PRIMARY	<input type="checkbox"/> 436 CEREBROVASCULAR ACCIDENT (CVA)	<input type="checkbox"/> 78341 FAILURE TO THRIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0979 SYPHILIS, ALL SITE & STAGES	<input type="checkbox"/> 4149 CHROMIC ISCHEMIC HEART DISEASE	<input type="checkbox"/> V610 FAMILY DISRUPTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 0119 TB, PULMONARY ACT/REACT	<input type="checkbox"/> 401 HYPERTENSION	<input type="checkbox"/> V6021 FINANCIAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 019 TB, NON-PULMONARY	<input type="checkbox"/> 7823 PERIPHERAL EDEMA	<input type="checkbox"/> V2509 GENERAL CONT'CEPTIVE GUIDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 052 VARICELLA (CHICKEN POX)	<input type="checkbox"/> 39890 RHEUMATIC HEART DISEASE	<input type="checkbox"/> V412 HEARING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEOPLASMS	RESPIRATORY SYSTEM	<input type="checkbox"/> V201 HIGH-RISK INFANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 21694 BENIGN SKIN/SUBCUT	<input type="checkbox"/> 480 BRONCHITIS, ACUTE	<input type="checkbox"/> V601 INADEQUATE HOUSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 19912 MALIGNANT, UNSPEC SITE	<input type="checkbox"/> 498 COPD	<input type="checkbox"/> 8798 LACERATION/OPEN WOUND(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENDOCR, NUTRIT, METABOL DISORDERS	<input type="checkbox"/> 7882 COUGH	<input type="checkbox"/> V6110 MARITAL PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 250 DIABETES MELLITUS	<input type="checkbox"/> 488 PNEUMONIA	<input type="checkbox"/> V1581 NONCOMPLIANCE W/MEDICAL REGIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2780 OBESITY	DIESTIVE SYSTEM	<input type="checkbox"/> V6751 OBSER/CARE PT ON MI RISK MED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD DISORDERS	<input type="checkbox"/> 7870 NAUSEA/VOMITING	<input type="checkbox"/> V8120 PARENT & CHILD PROBLEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 280 IRON DEFICIENCY ANEMIA	<input type="checkbox"/> 5259 TEETH & SUPPORT STRUCTURE DIS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2826 SICKLE CELL ANEMIA	<input type="checkbox"/> 5379 OTHER STOMACH/DUODODEN DIS/DIS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRIMARY CARE PATIENT (BHAA)

OTHER UCA	
<input type="radio"/> BHBA	<input type="radio"/> B.IYA

- INSTRUCTIONS**
- DO NOT use ink or ballpoint pen.
 - Make each mark heavy and black.
 - Fill oval completely.
 - Erase cleanly any mark you wish to change.
 - Make no stray marks.



ONLY ACCEPTABLE MARK

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																		
DAY	MONTH																				
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled
 Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward
 Telephone
 Home
 Other (1, 2, 3)

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

UCA CODE (if not above)			
<input type="radio"/>	A	A	A
<input type="radio"/>	B	B	B
<input type="radio"/>	C	C	C
<input type="radio"/>	D	D	D
<input type="radio"/>	E	E	E
<input type="radio"/>	F	F	F
<input type="radio"/>	G	G	G
<input type="radio"/>	H	H	H
<input type="radio"/>	I	I	I
<input type="radio"/>	J	J	J
<input type="radio"/>	K	K	K
<input type="radio"/>	L	L	L
<input type="radio"/>	M	M	M
<input type="radio"/>	N	N	N
<input type="radio"/>	P	P	P
<input type="radio"/>	Q	Q	Q
<input type="radio"/>	R	R	R
<input type="radio"/>	S	S	S
<input type="radio"/>	T	T	T
<input type="radio"/>	U	U	U
<input type="radio"/>	V	V	V
<input type="radio"/>	W	W	W
<input type="radio"/>	X	X	X
<input type="radio"/>	Y	Y	Y
<input type="radio"/>	Z	Z	Z

INPATIENT OR REFERRAL CODE			
<input type="radio"/>	A	A	A
<input type="radio"/>	B	B	B
<input type="radio"/>	C	C	C
<input type="radio"/>	D	D	D
<input type="radio"/>	E	E	E
<input type="radio"/>	F	F	F
<input type="radio"/>	G	G	G
<input type="radio"/>	H	H	H
<input type="radio"/>	I	I	I
<input type="radio"/>	J	J	J
<input type="radio"/>	K	K	K
<input type="radio"/>	L	L	L
<input type="radio"/>	M	M	M
<input type="radio"/>	N	N	N
<input type="radio"/>	O	O	O
<input type="radio"/>	P	P	P
<input type="radio"/>	Q	Q	Q
<input type="radio"/>	R	R	R
<input type="radio"/>	S	S	S
<input type="radio"/>	T	T	T
<input type="radio"/>	U	U	U
<input type="radio"/>	V	V	V
<input type="radio"/>	W	W	W
<input type="radio"/>	X	X	X
<input type="radio"/>	Y	Y	Y
<input type="radio"/>	Z	Z	Z

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/>	2 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	10 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	15 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	20 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	30 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	45 minutes	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 hour	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	1 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	2 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	3 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	4 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	5 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	6 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	7 1/2 hours	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	8 hours	<input type="radio"/>	<input type="radio"/>

REASON FOR # 2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1, 2, 3)

JOB REL ILL/INJ
(not LOO det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours
 48 hours
 72 hours

PROFILE:

1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	47288
DO NOT MARK IN THIS AREA	

PSYCHIATRY PATIENT (BFAA)

OTHER UCA
 BFDA BFAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other ① ② ③

VISIT COUNT
 0
 2
 3
 4
 5
 6
 7
 8
 9

UCA CODE
(if not above)

B	A	A	
D	B	B	
F	C	C	
H	D	D	
J	E	E	
L	F	F	
N	G	G	
P	H	H	
R	I	I	
T	J	J	
V	K	K	
X	L	L	
Z	M	M	
	N	N	
	O	O	
	P	P	
	Q	Q	
	R	R	
	S	S	
	T	T	
	U	U	
	V	V	
	W	W	
	X	X	
	Y	Y	
	Z	Z	

INPATIENT OR REFERRAL CODE

A	A	A	
B	B	B	
C	C	C	
D	D	D	
E	E	E	
F	F	F	
G	G	G	
H	H	H	
I	I	I	
J	J	J	
K	K	K	
L	L	L	
M	M	M	
N	N	N	
O	O	O	
P	P	P	
Q	Q	Q	
R	R	R	
S	S	S	
T	T	T	
U	U	U	
V	V	V	
W	W	W	
X	X	X	
Y	Y	Y	
Z	Z	Z	

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN												
DAY	MONTH														
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

PROVIDER

# 1 CARE PROVIDER	TIME SPENT WITH PATIENT	# 2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON - # 2 PROVIDER
 Co-therapist
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other ① ② ③

JOB REL ILL/INJ
(not LOD det)
 Yes

SPECIAL PROGRAMS
 FAP
 ADAPCP
 PRP
 Adoption
 Other 1 2 3

MILITARY ONLY
 DUTY
QUARTERS:
 24 hours
 48 hours
 72 hours
PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES
 1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE
 Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA 21140

MARK THE PRIMARY AXIS I IN FIRST COLUMN
USE SECOND COLUMN FOR ADDITIONAL AXIS I

EVALUATIONS SERVICES / PROCEDURES

ADDITIONAL PROCEDURES

AXIS I	DESCRIPTION	CODE	DESCRIPTION	CODE	EVALUATIONS		SERVICES / PROCEDURES		ADDITIONAL PROCEDURES		
					PROVIDER 1	PROVIDER 2	PROVIDER 1	PROVIDER 2	PROVIDER 1	PROVIDER 2	
MENTAL RETARDATION	031700 MILD	031700	AMNESTIC DISORDER	032784	0	0	0	0	0	0	
	031800 MODERATE	031800	DELUSIONAL DISORDER	032795	0	0	0	0	0	0	
	1= W/OTHER BEHAV SYMPTOMS		HALLUCINOSIS	032796	0	0	0	0	0	0	
			AFFECTIVE DISORDER	032797	0	0	0	0	0	0	
			PERSONALITY DISORDER	032798	0	0	0	0	0	0	
							080801 ROUTINE EVALUATION	0	0	0	0
							080841 INDIVIDUAL THERAPY	0	0	0	0
							080849 GROUP THERAPY	0	0	0	0
							080880 HYPNOTHERAPY	0	0	0	0
							080847 FAMILY THERAPY	0	0	0	0
						080848 MARITAL/CUPLE THERAPY	0	0	0	0	
						080802 ADMIN EVALUATION	0	0	0	0	
						02105 COLLATERAL CONTACT	0	0	0	0	
						080785 EFMP ASSESSMENT	0	0	0	0	
						080899 OTHER	0	0	0	0	
						030022 AGORAPHOB W/D PANIC ATTACK	0	0	0	0	
						030023 SOCIAL PHOBIA	0	0	0	0	
						030028 FAMILY THERAPY	0	0	0	0	
						030001 PANIC DISORDER	0	0	0	0	
						030002 GENERALIZED ANXIETY DISORDER	0	0	0	0	
						030030 OBSSIVE COMPULSIVE DISORDER	0	0	0	0	
						030830 ACUTE PTS DISORDER	0	0	0	0	
						030881 CHRONIC/DELAYED PTS DISORDER	0	0	0	0	
						030000 ATYPICAL ANXIETY DISORDER	0	0	0	0	
						030081 SOMATIZATION DISORDER	0	0	0	0	
						030011 CONVERSION DISORDER	0	0	0	0	
						030780 PSYCHOGENIC PAIN DISORDER	0	0	0	0	
						030070 HYPOCHONDRIASIS	0	0	0	0	
						030012 PSYCHOGENIC AMNESIA	0	0	0	0	
						030013 PSYCHOGENIC FUGUE	0	0	0	0	
						030014 MULTIPLE PERSONALITY	0	0	0	0	
						030060 DEPERSONALIZATION DISORDER	0	0	0	0	
						03025X TRANSEXUALISM	0	0	0	0	
						1= ASEXUAL 2= HOMOSEXUAL					
						3= HETEROSEXUAL					
						030260 GENDER IDENTITY DIS CHILD	0	0	0	0	
						030281 PARAPHILIAS	0	0	0	0	
						030281 FETISHISM	0	0	0	0	
						030230 TRANSVESTISM	0	0	0	0	
						030210 ZOOPHILIA	0	0	0	0	
						030220 PEDOPHILIA	0	0	0	0	
						030240 EXHIBITIONISM	0	0	0	0	
						030282 VOYEURISM	0	0	0	0	
						030283 SEXUAL MASOCHISM	0	0	0	0	
						030284 SEXUAL SADISM	0	0	0	0	
						03029 OTHER PSYCHOSEX DISORDERS	0	0	0	0	
						PSYCHOSEXUAL DYSFUNCTIONS					
						030271 INHIB SEXUAL DESIRE	0	0	0	0	
						030272 INHIB SEXUAL EXCITEMENT	0	0	0	0	
						030273 INHIB FEMALE ORGASM	0	0	0	0	
						030274 INHIB MALE ORGASM	0	0	0	0	
						030275 PREMATURE EJACULATION	0	0	0	0	
						030276 FUNCTIONAL DYSpareunia	0	0	0	0	
						030651 FUNCTIONAL VAGINISMUS	0	0	0	0	
						030200 EGO-DYSTON HOMOSEXUALITY	0	0	0	0	
						FACTITIOUS DISORDERS					
						030016 FACTITIOUS DIS W/PSYC SYMP	0	0	0	0	
						030151 CHRON FACT DIS W/PHYS SYMP	0	0	0	0	
						DISORDERS OF IMPULSE CONTROL					
						031231 PATHOLOGICAL GAMBLING	0	0	0	0	
						031232 KLEPTOMANIA	0	0	0	0	
						031233 PYROMANIA	0	0	0	0	
						031234 INTERMITTENT EXPLOSIVE DIS	0	0	0	0	
						031235 ISOLATED EXPLOSIVE DIS	0	0	0	0	
						031239 ATYPICAL IMP CONTROL DIS	0	0	0	0	
						ADJUSTMENT DISORDER					
						030900 W/DEPRESSED MOOD	0	0	0	0	
						030924 W/ANXIOUS MOOD	0	0	0	0	
						030928 W/MIXED EMOT FEATURES	0	0	0	0	
						030930 W/DIST OF CONDUCT	0	0	0	0	
						030840 W/MIXED DIST EMOT & COND	0	0	0	0	
						030923 W/WORK/ACADEMIC INHIBIT	0	0	0	0	
						030983 W/WITHDRAWAL	0	0	0	0	
						030990 W/ATYPICAL FEATURES	0	0	0	0	
						031800 PSYCH FACT AFFECT PHYS COND	0	0	0	0	
						REGRESSIONS NOT ATTRIB TO MENT DIS					
						08520 MALINGERING	0	0	0	0	
						08288 BORDERLINE INTEL FUNCTION	0	0	0	0	

PSYCHOLOGY PATIENT (BFBA)

OTHER UCA BFDA BFCA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other (1) (2) (3)

UCA CODE (if not above)

B	A	A	A
E	B	B	B
D	C	C	C
D	D	D	D
F	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
S	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN								
DAY	MONTH										
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

VISIT COUNT

0

2

3

4

5

6

7

8

9

PROVIDER

#1 CARE PROVIDER	TIME SPENT WITH PATIENT	#2 CARE PROVIDER
A N 1 1 1 1	2 minutes	A N 1 1 1 1
B O 2 2 2 2	5 minutes	B O 2 2 2 2
C P 3 3 3 3	10 minutes	C P 3 3 3 3
D Q 4 4 4 4	15 minutes	D Q 4 4 4 4
E R 5 5 5 5	20 minutes	E R 5 5 5 5
F S 6 6 6 6	30 minutes	F S 6 6 6 6
G T 7 7 7 7	45 minutes	G T 7 7 7 7
H U 8 8 8 8	1 hour	H U 8 8 8 8
I V 9 9 9 9	1 1/2 hours	I V 9 9 9 9
J W	2 hours	J W
K X	2 1/2 hours	K X
L Y	3 hours	L Y
M Z	3 1/2 hours	M Z
	4 hours	
	4 1/2 hours	
	5 hours	
	5 1/2 hours	
	6 hours	
	6 1/2 hours	
	7 hours	
	7 1/2 hours	
	8 hours	

REASON - #2 PROVIDER

Co-therapist

Teaching/Supervision

Consultation

Procedure/Treatment

Other (1) (2) (3)

JOB REL. ILL./INJ.
(not LOD det)

Yes

SPECIAL PROGRAMS

FAP

ADAPCP

PRP

Adoption

Other 1 2 3

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1

2

3

4

5

6

7

8

9

NOT AVAILABLE

Medical record

Lab results

X-Rays

DO NOT MARK IN THIS AREA

13589

EVALUATIONS	SERVICES	PROCEDURES (MARK AS MANY AS APPLICABLE)
02500 ADVICE/HEALTH INSTRUCTION	02514 TESTING, INTERPRETATION	02525 DIFFERENTIAL DIAGNOSIS
02502 BEHAVIORAL ASSESSMENT	02515 THERAPY, INDIVIDUAL	02526 DISABILITY DETERMINATION
80915 BIOFEEDBACK	02516 THERAPY, COUPLE/FAMILY	02527 DISABILITY REHAB EVAL
02106 COLLATERAL CONTACT	02517 THERAPY, GROUP	02528 EDUCATIONAL EVALUATION
02505 CRISIS INTERVENTION	02518 TREATMENT PLANNING	80785 EFMP ASSESSMENT
02506 DIAGNOSTIC FORMULATION		02529 FAMILY/MARITAL
02507 EVALUATION RPT WRITING		02530 FORENSIC EVALUATION
02508 HEALTH PROMOTION		02531 FUNCTIONAL SYMPTOMS
02509 INTERVIEW		02532 HISTORY
02510 MEDICAL COORDINATION		02533 MSE
02511 PATIENT CONSULTATION		02534 PRE/POST SURGICAL
02512 TESTING, ADMINISTER		02536 TREATMENT RECOMMEND/OUTCOME
02513 TESTING, SCORING		02537 TRIAGE
		02564 OTHER

ADDITIONAL PROCEDURES	
PROVIDER 2	PROVIDER 2
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
(0)(0)(0)(0)(0)	(0)(0)(0)(0)(0)
(1)(1)(1)(1)(1)	(1)(1)(1)(1)(1)
(2)(2)(2)(2)(2)	(2)(2)(2)(2)(2)
(3)(3)(3)(3)(3)	(3)(3)(3)(3)(3)
(4)(4)(4)(4)(4)	(4)(4)(4)(4)(4)
(5)(5)(5)(5)(5)	(5)(5)(5)(5)(5)
(6)(6)(6)(6)(6)	(6)(6)(6)(6)(6)
(7)(7)(7)(7)(7)	(7)(7)(7)(7)(7)
(8)(8)(8)(8)(8)	(8)(8)(8)(8)(8)
(9)(9)(9)(9)(9)	(9)(9)(9)(9)(9)

PSYCHOMETRIC ASSESSMENTS
 PERSONALITY
 INTELLECTUAL
 NEUROPSYCHOLOGICAL
 OTHER

MARK THE PRIMARY AXIS IN FIRST COLUMN USE SECOND COLUMN FOR ADDITIONAL AXIS IS

AXIS I	AXIS II	AXIS III	AXIS IV	AXIS V
31700 MILD W/O OTHER BEHAV SYMP	3060X ALCOHOL ABUSE	30023 SOCIAL PHOBIA	V8281 OTHER INTERPERSONAL PROB	
31701 MILD WITH OTHER BEHAV SYMP	3069X ALCOHOL DEPENDENCE	30028 SIMPLE PHOBIA	30090 UNSPEC MENTAL DIS, NONPSYCHOT	
31800 MODERATE W/O OTHER BEHAV SYMP	3084X BARB SIM ACT SED HYP ABUSE	30001 PANIC DISORDER	V7109 NO Dx/COND ON AXIS I	
31801 MODERATE W/OTHER BEHAV SYMP	3041X BARB SIM ACT SED HYP DEP	30002 GENERALIZED ANXIETY DIS	V7890 Dx/COND DEFER AXIS I	
31810 SEVERE W/O OTHER BEHAV SYMP	3085X OPIOID ABUSE	30030 OBSSIVE COMPULSIVE DIS	MARK AXIS II, III, IV AND V (AS APPLICABLE)	
31811 SEVERE WITH OTHER BEHAV SYMP	3040X OPIOID DEPENDENCE	30830 PTSD, ACUTE	AXIS II	
ATTENTION DEFICIT DIS		30981 PTSD, CHRONIC OR DELAYED	DISORDERS OF INF/CHILD/ADOL	
31401 W/HYPERACT	3068X COCAINE ABUSE	30000 ATYPICAL ANXIETY DIS	<input type="checkbox"/> DEVELOP READING DIS	
31400 W/O HYPERACT	3087X AMPHET SIM ACT SYMPATH ABUSE	30081 SOMATIZATION DISORDER	<input type="checkbox"/> DEVELOP ARITHMETIC DIS	
31480 RESIDUAL TYPE	3044X AMPHET SIM ACT SYMPATH DEP	30011 CONVERSION DISORDER	<input type="checkbox"/> DEVELOP LANGUAGE DIS	
CONDUCT DISORDER		30780 PSYCHOGENIC PAIN DIS	PERSONALITY DISORDERS	
31200 UNDERSOCIAL, AGGRESSIVE	3053X HALLUCINOGEN ABUSE	30070 HYPOCHONDRIASIS	<input type="checkbox"/> ANTISOCIAL	
31210 UNDERSOCIAL, NONAGGRESSIVE	3052X CANNABIS ABUSE	30071 ATYPICAL SOMATIFORM DIS	<input type="checkbox"/> ATYP MIXED/OTHER PERS DIS	
31223 SOCIALIZED, AGGRESSIVE	3043X CANNABIS DEPENDENCE	DISSOCIATIVE DISORDERS		
31221 SOCIALIZED, NONAGGRESSIVE	3058X OTHER, MIXED/UNSPEC SUB ABUSE	30012 PSYCHOGENIC AMNESIA	<input type="checkbox"/> AVOIDANT	
31290 ATYPICAL	3049X UNSPEC SUBSTANCE DEPEN	30014 MULTIPLE PERSONALITY	<input type="checkbox"/> BORDERLINE	
DISORDERS OF INF/CHILD/ADOL		30080 DEPERSONALIZATION DIS	<input type="checkbox"/> COMPULSIVE	
30921 SEPARATION ANXIETY DIS	3047X DEP COMB OPIOID & NON-ALC SUB	30015 ATYPICAL DISSOCIATIVE DIS	<input type="checkbox"/> DEPENDENT	
31321 AVOID DIS CHILD ADOL	3048X DEP COMB SUB ENC OPIOID & ALC	PSYCHOSEXUAL DYSFUNCTIONS/DISOR		
31300 OVERANXIOUS DISORDER	1= CONTINUOUS 2= EPISODIC	30271 INHIBITED SEXUAL DESIRE	<input type="checkbox"/> INHIBITED SEXUAL DESIRE	
31322 SCHIZOID DIS CHILD/ADOL	3= IN REMISSION	30272 INHIBITED SEXUAL EXCITE	<input type="checkbox"/> INHIBITED FEMALE ORGASM	
31323 ELECTIVE MUTISM	SCHIZOPHRENIC DISORDERS			<input type="checkbox"/> INHIBITED MALE ORGASM
31381 OPPOSITIONAL DISORDER	2951X DISORGANIZED	30273 INHIBITED FEMALE ORGASM	<input type="checkbox"/> PREMATURE EJACULATION	
31382 IDENTITY DISORDER	2952X CATATONIC	30274 INHIBITED MALE ORGASM	<input type="checkbox"/> FUNCTIONAL DYSpareunia	
30710 ANOREXIA NERVOSA	2953X PARANOID	30275 PREMATURE EJACULATION	<input type="checkbox"/> FUNCTIONAL VAGINISMUS	
30751 BULIMIA	2958X UNDIFFERENTIATED	30276 FUNCTIONAL DYSpareunia	<input type="checkbox"/> ATYPICAL PSYCHOSEX DYSFUNC	
30750 ATYPICAL EATING DISORDER	2956X RESIDUAL	30651 FUNCTIONAL VAGINISMUS	<input type="checkbox"/> EGO-DYSTONIC HOMOSEXUALITY	
30700 STUTTERING	1= SUBCHRONIC 2= CHRONIC	30270 ATYPICAL PSYCHOSEX DYSFUNC	<input type="checkbox"/> PSYCHOSEX DIS NOT ELSE CLASS	
30760 FUNCTIONAL ENURESIS	3= SUBCHRONIC W/ACUTE EXACER	30200 EGO-DYSTONIC HOMOSEXUALITY	FACTITIOUS DISORDERS	
30746 SLEEPWALKING DISORDER	4= CHRONIC W/ACUTE EXACER	3029 PSYCHOSEX DIS NOT ELSE CLASS	<input type="checkbox"/> FACTITIOUS DIS W/PSYCH SYMP	
30749 SLEEP TERROR DISORDER	5= IN REMISSION	PARANOID DISORDERS		
PRIMARY DEGEN DEMENTIA		29710 PARANOID	<input type="checkbox"/> CHRON FACT DIS W/PHYS SYMP	
29030 SENILE ONSET W/DELIRIUM	29830 ACUTE PARANOID DIS	29790 ATYPICAL PARANOID DIS	<input type="checkbox"/> ATYPIC FACT DIS W/PHYS SYMP	
29020 SENILE ONSET W/DELUSIONS	PSYCH DISORD NOT ELSEWHERE CLASS			<input type="checkbox"/> DIS IMPULSE COND NOT ELSE CLASS
29021 SENILE ONSET W/DEPRESSION	29540 SCHIZOPHRENIFORM DIS	29880 BRIEF REACTIVE PSYCHOSIS	<input type="checkbox"/> KLEPTOMANIA	
29000 SENILE ONSET UNCOMPLICATED	29570 SCHIZOAFFECTIVE DIS	29890 ATYPICAL PSYCHOSIS	<input type="checkbox"/> INTERMITTENT EXPLOSIVE DIS	
2901X PRESENILE ONSET	MAJOR AFFECTIVE DISORDERS			<input type="checkbox"/> ISOLATED EXPLOSIVE DIS
2904X MULTI-INFARCT DEMENTIA	2966X BIPOLAR DISORD, MIXED	2964X BIPOLAR DISORD, MANIC	<input type="checkbox"/> ATYPICAL IMPULSE CONTROL DIS	
1= W/DELIRIUM 2= W/DELUSIONS	2965X BIPOLAR DISORD, DEPRESSED	2965X BIPOLAR DISORD, DEPRESSED	ADJUSTMENT DISORDER	
3= W/DEPRESSION	6= MANIC EPI IN REMISSION	2966X BIPOLAR DISORD, MIXED	<input type="checkbox"/> W/DEPRESSED MOOD	
SUBSTANCE-INDUCED		4= MANIC EPI W/PSYCHOTIC FEATURES	<input type="checkbox"/> W/ANXIOUS MOOD	
30300 ALC INTOXICATION	7= MANIC EPI W/PSY FEA MOOD INCG	2964X BIPOLAR DISORD, MANIC	<input type="checkbox"/> W/MIXED EMOTIONAL FEATURE	
29140 ALC IDIOSYNCRATIC INTOXICATION	2= MANIC EPI W/O PSYCHOTIC FEA	2965X BIPOLAR DISORD, DEPRESSED	<input type="checkbox"/> W/DISTURB OF CONDUCT	
29180 ALC WITHDRAWAL	2962X MAJ DEPRESS SINGLE EPISODE	6= MANIC EPI IN REMISSION	<input type="checkbox"/> W/MIXED DISTURB/EMOT COND	
29100 ALC WITHDRAWAL DELIRIUM	2983X MAJ DEPRESS RECURRENT	7= MANIC EPI W/PSY FEA MOOD INCG	<input type="checkbox"/> WITH WORK OR ACADEM INHIB	
29130 ALC HALLUCINOSIS	8= MAJ DEPR EPIS IN REMISSION	2= MANIC EPI W/O PSYCHOTIC FEA	<input type="checkbox"/> WITH WITHDRAWAL	
29110 ALC AMNESIC DISORDER	4= MAJ DEPR EPIS W/PSY FEATURES	2962X MAJ DEPRESS SINGLE EPISODE	<input type="checkbox"/> WITH ATYPICAL FEATURES	
29120 DEMENTIA, ALCOHOLIC, UNSPEC	7= MAJ DEPR EP W/PSY FEA MOOD INCG	2983X MAJ DEPRESS RECURRENT	<input type="checkbox"/> PSYCH FACTOR AFFECT PHYS COND	
29121 DEMENTIA, ALCOHOLIC, MILD	3= MAJ DEPR EPIS W/MELANCHOLIA	8= MAJ DEPR EPIS IN REMISSION	CONDITIONS NOT ATTRIB TO MENT DIS	
29122 DEMENTIA, ALCOHOLIC, MODERATE	2= W/O MELANCHOLIA	4= MAJ DEPR EPIS W/PSY FEATURES	<input type="checkbox"/> V8520 MALINGERING	
28123 DEMENTIA, ALCOHOLIC, SEVERE	20110 CYCLOTHYMIC DISORDER	7= MAJ DEPR EP W/PSY FEA MOOD INCG	<input type="checkbox"/> BORDERLINE INTEL FUNCT	
ORGANIC BRAIN SYNDROMES		3= MAJ DEPR EPIS W/MELANCHOLIA	<input type="checkbox"/> V7101 ADULT ANTISOCIAL BEHAVIOR	
29300 DELIRIUM	30040 DYSTHYMIC DISORDER	2= W/O MELANCHOLIA	<input type="checkbox"/> V7102 CHILD/ADOL ANTISOC BEHAV	
29410 DEMENTIA	29670 ATYPICAL BIPOLAR DIS	20110 CYCLOTHYMIC DISORDER	<input type="checkbox"/> V8230 ACADEMIC PROBLEM	
29381 ORGANIC DELUSIONAL SYND	29682 ATYPICAL DEPRESSION	30040 DYSTHYMIC DISORDER	<input type="checkbox"/> V8220 OCCUPATIONAL PROBLEM	
29382 ORGANIC HALLUCINOSIS	ANXIETY DISORD OR STATES/STRESS			<input type="checkbox"/> V8282 UNCOMPLICATED BEREAVEMENT
29383 ORGANIC AFFECTIVE SYND	30021 AGORAPHOB W/PANIC ATTACKS	30022 AGORAPHOB W/O PANIC ATTACKS	<input type="checkbox"/> V1581 NONCOMPL W/MED TREAT	
31010 ORGANIC PERSONALITY SYND	30022 AGORAPHOB W/O PANIC ATTACKS		<input type="checkbox"/> V8289 PHASE LIFE/CIRCUM PROB	
29480 ATYPICAL MIXED			<input type="checkbox"/> V8110 PARENTAL PROBLEM	
			<input type="checkbox"/> V8120 MARITAL-CHILD PROBLEM	
			<input type="checkbox"/> V8180 OTHER SPECIF FAMILY CIRCUM	

UNLISTED AXIS I
(if not listed in columns above)

PRIMARY	SECONDARY
(0)(0)(0)(0)(0)	(0)(0)(0)(0)(0)
(1)(1)(1)(1)(1)	(1)(1)(1)(1)(1)
(2)(2)(2)(2)(2)	(2)(2)(2)(2)(2)
(3)(3)(3)(3)(3)	(3)(3)(3)(3)(3)
(4)(4)(4)(4)(4)	(4)(4)(4)(4)(4)
(5)(5)(5)(5)(5)	(5)(5)(5)(5)(5)
(6)(6)(6)(6)(6)	(6)(6)(6)(6)(6)
(7)(7)(7)(7)(7)	(7)(7)(7)(7)(7)
(8)(8)(8)(8)(8)	(8)(8)(8)(8)(8)
(9)(9)(9)(9)(9)	(9)(9)(9)(9)(9)

PULMONARY PATIENT (BANA)

OTHER UCA
 DDDA GHAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other ① ② ③

UCA CODE
(if not above)

A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A	A
B	B	B	B	B
C	C	C	C	C
D	D	D	D	D
E	E	E	E	E
F	F	F	F	F
G	G	G	G	G
H	H	H	H	H
I	I	I	I	I
J	J	J	J	J
K	K	K	K	K
L	L	L	L	L
M	M	M	M	M
N	N	N	N	N
O	O	O	O	O
P	P	P	P	P
Q	Q	Q	Q	Q
R	R	R	R	R
S	S	S	S	S
T	T	T	T	T
U	U	U	U	U
V	V	V	V	V
W	W	W	W	W
X	X	X	X	X
Y	Y	Y	Y	Y
Z	Z	Z	Z	Z

VISIT COUNT

①
②
③
④
⑤
⑥
⑦
⑧
⑨

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN																			
DAY	MONTH																					
	<input type="radio"/> Jan																					
	<input type="radio"/> Feb																					
①	<input type="radio"/> Mar	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①	①
②	<input type="radio"/> Apr	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②	②
③	<input type="radio"/> May	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③	③
	<input type="radio"/> Jun																					
	<input type="radio"/> Jul																					
	<input type="radio"/> Aug																					
	<input type="radio"/> Sep																					
	<input type="radio"/> Oct																					
	<input type="radio"/> Nov																					
	<input type="radio"/> Dec																					

PROVIDER

# 1 CARE PROVIDER	# 1	TIME SPENT WITH PATIENT	# 2	# 2 CARE PROVIDER
		2 minutes		
		5 minutes		
A	①	10 minutes		A
B	②	15 minutes		B
C	③	20 minutes		C
D	④	30 minutes		D
E	⑤	45 minutes		E
F	⑥	1 hour		F
G	⑦	1½ hours		G
H	⑧	2 hours		H
I	⑨	2½ hours		I
J	⑩	3 hours		J
K	⑪	3½ hours		K
L	⑫	4 hours		L
M	⑬	4½ hours		M
N	⑭	5 hours		N
O	⑮	5½ hours		O
P	⑯	6 hours		P
Q	⑰	6½ hours		Q
R	⑱	7 hours		R
S	⑲	7½ hours		S
T	⑳	8 hours		T

JOB REL ILL/INJ
(not LOD det)
 Yes

MILITARY ONLY

DUTY
 QUARTERS:
 24 hours
 48 hours
 72 hours
 PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①
②
③
④
⑤
⑥
⑦
⑧

REASON FOR # 2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other ① ② ③

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

EVALUATIONS / SERVICES PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER 01 02	PROVIDER 01 02	PROVIDER 01 02	ADDITIONAL PROCEDURES	
			PROVIDER 2 Yes	PROVIDER 2 Yes
<input type="checkbox"/> 31827 W/BRONCHIAL WASHING (BRUSHING)	<input type="checkbox"/> 32405 BIOPSY LUNG, NEEDLE DIAG PERCUTANEOUS	<input type="checkbox"/> 94705 ARTERIAL CANNULATION	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 31828 W/BRONCHIAL BIOPSY	<input type="checkbox"/> 87208 ACID-FAST-STAINS	<input type="checkbox"/> 36800 ARTERIAL PUNCTURE	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 31864 W/BRONCHOALVEOLAR LAVAGE	<input type="checkbox"/> 84700 ARTERIAL BLOOD GASES (AT REST)	<input type="checkbox"/> 84400 CARBON DIOXIDE STIMULATION TESTS	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 31858 W/NEEDLE ASP-CARINAL/PARATRACHEAL NODES	<input type="checkbox"/> 71261 CHEST CT	<input type="checkbox"/> 84680 O2 UPTAKE, EXPIRED GAS ANALYS: REST-EXERCISE, DIRECT, SIMPLE	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 31828 W/TRANSBRONCHIAL LUNG BIOPSY	<input type="checkbox"/> 71031 CHEST ROENTGENOGRAM	<input type="checkbox"/> 84081 EXERCISE CHALLENGE TEST	<input type="checkbox"/> 4	<input type="checkbox"/> 4
THERAPEUTIC REMOVAL	<input type="checkbox"/> 78588 GALLIUM SCANS	<input type="checkbox"/> 85070 METHACHOLINE CHALLENGE TESTING	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 31848 MUCUS PLUGGING	<input type="checkbox"/> 87205 GRAM STAIN	<input type="checkbox"/> 84401 OXYGEN STIMULATION TESTS	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 31850 SECRETIONS/PUS	<input type="checkbox"/> 87220 KOH PREPARATIONS	<input type="checkbox"/> 84750 PULMONARY COMPLIANCE	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 32000 DIAGNOSTIC	<input type="checkbox"/> 84020 PUL FUNCTION, ROUTINE	<input type="checkbox"/> 84820 PULMONARY STRESS TESTING	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 32001 THERA W/DRAINAGE CLSD CHEST	<input type="checkbox"/> 88317 PULMONARY PATHOLOGIC MATERIAL	<input type="checkbox"/> 84891 SLEEP STUDIES	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 32400 W/BIOPSY-PLEURA CLSD CHEST	<input type="checkbox"/> 88580 TB TEST, ADMIN	<input type="checkbox"/> 31805 TRACHEOSTOMY, CRICOTHRODOSTOMY		
	<input type="checkbox"/> 88582 TB TEST, INTERPRETATION	<input type="checkbox"/> 31812 TRANSTRACHEAL ASPIRATION		
	<input type="checkbox"/> 78589 VENTILATION/PERFUSION SCAN			
		<input type="checkbox"/> 80605 CONSULTATION		

MARK ONE PRIMARY REASON FOR VISIT AND SECONDARIES (IF APPLICABLE)

1*	2*	1*	2*	1*	2*
<input type="checkbox"/> 7831 ABNORMAL LUNG X-RAY	<input type="checkbox"/> 494 BRONCHECTASIS	<input type="checkbox"/> 49181 BRONCHOLITIS OBLITERANS	<input type="checkbox"/> 410 ACUTE MYOCARDIAL INFARCTION	<input type="checkbox"/> 42731 ATRIAL FIBRILLATION	<input type="checkbox"/> 4281 LEFT VENTRICULAR FAILURE
<input type="checkbox"/> 493 ASTHMA	<input type="checkbox"/> 4680 ACUTE BRONCHITIS	<input type="checkbox"/> 491 CHRONIC BRONCHITIS	<input type="checkbox"/> 4282 MULTIFOCAL ATRIAL TACHYCARDIA	<input type="checkbox"/> 4280 RIGHT VENTRICULAR FAILURE	
<input type="checkbox"/> 78820 CHRONIC COUGH	<input type="checkbox"/> 491 CYSTIC FIBROSIS	<input type="checkbox"/> 2770 EMPHYSEMA	<input type="checkbox"/> 4280 RIGHT VENTRICULAR FAILURE		
<input type="checkbox"/> 496 COPD	<input type="checkbox"/> 492 EMPHYSEMA	<input type="checkbox"/> 501 ASBESTOSIS	<input type="checkbox"/> 8070 FX RIB 2° CLOSED CHEST TRAUMA	<input type="checkbox"/> 86121 LUNG CONTUSION, CLSD CHST TRMA	<input type="checkbox"/> 512 PNEUMOTHORAX
<input type="checkbox"/> 7865 PAIN, CHEST	<input type="checkbox"/> 501 ASBESTOSIS	<input type="checkbox"/> 5050 CHEMICAL INJURY	<input type="checkbox"/> 86121 LUNG CONTUSION, CLSD CHST TRMA	<input type="checkbox"/> 512 PNEUMOTHORAX	
<input type="checkbox"/> 135 SARCOIDOSIS	<input type="checkbox"/> 5050 CHEMICAL INJURY	<input type="checkbox"/> 500 COAL MINER'S			
<input type="checkbox"/> 30510 SMOKING EXCESS/TOBACCO DEP	<input type="checkbox"/> 502 SILICA	<input type="checkbox"/> 505 OTHERS			
<input type="checkbox"/> 7999 UNSPEC, UNDIAGNOSED DISEASE					
MOST FREQUENT DX FOR INTENSIVE CARE	MOST FREQUENT DX FOR INTENSIVE CARE	MOST FREQUENT DX FOR INTENSIVE CARE	MOST FREQUENT DX FOR INTENSIVE CARE	MOST FREQUENT DX FOR INTENSIVE CARE	MOST FREQUENT DX FOR INTENSIVE CARE
<input type="checkbox"/> 4413 ANGINA PECTORIS	<input type="checkbox"/> 25001 DIABETES MELLITUS, TYPE I	<input type="checkbox"/> 25000 DIABETES MELLITUS, TYPE II	<input type="checkbox"/> 16298 ADENOCARCINOMA	<input type="checkbox"/> 042 AIDS, NOT STAGED	<input type="checkbox"/> 51800 ATELECTASIS
<input type="checkbox"/> 25001 DIABETES MELLITUS, TYPE I	<input type="checkbox"/> 3533 HERNIA, HIATAL	<input type="checkbox"/> 2724 HYPERLIPIDEMIA, UNSPEC	<input type="checkbox"/> 23571 BRONCHIAL ADENOMA	<input type="checkbox"/> 460 COMMON COLD	<input type="checkbox"/> 460 COMMON COLD
<input type="checkbox"/> 25000 DIABETES MELLITUS, TYPE II	<input type="checkbox"/> 491 HYPERTENSION, ESSENTIAL	<input type="checkbox"/> 2443 HYPOTHYROIDISM	<input type="checkbox"/> 20283 LYMPHOMA/LEUKEMIA, PRIMARY-LUNG	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY
<input type="checkbox"/> 3533 HERNIA, HIATAL	<input type="checkbox"/> 2724 HYPERLIPIDEMIA, UNSPEC	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 1970 METASTATIC MALIGNANCY TO LUNGS	<input type="checkbox"/> 27916 HIV, POSITIVE	<input type="checkbox"/> 27916 HIV, POSITIVE
<input type="checkbox"/> 2724 HYPERLIPIDEMIA, UNSPEC	<input type="checkbox"/> 491 HYPERTENSION, ESSENTIAL	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 18295 OAT CELL	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA
<input type="checkbox"/> 491 HYPERTENSION, ESSENTIAL	<input type="checkbox"/> 2443 HYPOTHYROIDISM	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 18297 PARENCHYMAL NODULES	<input type="checkbox"/> 79901 HYPOXEMIA	<input type="checkbox"/> 79901 HYPOXEMIA
<input type="checkbox"/> 2443 HYPOTHYROIDISM	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 16298 ADENOCARCINOMA	<input type="checkbox"/> 487 INFLUENZA	<input type="checkbox"/> 487 INFLUENZA
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 23571 BRONCHIAL ADENOMA	<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA	<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 20283 LYMPHOMA/LEUKEMIA, PRIMARY-LUNG	<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC	<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 18296 SQUAMOUS CELL	<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE	<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 16291 UNDIFFERENTIATED	<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION	<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY		<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION	<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY		<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION	<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY		<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/> 51911 TRACHEAL STENOSIS
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY		<input type="checkbox"/> 4659 URI, ACUTE	<input type="checkbox"/> 4659 URI, ACUTE
<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY	<input type="checkbox"/> 2750 OBESITY		<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL	<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL

LUNG DISEASE		PULMONARY VASCULAR ABNORMALITIES		OTHER	
<input type="checkbox"/> 5160 ALVEOLAR PROTEINOSIS	<input type="checkbox"/> 41781 ACUTE VASCULITIS, UNSPEC	<input type="checkbox"/> 042 AIDS, NOT STAGED	<input type="checkbox"/> 51800 ATELECTASIS	<input type="checkbox"/> 460 COMMON COLD	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY
<input type="checkbox"/> 27781 EOSINOPHILIC GRANULOMA	<input type="checkbox"/> 4464 WEGENER'S GRANULOMATOSIS	<input type="checkbox"/> 460 COMMON COLD	<input type="checkbox"/> 460 COMMON COLD	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY	<input type="checkbox"/> 27916 HIV, POSITIVE
<input type="checkbox"/> 5183 EOSINOPHILIC PNEUMONIA	<input type="checkbox"/> 4170 ARTERIOVENOUS FISTULA	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY	<input type="checkbox"/> 7883 HEMOPTYSIS, ANY ETIOLOGY	<input type="checkbox"/> 27916 HIV, POSITIVE	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA
<input type="checkbox"/> 4829 BACTERIAL	<input type="checkbox"/> 4151 PULMONARY EMBOLUS-INFARCTION	<input type="checkbox"/> 27916 HIV, POSITIVE	<input type="checkbox"/> 27916 HIV, POSITIVE	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA	<input type="checkbox"/> 79901 HYPOXEMIA
<input type="checkbox"/> 1140 COCCIDIOIDOMYCOSIS	<input type="checkbox"/> 4160 PULMONARY HYPERTENSION, PRIMARY	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA	<input type="checkbox"/> 78053 HYPERSOMNIA, W/SLEEP APNEA	<input type="checkbox"/> 79901 HYPOXEMIA	<input type="checkbox"/> 487 INFLUENZA
<input type="checkbox"/> 11791 FUNGAL (NOT HISTO/COCCIDIO)		<input type="checkbox"/> 79901 HYPOXEMIA	<input type="checkbox"/> 79901 HYPOXEMIA	<input type="checkbox"/> 487 INFLUENZA	<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA
<input type="checkbox"/> 11595 HISTOPLASMOSIS		<input type="checkbox"/> 487 INFLUENZA	<input type="checkbox"/> 487 INFLUENZA	<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA	<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC
<input type="checkbox"/> 5130 LUNG ABSCESS		<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA	<input type="checkbox"/> 78051 INSOMNIA W/SLEEP APNEA	<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC	<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE
<input type="checkbox"/> 483 MYCOPLASMA, PPLO & OTHER UNSPEC		<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC	<input type="checkbox"/> 2779 METABOLIC DISORDER, UNSPEC	<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE	<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION
<input type="checkbox"/> 485 PNEUMONIA, UNSPEC		<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE	<input type="checkbox"/> 78631 PULMONARY HEMORRHAGE	<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION	<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION
<input type="checkbox"/> 48281 PNEUMONIA, MYCOBACTERIAL, NON-TB		<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION	<input type="checkbox"/> 74850 PULMONARY SEQUESTRATION	<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION	<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION
<input type="checkbox"/> 0119 TUBERCULOSIS (TB)		<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION	<input type="checkbox"/> 51881 UPPER AIRWAY OBSTRUCTION	<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION	<input type="checkbox"/> 51911 TRACHEAL STENOSIS
<input type="checkbox"/> 010 TUBERCULOUS INFECTION		<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION	<input type="checkbox"/> 47878 LARYNGEAL OBSTRUCTION	<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/> 4659 URI, ACUTE
<input type="checkbox"/> 0120 TUBERCULOUS PLEURAL EFFUSION		<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/> 51911 TRACHEAL STENOSIS	<input type="checkbox"/> 4659 URI, ACUTE	<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL
<input type="checkbox"/> INTERSTITIAL FIBROSIS		<input type="checkbox"/> 4659 URI, ACUTE	<input type="checkbox"/> 4659 URI, ACUTE	<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL	
<input type="checkbox"/> 5163 IDIOPATHIC		<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL	<input type="checkbox"/> 6554 WORRIED/CONCERNED WELL		
<input type="checkbox"/> 5081 RADIATION INJURY/PNEUMONIA					
<input type="checkbox"/> 5171 2° COLLAGEN VASCULAR DISEASE					
<input type="checkbox"/> INTERSTITIAL PNEUMONITIS					
<input type="checkbox"/> 50781 DRUG INDUCED					
<input type="checkbox"/> NONINFECTIOUS					
<input type="checkbox"/> 5070 ASPIRATION PNEUMONITIS					
<input type="checkbox"/> 1173 BRONCHOPULMONARY ASPERGILLOSIS					
<input type="checkbox"/> 49591 HYPERSENSITIVITY PNEUMONITIS					
<input type="checkbox"/> 5071 LIPOID PNEUMONIA					
<input type="checkbox"/> 51190 PLEURAL EFFUSION, NOS					

UNLISTED REASON FOR VISIT (if not listed in columns above)	
PRIMARY	SECONDARY
V 0 0 0 0 0	V 0 0 0 0 0
(1) 1 (1) 1 (1)	(1) 1 (1) 1 (1)
(2) 2 (2) 2 (2)	(2) 2 (2) 2 (2)
(3) 3 (3) 3 (3)	(3) 3 (3) 3 (3)
(4) 4 (4) 4 (4)	(4) 4 (4) 4 (4)
(5) 5 (5) 5 (5)	(5) 5 (5) 5 (5)
(6) 6 (6) 6 (6)	(6) 6 (6) 6 (6)
(7) 7 (7) 7 (7)	(7) 7 (7) 7 (7)
(8) 8 (8) 8 (8)	(8) 8 (8) 8 (8)
(9) 9 (9) 9 (9)	(9) 9 (9) 9 (9)

REPEAT PROCEDURE FORM

FOR CLERICAL USE ONLY

PATIENT INFORMATION

PATIENT NAME	LAST	FIRST	MIDDLE
AGE	SEX	DOB	SSN
ROOM	CLINIC	CHARGE	STATUS

ICD-9-CM DIAGNOSIS

ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM
ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM
ICD-9-CM	ICD-9-CM	ICD-9-CM	ICD-9-CM

PROCEDURE

PROCEDURE	PROCEDURE	PROCEDURE	PROCEDURE
PROCEDURE	PROCEDURE	PROCEDURE	PROCEDURE
PROCEDURE	PROCEDURE	PROCEDURE	PROCEDURE

TIME SPENT

- 5 minutes
- 10 minutes
- 15 minutes
- 20 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 1 1/2 hours
- 2 hours
- 2 1/2 hours
- 3 hours
- 3 1/2 hours
- 4 hours
- 4 1/2 hours
- 5 hours
- 5 1/2 hours
- 6 hours
- 6 1/2 hours
- 7 hours
- 7 1/2 hours
- 8 hours

UCA DATA

CLINIC CODE

- BABA
- BAJA
- BAKA
- BALA
- BAPA
- BFLA
- BFDA
- BMBA
- DCBA
- DHBA
- DNDA

INPATIENT OR REFERRAL CODE

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



VISIT COUNT

1	2	3
4	5	6
7	8	9

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER

A	N	1	2	3
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER

A	N	1	1	1
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER

A	N	1	1	1
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			

TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER

A	N	1	1	1
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			

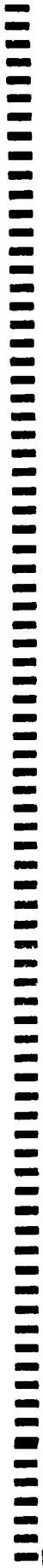
TODAY'S DATE

DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CARE PROVIDER

A	N	1	1	1
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			

DO NOT MARK IN THIS AREA 68860



RHEUMATOLOGY PATIENT (BAOA)

OTHER UCA
 BAAA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK 

IF NOT SCHEDULED
 APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
 PLACE OF VISIT
 Ward
 Telephone
 Home
 Other (1)(2)(3)

UCA CODE (if not above)

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

VISIT COUNT

0
 1
 2
 3
 4
 5
 6
 7
 8
 9

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH					
<input type="checkbox"/>	<input type="checkbox"/> Jan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Mar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Apr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Jun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Jul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Sep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Oct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER
<input type="checkbox"/>	<input type="checkbox"/>	2 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	20 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	45 minutes	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1 hour	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	1 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7 1/2 hours	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8 hours	<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR #2 CARE PROVIDER

Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1)(2)(3)

JOB REL ILL/INJ (not LOD det)
 Yes

MILITARY ONLY

DUTY QUARTERS:
 24 hours
 48 hours
 72 hours

PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
 2
 3
 4
 5
 6
 7
 8
 9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA

5043

PATIENT INFORMATION											
FMP		SPONSOR'S SSN									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PROCEDURES
<input type="radio"/> 59420 ANTEPARTUM CARE, ROUTINE
<input type="radio"/> 93788 BP CHECK
<input type="radio"/> 90857 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="radio"/> 99091 INPROCESSING MED SCREEN
<input type="radio"/> 99095 OUTPROCESSING MED SCREEN
<input type="radio"/> 99092 POR SCREEN
<input type="radio"/> 90037 PRESCRIPTION/REFILL
<input type="radio"/> 99098 PROFILE ISSUE/UPDATE
<input type="radio"/> 99094 SECURITY CLEARANCE SCREEN
<input type="radio"/> 90700 SHOT RECORD REVIEW
<input type="radio"/> 86581 TB TEST, TIME (ADMIN)
<input type="radio"/> 86582 TB TEST, TIME (READ)
<input type="radio"/> 90601 TELEPHONE CONSULT DOCUMENTED
<input type="radio"/> 87060 THROAT CULTURE
<input type="radio"/> 36415 VENIPUNCTURE
<input type="radio"/> 99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES
(1) (2) (3) (4) (5) (6) (7) (8) (9)

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

UNLISTED PROCEDURE									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PATIENT INFORMATION											
FMP		SPONSOR'S SSN									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PROCEDURES
<input type="radio"/> 59420 ANTEPARTUM CARE, ROUTINE
<input type="radio"/> 93788 BP CHECK
<input type="radio"/> 90857 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="radio"/> 99091 INPROCESSING MED SCREEN
<input type="radio"/> 99095 OUTPROCESSING MED SCREEN
<input type="radio"/> 99092 POR SCREEN
<input type="radio"/> 90037 PRESCRIPTION/REFILL
<input type="radio"/> 99098 PROFILE ISSUE/UPDATE
<input type="radio"/> 99094 SECURITY CLEARANCE SCREEN
<input type="radio"/> 90700 SHOT RECORD REVIEW
<input type="radio"/> 86581 TB TEST, TIME (ADMIN)
<input type="radio"/> 86582 TB TEST, TIME (READ)
<input type="radio"/> 90601 TELEPHONE CONSULT DOCUMENTED
<input type="radio"/> 87060 THROAT CULTURE
<input type="radio"/> 36415 VENIPUNCTURE
<input type="radio"/> 99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES
(1) (2) (3) (4) (5) (6) (7) (8) (9)

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

UNLISTED PROCEDURE									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PATIENT INFORMATION											
FMP		SPONSOR'S SSN									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

PROCEDURES
<input type="radio"/> 59420 ANTEPARTUM CARE, ROUTINE
<input type="radio"/> 93788 BP CHECK
<input type="radio"/> 90857 CONSULT W/2nd PROV (PT NOT SEEN)
<input type="radio"/> 99091 INPROCESSING MED SCREEN
<input type="radio"/> 99095 OUTPROCESSING MED SCREEN
<input type="radio"/> 99092 POR SCREEN
<input type="radio"/> 90037 PRESCRIPTION/REFILL
<input type="radio"/> 99098 PROFILE ISSUE/UPDATE
<input type="radio"/> 99094 SECURITY CLEARANCE SCREEN
<input type="radio"/> 90700 SHOT RECORD REVIEW
<input type="radio"/> 86581 TB TEST, TIME (ADMIN)
<input type="radio"/> 86582 TB TEST, TIME (READ)
<input type="radio"/> 90601 TELEPHONE CONSULT DOCUMENTED
<input type="radio"/> 87060 THROAT CULTURE
<input type="radio"/> 36415 VENIPUNCTURE
<input type="radio"/> 99097 WEIGHT CONTROL CHECK
SPECIFIC PREASSIGNED CLINIC CODES
(1) (2) (3) (4) (5) (6) (7) (8) (9)

TIME SPENT		
<input type="radio"/> 2 min.	<input type="radio"/> 15 min.	<input type="radio"/> 40 min.
<input type="radio"/> 5 min.	<input type="radio"/> 20 min.	<input type="radio"/> 50 min.
<input type="radio"/> 10 min.	<input type="radio"/> 30 min.	<input type="radio"/> 1 hr.

UNLISTED PROCEDURE									
(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)	(0)
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)

MAKE NO MARKS
IN THIS AREA

SOCIAL WORK CLIENT (BFEA)

OTHER UCA
 BFOA BFEA

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill ovals completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

ONLY ACCEPTABLE MARK



IF NOT SCHEDULED
APPOINTMENT STATUS
 Unscheduled
 Emergency

IF NOT CLINIC/OFFICE
PLACE OF VISIT
 Ward
 Telephone
 Home
 Other (1, 2, 3)

UCA CODE (if not above)

B	A	A	A
C	B	B	B
D	C	C	C
E	D	D	D
F	E	E	E
G	F	F	F
H	G	G	G
I	H	H	H
J	I	I	I
K	J	J	J
L	K	K	K
M	L	L	L
N	M	M	M
O	N	N	N
P	O	O	O
Q	P	P	P
R	Q	Q	Q
S	R	R	R
T	S	S	S
U	T	T	T
V	U	U	U
W	V	V	V
X	W	W	W
Y	X	X	X
Z	Y	Y	Y

INPATIENT OR REFERRAL CODE

A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

VISIT COUNT

0
2
3
4
5
6
7
8
9

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN											
DAY	MONTH		1	2	3	4	5	6	7	8	9			
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

PROVIDER

#1 CARE PROVIDER	#1	TIME SPENT WITH PATIENT	#2	#2 CARE PROVIDER		
A	N	2 minutes	0	0	0	0
B	O	5 minutes	0	0	0	0
C	P	10 minutes	0	0	0	0
D	Q	15 minutes	0	0	0	0
E	R	20 minutes	0	0	0	0
F	S	30 minutes	0	0	0	0
G	T	45 minutes	0	0	0	0
H	U	1 hour	0	0	0	0
I	V	1 1/2 hours	0	0	0	0
J	W	2 hours	0	0	0	0
K	X	2 1/2 hours	0	0	0	0
L	Y	3 hours	0	0	0	0
M	Z	3 1/2 hours	0	0	0	0
		4 hours	0	0	0	0
		4 1/2 hours	0	0	0	0
		5 hours	0	0	0	0
		5 1/2 hours	0	0	0	0
		6 hours	0	0	0	0
		6 1/2 hours	0	0	0	0
		7 hours	0	0	0	0
		7 1/2 hours	0	0	0	0
		8 hours	0	0	0	0

REASON - #2 PROVIDER

Co-therapist
 Teaching/Supervision
 Consultation
 Procedure/Treatment
 Other (1, 2, 3)

JOB REL ILL/INJ
(not LOD det)
Yes

SPECIAL PROGRAMS

FAP
 ADAPCP
 PRP
 Adoption
Other 1 2 3

MILITARY ONLY

DUTY QUARTERS:
 24 hours
 48 hours
 72 hours

PROFILE:
 1-3 days
 4-7 days
 8-14 days
 > 14 days
 LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

1
2
3
4
5
6
7
8
9

NOT AVAILABLE

Medical record
 Lab results
 X-Rays

DO NOT MARK IN THIS AREA

21235

SOCIAL WORK SHORT FORM

TODAY'S DATE	
DAY	MONTH
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
	Jan
	Feb
	Mar
	Apr
	May
	Jun
	Jul
	Aug
	Sep
	Oct
	Nov
	Dec

CARE PROVIDER				
A	N	1	1	1
B	O	2	2	2
C	P	3	3	3
D	Q	4	4	4
E	R	5	5	5
F	S	6	6	6
G	T	7	7	7
H	U	8	8	8
I	V	9	9	9
J	W			
K	X			
L	Y			
M	Z			



- DO NOT USE INK OR BALLPOINT PEN.
- COMPLETELY FILL OVALS WITH DARK MARKS.
- ERASE CLEANLY AND MAKE NO STRAY MARKS.
- DO NOT FOLD THIS FORM.

PATIENT IDENTIFICATION												
PATIENT FMP		SPONSOR'S SSN										
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

PATIENT IDENTIFICATION												
PATIENT FMP		SPONSOR'S SSN										
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROBLEM
<input type="radio"/> Financial Assistance
<input type="radio"/> Information
<input type="radio"/> Housing
<input type="radio"/> Transportation
<input type="radio"/> Admin/Personnel Action
<input type="radio"/> Other Problem

PROCEDURES
<input type="radio"/> D/C Screen
<input type="radio"/> FA Intake
<input type="radio"/> SW Intake
<input type="radio"/> HTLV Screen
<input type="radio"/> Telephone Consult (Documented)

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT				
<input type="radio"/> 5 minutes	<input type="radio"/> 30 minutes			
<input type="radio"/> 10 minutes	<input type="radio"/> 40 minutes			
<input type="radio"/> 15 minutes	<input type="radio"/> 50 minutes			
<input type="radio"/> 20 minutes	<input type="radio"/> 1 hour			

INPATIENT OR REFERRAL CODE			
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z

PROBLEM
<input type="radio"/> Financial Assistance
<input type="radio"/> Information
<input type="radio"/> Housing
<input type="radio"/> Transportation
<input type="radio"/> Admin/Personnel Action
<input type="radio"/> Other Problem

PROCEDURES
<input type="radio"/> D/C Screen
<input type="radio"/> FA Intake
<input type="radio"/> SW Intake
<input type="radio"/> HTLV Screen
<input type="radio"/> Telephone Consult (Documented)

UNLISTED PROCEDURE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

TIME SPENT				
<input type="radio"/> 5 minutes	<input type="radio"/> 30 minutes			
<input type="radio"/> 10 minutes	<input type="radio"/> 40 minutes			
<input type="radio"/> 15 minutes	<input type="radio"/> 50 minutes			
<input type="radio"/> 20 minutes	<input type="radio"/> 1 hour			

Specific preassigned clinic codes
1 2 3 4 5 6 7 8 9

Specific preassigned clinic codes
1 2 3 4 5 6 7 8 9

21019

DO NOT MARK IN THIS AREA

UROLOGY PATIENT (BBIA)

INSTRUCTIONS

- DO NOT use ink or ballpoint pen.
- Make each mark heavy and black.
- Fill circles completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.



ONLY ACCEPTABLE MARK

IF NOT SCHEDULED

APPOINTMENT STATUS

Unscheduled

Emergency

IF NOT CLINIC/OFFICE

PLACE OF VISIT

Ward

Telephone

Home

Other: ① ② ③

UCA CODE (if not above)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

INPATIENT OR REFERRAL CODE

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VISIT COUNT

①

②

③

④

⑤

⑥

⑦

⑧

PATIENT DATA

TODAY'S DATE		FMP	SPONSOR'S SSN			
DAY	MONTH		1	2	3	4
<input type="radio"/>	Jan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Feb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Mar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Apr	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	May	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Jul	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Aug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Sep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Oct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Nov	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	Dec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROVIDER

# 1 CARE PROVIDER	# 1 TIME SPENT WITH PATIENT	# 2 CARE PROVIDER
<input type="radio"/>	<input type="radio"/> 2 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 10 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 15 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 20 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 30 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 45 minutes	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 hour	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 1 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 2 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 3 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 4 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 5 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 6 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 7 1/2 hours	<input type="radio"/>
<input type="radio"/>	<input type="radio"/> 8 hours	<input type="radio"/>

JOB REL ILL/INJ
(not LOD det)

Yes

MILITARY ONLY

DUTY

QUARTERS:

24 hours

48 hours

72 hours

PROFILE:

1-3 days

4-7 days

8-14 days

> 14 days

LIMITED DUTY

SPECIFIC PREASSIGNED CLINIC CODES

①

②

③

④

⑤

⑥

⑦

⑧

⑨

⑩

REASON FOR # 2 CARE PROVIDER

Teaching/Supervision

Consultation

Procedure/Treatment

Other: ① ② ③

NOT AVAILABLE

Medical record

Lab results

X-Ray

DO NOT MARK IN THIS AREA

14611

EVALUATIONS / SERVICES / PROCEDURES (MARK AS MANY AS APPLICABLE)

PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2	PROVIDER #1 #2
<input type="checkbox"/> 74427 ANTEGRADE URETHROGRAM	<input type="checkbox"/> 90788 ADMIN OF HCG-TESTOSTERONE	<input type="checkbox"/> 87205 SPECIAL LAB SERVICES	<input type="checkbox"/> 01 01 01 01
<input type="checkbox"/> 74428 ANTEGRADE NEPHROSTOGRAM	<input type="checkbox"/> 90788 INJECTION, NOS	<input type="checkbox"/> 87205 GRAM STAIN & INTERPRETATION	<input type="checkbox"/> 02 02 02 02
<input type="checkbox"/> 74400 ROUTINE IVP	<input type="checkbox"/> 55700 BIOPSY PROSTATE (NEEDLE)	<input type="checkbox"/> 89321 PROSTATIC SECRETIONS, EXPRESSED	<input type="checkbox"/> 03 03 03 03
<input type="checkbox"/> 74415 WITH TOMOGRAPHY	<input type="checkbox"/> 54500 BIOPSY TESTIS (OPEN)	<input type="checkbox"/> 89320 SEMEN ANALYSIS, COMPLETE	<input type="checkbox"/> 04 04 04 04
<input type="checkbox"/> 74482 KUB	<input type="checkbox"/> 51010 CYSTOTOMY, SUPRAPUBIC TUBE INCISION	<input type="checkbox"/> 82355 STONE ANALYSIS	<input type="checkbox"/> 05 05 05 05
<input type="checkbox"/> 74428 LOOP-A-GRAM	<input type="checkbox"/> 54162 CLAMP, NOT NEWBORN	<input type="checkbox"/> 81000 URINALYSIS (DIP & SPIN)	<input type="checkbox"/> 06 06 06 06
<input type="checkbox"/> 74452 PERICATHETER URETHROGRAM	<input type="checkbox"/> 54181 NON-CLAMP, NOT NEWBORN	<input type="checkbox"/> 90002 SUTURE REMOVAL	<input type="checkbox"/> 07 07 07 07
<input type="checkbox"/> 74461 RETROGRADE CYSTOGRAM	<input type="checkbox"/> 51725 LIMITED CIRCUMCISION	<input type="checkbox"/> 53860 URETHRAL DILATATION	<input type="checkbox"/> 08 08 08 08
<input type="checkbox"/> 74453 RETROGRADE URETHROGRAM	<input type="checkbox"/> 51785 W/EMG STUDIES	<input type="checkbox"/> 53820 FEMALE	<input type="checkbox"/> 09 09 09 09
<input type="checkbox"/> 76905 ULTRASOUND, PELVIS	<input type="checkbox"/> 51798 W/VOIDING STUDY	<input type="checkbox"/> 53870 MALE	<input type="checkbox"/> 10 10 10 10
<input type="checkbox"/> 74441 VASOGRAM	<input type="checkbox"/> 51721 DMSO BLADDER INSTALLATIONS	<input type="checkbox"/> 53874 URETHRAL CATHETER PLACEMENT	<input type="checkbox"/> 11 11 11 11
<input type="checkbox"/> 74458 VOIDING CYSTOURETHROGRAM	<input type="checkbox"/> 90011 DRESSING CHANGE	<input type="checkbox"/> 53874 URETHRAL CATHETER CHANGE	<input type="checkbox"/> 12 12 12 12
ENDOSCOPIC			
<input type="checkbox"/> 51794 CYSTOSCOPY	<input type="checkbox"/> 11425 EXCISION OF SEBACEOUS CYST	<input type="checkbox"/> 53450 URETHRAL MEATOPLASTY	<input type="checkbox"/> 13 13 13 13
CYSTURETHROSCOPY			
<input type="checkbox"/> 52000 ROUTINE	<input type="checkbox"/> 51738 FLOW RATES	<input type="checkbox"/> 87088 URINE CULTURE, COLONY COUNT AND IDENTIFICATION	<input type="checkbox"/> 14 14 14 14
<input type="checkbox"/> 52007 W/BIOPSY	<input type="checkbox"/> 54055 FULGURATION OF CONDYLOMA	<input type="checkbox"/> 55250 VASECTOMY	<input type="checkbox"/> 15 15 15 15
<input type="checkbox"/> 52281 W/DILATATION OF STENOSIS	<input type="checkbox"/> 10080 I&D ABSCESS	<input type="checkbox"/> 90805 CONSULTATION	<input type="checkbox"/> 16 16 16 16
<input type="checkbox"/> 52310 W/REMOVAL OF FOREIGN BODY	<input type="checkbox"/> 51720 INTRAVESICAL CHEMOTHERAPY		
<input type="checkbox"/> 74478 W/RETROGRADE PYELOGRAM	<input type="checkbox"/> 99159 PATIENT EDUCATION/COUNSELING		
<input type="checkbox"/> 52234 W/SMALL BLADDER TUMOR RESECTION & FULGURATION	<input type="checkbox"/> 90032 PELVIC EXAM-FEMALE		
<input type="checkbox"/> 52320 W/URETERAL CALCULUS REMOVAL	<input type="checkbox"/> 55898 PROSTATIC MASSAGE		
W/URETERAL CATHETERIZATION			
<input type="checkbox"/> 52004 UNILATERAL			
<input type="checkbox"/> 52003 BILATERAL			

ADDITIONAL PROCEDURES															
PROVIDER 2								PROVIDER 2							
Yes <input type="checkbox"/>															
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RELIABILITY STUDY SCORING INSTRUMENT

APPENDIX G

APPENDIX G

BAMC ACDB RELIABILITY STUDY

DATA COLLECTION FORM

CIRCLE CORRECT RESPONSE

(1)	(2-4)	(5-8)	(9)	(10)	(11)	(12)	(13)
SITE	CASE	UCA CODE	PATIENT ID	VISIT DATE	UCA	PROV ID	DX
1	---	---	Y	Y	Y	Y	Y
			2	1	2	2	4
			0	0	0	0	0

(14) (15)
ADD # OF
DX PROC

SCORE CODES FOR ABOVE:

PRESENT/CORRECT = 1, 2, OR 4

UNAVAIL/INCORRECT = 0

- -

NOTES:

NAME: _____

DATE: _____

ANALYSIS OF RELIABILITY PILOT STUDY DATA

APPENDIX H

APPENDIX H

Reliability of Pilot Study data
Brooke Army Medical Center

Clinic	<u>n</u> ^a	Mean	Standard Deviation	Range of Scores
Dermatology	45	10.97	0.14	10-11
Emergency Room	43	10.58	0.93	7-11
Gynecology	29	10.86	0.74	7-11
Internal Medicine	77	10.45	1.61	5-11
Ophthalmology	35	10.77	0.59	9-11
Orthopedics	33	10.27	1.37	7-11
Pediatrics	75	10.54	1.21	7-11
Troop Medical Clinic	10	10.80	0.63	9-11
TOTALS	347	10.61	1.14	5-11

^aNumbers of verified encounters in each clinic.

ANALYSIS OF RELIABILITY STUDY DATA FOR ALL SITES

APPENDIX I

APPENDIX I

Reliability Of ACDB Data
All Study Sites

(N=9,015)

Clinic	n ^a	Mean	Standard Deviation	Range of Scores
Acute Minor Illness	195	10.72	0.98	7-11
Adolescent Medicine	113	10.86	0.77	5-11
Allergy	151	10.72	0.95	7-11
Antepartum	36	10.33	1.17	7-11
Audiology	208	10.51	1.21	5-11
Cardio-Thoracic Surgery	6	11.00	0.00	0
Cardiology	61	10.45	1.23	5-11
Cast	22	6.81	0.85	3-7
Chemotherapy	30	6.44	1.56	5-11
Child Guidance	140	10.92	0.67	4-11
Community Health Nurse	123	10.93	0.33	9-11
Dermatology	219	10.83	0.71	7-11
EKG	79	8.87	1.90	5-11
ENT	174	9.75	1.88	5-11
Emergency Room	302	10.44	1.25	5-11
Endocrinology	71	10.09	1.64	5-11
Exceptional Family Member	81	9.87	2.97	2-11
Family Advocacy	327	10.94	0.36	7-11
Family Practice	267	10.29	1.59	4-11

APPENDIX I (Continued)
Reliability of ACDB Data

Clinic	n_a	Mean	Standard Deviation	Range of Scores
Flight Medicine	76	10.73	1.05	5-11
Gastroenterology	36	10.36	1.57	5-11
General Surgery	199	10.32	1.53	5-11
Gynecology	264	10.62	1.11	7-11
Hematology	36	10.77	0.79	7-11
Infectious Disease	93	10.58	1.05	6-11
Inh/Respiratory Therapy	11	7.72	2.24	5-11
Internal Medicine	262	10.55	1.33	5-11
Medical Exam	4	11.00	0.00	0
Mental Health	187	10.86	0.70	7-11
Midwifery	58	10.87	0.42	9-11
Nephrology	54	10.55	1.17	5-11
Neurology	211	10.60	1.14	5-11
Neuromusculoskeletal	68	10.76	0.99	5-11
Neurosurgery	41	10.78	0.72	7-11
Nutrition Care	230	10.67	1.11	5-11
Obstetrics	145	10.76	0.84	5-11
Occupational Health	186	10.86	0.80	5-11
Occupational Therapy	127	10.73	0.97	6-11
Oncology	94	10.39	1.32	5-11
Ophthalmology	217	10.53	1.32	7-11
Optometry	278	10.54	1.23	5-11

APPENDIX I (Continued)
Reliability of ACDB Data

Clinic	n^a	Mean	Standard Deviation	Range of Scores
Orthopedic Appliance	6	7.00	0.00	0
Orthopedics	170	10.50	1.24	5-11
Pain Clinic	68	10.54	1.02	5-11
Pediatrics	310	10.60	1.24	4-11
Physical Exam	55	10.89	0.41	9-11
Physical Medicine	63	10.80	0.85	7-11
Physical Therapy	264	10.62	1.09	5-11
Plastic Surgery	54	10.09	1.32	7-11
Podiatry	181	9.86	1.81	5-11
Preventive Medicine	62	10.74	0.67	9-11
Psychiatry	363	10.68	1.31	4-11
Psychology	512	10.63	1.38	1-11
Pulmonary	72	10.80	0.95	5-11
Rheumatology	65	10.75	0.72	7-11
Social Work	394	10.84	0.75	4-11
Speech Pathology	175	10.45	1.27	4-11
Troop Medical Clinic (Main)	179	10.53	1.32	5-11
Troop Medical Clinic	48	10.83	0.80	7-11
Troop Medical Clinic	40	11.00	0.00	0
Troop Medical Clinic	86	10.55	1.41	5-11
Troop Medical Clinic	31	10.61	1.20	7-11
Urology	126	10.38	1.41	4-11

APPENDIX I (Continued)
Reliability of ACDB Data

Well Baby	209	10.88	0.58	7-11
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TOTALS	9,015	10.56	1.27	1-11
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^aNumber of verified encounters in each clinic.

HEALTH CARE PROVIDER SURVEY INSTRUMENT

APPENDIX J



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF:

HSHN-P

10 August 1987

MEMORANDUM FOR: Ambulatory Care Data Base Health Care Providers

SUBJECT: Health Care Provider Survey

1. The data collection phase of the Ambulatory Care Data Base (ACDB) project is ending. After all remaining "bubble forms" are scanned, the central data base will contain almost 3 million encounter records representing ambulatory medical practice in more than 50 different specialties from the 6 medical treatment facilities which served as test sites. These data and the analysis being planned are extremely important to the future of the Army Medical Department (AMEDD). Your efforts in completing the mark sense encounter forms are greatly appreciated by both The Surgeon General and me.
2. The study is now in the evaluation phase, an important part of which is assessing provider experience and satisfaction with the bubble forms. To assist the investigators at the U.S. Army Health Care Studies and Clinical Investigation Activity (HCSCIA) with this evaluation, please take a few minutes to answer the attached questions and return the questionnaire to your local point of contact. The questionnaire will take you less than 10 minutes to complete.
3. Your participation and that of your fellow health care providers is crucial to the completion of the ACDB study. Future efforts in designing data capture methods and in developing and utilizing appropriate "menus" of diagnoses and procedures to encompass the range of practice in each specialty and for each provider type will be based, in part, on your response.
4. Thank you very much for your thoughtful participation and assistance.

TRACY E. STREVEY, JR.
Major General, MC
Commanding

AMBULATORY CARE DATA BASE PROVIDER SURVEY

DO NOT USE
THIS SPACE

SECTION I

(Please circle the appropriate response.)

ID _____
(1-6)

A. How long have you been in the Army and working in a Medical Treatment Facility (MTF) or employed by Civil Service at a MTF? _____ (7)

1. Less than 2 years
2. 2 to 6 years
3. 7 to 10 years
4. Over 10 years

B. What is your present rank/pay grade? _____ (8)

1. E-1 to E-5
2. E-6 to E-9
3. Officer Warrant
4. Officer O-1 to O-3
5. Officer O-4 to O-6
6. Civilian GS 1 to GS 7
7. Civilian GS 8 to GS 16
8. Personal Service Contract Civilian

C. In which specialty area do you work most of the time? _____ (9,10)

- | | | |
|-----------------------|--------------------------|---|
| 01. Adolescent | 18. General Surgery | 36. Pain Control |
| 02. Allergy | 19. Gynecology | 37. Pediatrics |
| 03. Audiology | 20. Immunizations | 38. Physical Medicine |
| 04. Cardiology | 21. Infectious Disease | 39. Physical Therapy |
| 05. Cardiothorac Surg | 22. Inhalation/Resp Ther | 40. Plastic Surgery |
| 06. Cast | 23. Internal Medicine | 41. Podiatry |
| 07. Comm Health Nurse | 24. Nephrology/Dialysis | 42. Preventive Med |
| 08. Brace/Ortho Appl | 25. Neurology | 43. Primary Care
(AMIC/ACC/Med Exam) |
| 09. Dermatology | 26. Neurosurgery | 44. Psychiatry |
| 10. EFMP | 27. Nutrition | 45. Psychology |
| 11. EKG | 28. Obstetrics | 46. Pulmonary |
| 12. Emergency Room | 29. Occupational Health | 47. Rheumatology |
| 13. Endocrine | 30. Occupational Therapy | 48. Social Work |
| 14. ENT | 31. Oncology/Hematology | 49. Speech Pathology |
| 15. Family Practice | 32. Ophthalmology | 50. Troop Med Clinic |
| 16. Flight Medicine | 33. Optometry | 51. Urology |
| 17. Gastroenterology | 34. Orthopedics | 52. Other |
| | 35. Otorhinolaryngology | |

SECTION II

Section II pertains to BUBBLE FORMS used before 1 May 1987 which will be referred to as OLD BUBBLE FORMS. If you filled out the OLD BUBBLE FORMS, please answer the questions in this section, otherwise skip to Section III.

- A. Indicate ALL the portions of the OLD BUBBLE FORM you NORMALLY completed (you may choose more than one). _____(11)
- 1. PATIENT SECTION - Date, Sponsor's Soc Sec No & Family Member Prefix _____(12)
 - 2. ADMINISTRATION SECTION - UCA Data, Place of Visit, Appt Status, Status of Visit _____(13)
 - 3. PROVIDER SECTION - Provider ID, Time Spent with Patient _____(14)
 - 4. EVALUATIONS/SERVICES/PROCEDURES _____(15)
 - 5. DIAGNOSIS/REASON FOR VISIT _____(15)
- B. Approximately how many OLD BUBBLE FORMS did you fill out on an average clinic day? _____(16)
- 1. Less than 5 a day
 - 2. 6-10 a day
 - 3. 11-20 a day
 - 4. More than 20 a day
 - 5. Not sure
- C. For the portions of the OLD BUBBLE FORM that you NORMALLY completed, how much time on the average did you spend on each form? _____(17)
- 1. Less than 20 seconds
 - 2. 21-40 seconds
 - 3. 41-60 seconds
 - 4. Over 60 seconds
- D. How often did you fill out an OLD BUBBLE FORM on your patients? _____(18)
- 1. Almost always
 - 2. Usually
 - 3. About half the time
 - 4. Seldom
 - 5. Almost never
 - 6. Not sure

E. How accurate is the information that you marked on the OLD BUBBLE FORM? _____ (19)

1. Almost always accurate
2. Usually accurate
3. Accurate about half the time
4. Seldom accurate
5. Almost never accurate

F. In your opinion how accurate is the information that OTHER PROVIDERS in your CLINIC marked on the OLD BUBBLE FORM? _____ (20)

1. Almost always accurate
2. Usually accurate
3. Accurate about half the time
4. Seldom accurate
5. Almost never accurate
6. Not Sure

G. Approximately what percentage of the time were you able to find (on the OLD BUBBLE FORM) the EVALUATIONS/SERVICES/PROCEDURES that you perform in the outpatient setting? _____ (21)

1. Around 90 percent
2. Around 75 percent
3. Around 50 percent
4. Around 25 percent
5. Less than 25 percent

H. How satisfied are you with the arrangement of the EVALUATIONS/SERVICES/PROCEDURES on the OLD BUBBLE FORM? _____ (22)

1. Very satisfied
2. Satisfied
3. Not Sure
4. Somewhat dissatisfied
5. Dissatisfied

I. Approximately what percentage of the time were you able to find the PRIMARY REASON FOR VISIT and SECONDARIES (DIAGNOSES) on the OLD BUBBLE FORM? _____ (23)

1. Around 90 percent
2. Around 75 percent
3. Around 50 percent
4. Around 25 percent
5. Less than 25 percent

J. How satisfied were you with the arrangement of the PRIMARY REASON FOR VISIT AND SECONDARIES on the OLD BUBBLE FORM? _____ (24)

1. Very satisfied
2. Satisfied
3. Not Sure
4. Somewhat dissatisfied
5. Dissatisfied

SECTION III

SECTION III pertains to the BUBBLE FORMS used after 1 May 1987 which will be referred to as the NEW BUBBLE FORMS. Please complete this section if you used the NEW BUBBLE FORMS.

- A. Mark all the portions of the NEW BUBBLE FORM you normally completed (you may choose more than one section). _____(25)
1. ADMINISTRATIVE SECTION - Date, Sponsor's Soc Sec No and Family Member Prefix, & optional fills for UCA, Appt status, etc. _____(26)
 2. PROVIDER SECTION - Provider ID, Time Spent with Patient & optional fill for Job Rel Ill/Inj, Military Disposition, etc. _____(27)
 3. EVALUATIONS/SERVICES/PROCEDURES _____(28)
 4. DIAGNOSIS/REASON FOR VISIT _____(28)
- B. Approximately how many NEW BUBBLE FORMS did you fill out on an average clinic day? _____(29)
1. Less than 5 a day
 2. 6-10 a day
 3. 11-20 a day
 4. More than 20 a day
 5. Not sure
- C. For the portions of the NEW BUBBLE FORM that you NORMALLY completed, how much time on the average did you spend on each form? _____(30)
1. Less than 20 seconds
 2. 21 to 40 seconds
 3. 41 to 60 seconds
 4. Over 60 seconds
- D. How often did you fill out a NEW BUBBLE FORM on your patients? _____(31)
1. Almost always
 2. Usually
 3. About half the time
 4. Seldom
 5. Almost never
 6. Not sure
- E. How accurate is the information that you marked on the NEW BUBBLE FORM? _____(32)
1. Almost always accurate
 2. Usually accurate
 3. Accurate about half the time
 4. Seldom accurate
 5. Almost never accurate

- F. In your opinion how accurate is the information that OTHER PROVIDERS in your CLINIC marked on the NEW BUBBLE FORM? _____ (33)
1. Almost always accurate
 2. Usually accurate
 3. Accurate about half the time
 4. Seldom accurate
 5. Almost never accurate
 6. Not Sure
- G. What was the effect filling out the NEW BUBBLE FORM had on your workload? (Choose more than one, if applicable.) _____ (34)
1. No effect
 2. Patients waited longer for care
 3. I saw fewer patients
 4. I worked longer hours
- H. Approximately what percentage of the time were you able to find (on the NEW BUBBLE FORM) the EVALUATIONS/SERVICES/PROCEDURES that you perform in the outpatient setting? _____ (35)
1. Around 90 percent
 2. Around 75 percent
 3. Around 50 percent
 4. Around 25 percent
 5. Less than 25 percent
- I. How satisfied are you with the arrangement of the EVALUATIONS/SERVICES/PROCEDURES on the NEW BUBBLE FORM? _____ (36)
1. Very satisfied
 2. Satisfied
 3. Not Sure
 4. Somewhat dissatisfied
 5. Dissatisfied
- J. Approximately what percentage of the time were you able to find the PRIMARY REASON FOR VISIT and SECONDARIES (DIAGNOSES) on the NEW BUBBLE FORM? _____ (37)
1. Around 90 percent
 2. Around 75 percent
 3. Around 50 percent
 4. Around 25 percent
 5. Less than 25 percent
- K. How satisfied are you with the arrangement of the PRIMARY REASON FOR VISIT AND SECONDARIES on the NEW BUBBLE FORM? _____ (38)
1. Very satisfied
 2. Satisfied
 3. Not Sure
 4. Somewhat dissatisfied
 5. Dissatisfied

SECTION IV

Users of BOTH the OLD and NEW BUBBLE FORMS should complete this section.

- A. In your PROFESSIONAL OPINION how would you rate the EVALUATIONS/SERVICES/PROCEDURES section of the NEW BUBBLE FORM compared to the same section of the OLD BUBBLE FORM? _____(39)

1. Did not use old form
2. Greatly improved
3. Moderately improved
4. Improved
5. About the same
6. Not as good

- B. In your PROFESSIONAL OPINION how would you rate the PRIMARY REASON FOR VISIT AND SECONDARIES (DIAGNOSIS) section of the NEW BUBBLE FORM compared to the PRIMARY REASON FOR VISIT AND SECONDARIES (DIAGNOSIS) section of the OLD BUBBLE FORM? _____(40)

1. Did not use old form
2. Greatly improved
3. Moderately improved
4. Improved
5. About the same
6. Not as good

- C. How long have you been filling out the BUBBLE FORMS? _____(41)

1. Less than 2 months
2. 2 to 4 months
3. 5 to 9 months
4. 9 to 12 months
5. Over 12 months

- D. Do you believe the encounter form such as the one you have been using should be adopted Army-wide? _____(42)

1. Yes
2. No
3. Don't know

- E. Thank you for completing this survey. Is there anything else you want to add? _____(43)

COMMENTS:

(CLINIC CHIEFS, Please complete back side.)

AMBULATORY CARE DATA BASE PROVIDER SURVEY

ADDITIONAL QUESTIONS FOR CLINIC CHIEFS

A. How often do you receive reports or information from the BUBBLE Forms? _____ (44)

1. More than once a month
2. Once a month
3. Every other month
4. Less than every other month
5. Never

B. How useful is the information (for you or your clinic) that you receive from the BUBBLE FORMS? _____ (45)

1. Very useful
2. Useful
3. Moderately useful
4. Marginally useful
5. Not useful
6. Never receive any information

C. If additional information on your patients could be provided to you from the BUBBLE forms, how interested would you be in receiving it? _____ (46)

1. Very interested
2. Somewhat interested
3. Not sure
4. Possibly interested
5. Not at all interested

D. In your PROFESSIONAL OPINION do you think the clinical information collected on the BUBBLE FORM will be useful to the Army Medical Department? _____ (47)

1. Very useful
2. Moderately useful
3. Useful
4. Not sure
5. Not useful

5. Assuming that the BUBBLE FORM would be used as a "BILLING FORM" for workload documentation and justifying resources, i.e., staff, equipment, training, etc., how would YOU go about gaining COMPLIANCE among providers? _____ (48)

LIST OF PATIENT ENCOUNTERS BY CLINICAL CATEGORY

APPENDIX K

APPENDIX K

Ambulatory Care Data Base Patient Encounters By Clinical Area

UCA AND CLINICAL AREA # OF PATIENT ENCOUNTERS

1. MEDICAL:

(BAAA) Internal Medicine	105,045	
(BABA) Allergy	73,673	
(BACA) Cardiology	18,639	
(BAEA) Diabetic	411	
(BAFA) Endocrine	3,549	
(BAGA) Gastroenterology	8,681	
(BAHA) Hematology	1,529	
(BAIA) Hypertension	2,250	
(BAJA) Nephrology	7,654	
(BAKA) Neurology	22,938	
(BALA) Nutrition	31,892	
(BAMA) Oncology	5,363	
(BAMB) Chemotherapy	6,871	
(BANA) Pulmonary	5,682	
(BAQA) Rheumatology	3,703	
(BAPA) Dermatology	77,778	
(BAQA) Infectious Disease	15,600	
(BAXX) Medical	80	(391,338)

2. SURGICAL CARE:

(BBAA) General Surgery	46,543	
(BBAB) Pain	2,883	
(BBBA) Cardiovascular/Thoracic	98	
(BBBB) Peripheral Vascular	442	
(BBCA) Neurosurgery	4,296	
(BBDA) Ophthalmology	39,595	
(BBFA) ENT	26,931	
(BBGA) Plastic Surgery	2,407	
(BBHA) Proctology	204	
(BBIA) Urology	40,355	
(BBXX) Surgical	57	(163,811)

3. OB & GYN CARE:

(BCAA) Family Planning	94	
(BCBA) Gynecology	88,719	
(BCCA) Obstetrics	70,788	
(BCCB) Antepartum	1,023	
(BCCC) Midwifery	9,260	
(BCCD) Pre Labor & Delivery	269	
(BCXX) OB/GYN	248	(170,401)

APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
4. PEDIATRIC CARE:		
(BDAA) Pediatrics	205,082	
(BDBA) Adolescent Medicine	9,289	
(BDCA) Well Baby	28,389	
(BDZA) EFMP	16,817	
(BDXX) Pediatrics	265	(259,842)
5. ORTHOPEDIC CARE:		
(BEAA) Orthopedics	78,277	
(BEBA) Cast	12,471	
(BECA) Hand Surgery	2	
(BEDA) Neuromusculoskeletal	20,333	
(BEEA) Orthopedic Appliance	10,811	
(BEFA) Podiatry	49,033	
(BEXX) Orthopedics	45	(170,972)
6. PSYCHIATRIC/MENTAL HEALTH:		
(BFAA) Psychiatry	18,490	
(BFBA) Psychology	17,041	
(BFCA) Child Guidance	3,651	
(BFDA) Mental Health	16,873	
(BFEA) Social Work	57,218	
(BFEB) Family Advocacy	15,694	
(BFXX) General Psych	100	(129,067)
7. FAMILY PRACTICE:		
(BGYA) Family Practice	215,162	
(BGXI & BGYN) TMC Fam Practice	44,467	
(BGXX) Family Practice	8	(259,637)

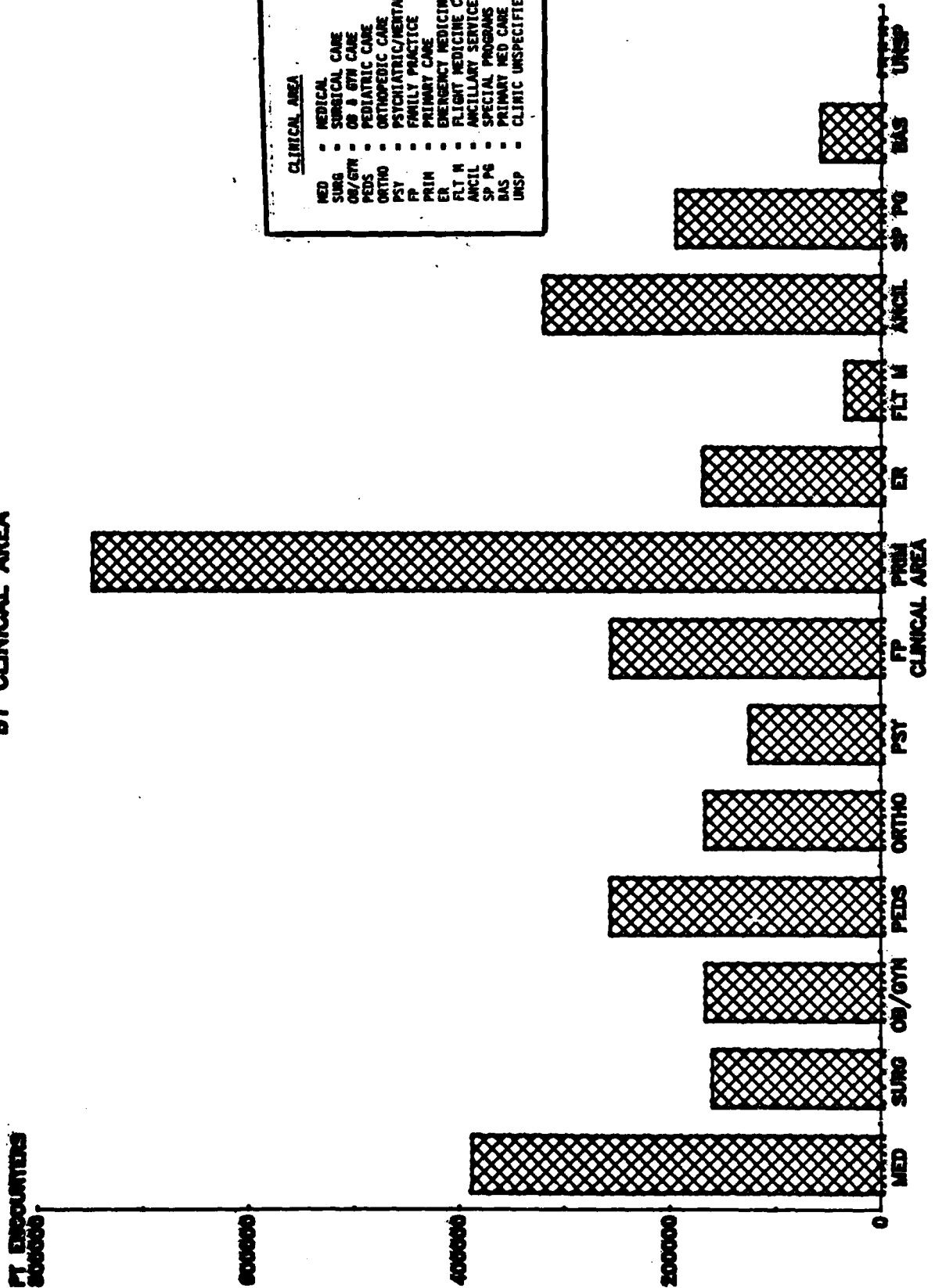
APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
8. PRIMARY CARE:		
(BHAA) Primary Care/AMICs	162,975	
(BHAB) Wellness	6,787	
(BHAC) Physical Exam Section	1,836	
(BHAЕ) TMC Main	179,528	
(BHAЕ-BHAM) TMCs	222,663	
(BHBA) Medical Exam	29,490	
(BHBE) Physical Exam	3,096	
(BHCA) Optometry	92,079	
(BHCH & BHCI) TMC Optometry	4,328	
(BHDA) Audiology	34,062	
(BHDI) Audiology (TMC)	22	
(BHEA) Speech Pathology	10,414	
(BHGA) OH Health Clinic	5,625	
(BHFA) Community Health Service (See FBAA)		
(BHXX) Primary Care	886	(753,791)
9. EMERGENCY MEDICINE CARE:		
(BIYA) Emergency Room	183,098	(183,098)
10. FLIGHT MEDICINE CARE:		
(BJYA) Flight Medicine	37,483	(37,483)
11. ANCILLARY SERVICES:		
(DCBA) Ther Radiology	2,070	
(DDAA & DDAB)	69,492	
(DDBA) EEG	319	
(DDDA) Pulmonary Function	2,520	
(DHAA) INH/Respiratory Therapy	2,242	
(DHBA) Occupational Therapy	49,702	
(DHCA) Physical Medicine	3,499	
(DHDA) Physical Therapy	191,940	
(DIYA) Nuclear Medicine	577	
(DDXX) EKG/EEG	16	
(DHXX) OT/PT	143	
(DHXC) Ancillary Service	1451	(323,971)

APPENDIX K
Ambulatory Care Data Base Patient Encounters By Clinical Area,
 (Continued)

UCA AND CLINICAL AREA	# OF PATIENT ENCOUNTERS	
12. SPECIAL PROGRAMS:		
(FAEA) ADAPCP	2	
(FBAA) Community Health Nurse	26,849	
(FBAJ) Flight Physical Exam	10	
(FBBA) Preventive Medicine	6,260	
(FBGA) Occupational Health	41,227	
(FBGC) OH (Jackson)	432	
(FBGQ) OH (Memphis)	6,983	
(FBIA) Immunizations	103,213	
(FBIB) Immuniz-Peds	10,236	
(FBIC) Immuniz-In/Out Proc	2,828	
(FBXX) Special Programs	243	
(FCDA) Support Other Mil Actv	323	
(FEAA) Patient Movement	9	(198,615)
13. PRIMARY MED CARE:		
Battalion Aid Stations:	61,025	(61,025)
(SBAE-SCAA) Bn Aid Stations		
14. CLINIC UNSPECIFIED		
	5,690	(5,690)
GRAND TOTAL		3,108,741

Figure K-1
**ACDB PATIENT ENCOUNTERS
 BY CLINICAL AREA**



LIST OF TYPES OF PARTICIPATING HEALTH CARE PROVIDERS

APPENDIX L

APPENDIX L

NUMBER OF HEALTH CARE PROVIDERS BY SPECIALITY
PARTICIPATING IN DATA COLLECTION PHASE OF ACDB STUDY

* Enlisted Medical Support	1,726
Physicians (37 Specialities)	944
** Civilian Ancillary Medical Support	529
Nurses	293
Physicians Assistants	119
Physical Therapists	101
Other Military Health Professionals	97
Social Workers	58
Dietitians	52
Optometrists	45
Psychologists	26
Occupational Therapists	24
Audiologists	9
Podiatrists	9

TOTAL NUMBER OF HEALTH CARE PROVIDERS 4,032

- * Department of Army enlisted soldiers (medical, behavioral science, physical therapy, eye specialists, etc.)
- ** Department of Army civilian employees (ancillary support technicians in all health areas)

CLINIC ENCOUNTER VARIABLES

APPENDIX M

APPENDIX M

Clinic Encounter Variables (44)

ORIGINAL VARIABLES:	DEFINITION:
Admin Reason (OH)	Administrative Reason for Occupational Health evaluation
Appointment Status	Indicates whether appointment was scheduled, unscheduled or an emergency
Assessment, Psychometric	Type of psychometric assessment performed by Psychology Service
Clinic or Service	UCA Code of the clinic providing the treatment
Diagnosis, Primary	Diagnosis code indicating primary reason for visit
Diagnoses, Secondary	Diagnoses codes indicating secondary reason(s) for visit
Disposition	Indicates disposition of patient
Job Rel Surveillance (OH)	Indicates reason for surveillance/assessment to Occupational Health Clinic
Job Related Illness/Injury	Indicates treatment was for a job related illness/injury
Last 12 months in Clinic	Indicates a patient has been seen in this clinic in the last 12 months
Mark Sense Form Number	A unique number associated with each separate clinical form
Morphology Codes	Morphology code used on Neurosurgery form
New Problem	Indicates a patient was being seen for a new problem
No of Lab Tests	Number of lab tests ordered this visit
No of Prescriptions	Number of prescriptions written this visit
Other Order (EEG, EKG)	Other service/equipment requested
Place of Visit	Place of visit

APPENDIX M
Clinic Encounter Variables (Continued)

ORIGINAL VARIABLES:	DEFINITION:
Procedure(s)	Procedure code indicating procedure performed
Provider 1 Time	Time 1st Provider spent with patient
Provider 2 Time	Time 2nd Provider spent with patient
Provider 2 Reason	Reason for 2nd Provider
Provider 1 Seen Before	Indicates a patient has been previously seen by 1st Provider
Provider 1 Treated Before	Indicates a patient has been previously treated for the same problem by 1st Provider
Provider 2 Seen Before	Indicates a patient has been previously seen by 2nd Provider
Provider 2 Treated Before	Indicates a patient has been previously treated for the same problem by 2nd Provider
Purpose of Visit (OH)	Indicates if new visit or return visit to Occupational Health Clinic
Referral Source	UCA-type Code of a referral source
Rule Out Primary Diagnosis	Indicates a rule out of primary diagnosis
Site Code	Army medical treatment facility location
Special Military Programs	Service provided in connection with a particular special program (EFMP, FAP) in Psychology, Psychiatry, or Social Work areas
Supplemental Disposition	Indicates referrals, disposition of active duty patients, administrative services performed, or preassigned clinic codes
X-ray Type	Type of x-ray done, e.g. CT Scan, MR Scan
Visit Reason	Primary reason for clinic visit

For additional variables added after April 1987, see following section.

APPENDIX M
Clinic Encounter Variables (Continued)

ADDITIONAL VARIABLES:
(ADDED ON 1 MAY 87)

DEFINITION:

Admitted	Patient was admitted to the hospital
Field Duty	Indicates that soldier's illness/injury occurred in the field
Injury Source	Signifies how soldier was injured
Military Duty Status	Patient status for full or limited duty
Military Quarters	Period of time a military member was placed on quarters (bedrest)
Military Profile	Period of time a military member was placed on a physical training profile
Not Available	Medical record or lab results were not available (complaint) to health care provider
Other Codes	Indicates a code that does not meet the criteria of the diagnosis or procedure master file, e.g. body part affected, certain behavioral science evaluations, morphology code
Purpose of Visit (OH)	Type of evaluation done in Occupational Health Clinic
Rule Out/Followup	Patient visit was to rule out or followup a primary diagnosis
Visit Count	Authorized visit workload count for a particular patient encounter (visit)

DEMOGRAPHIC VARIABLES

APPENDIX N

APPENDIX N

Patient Demographic Variables (14)

VARIABLE:	DEFINITION:
Basic Trainee or Visiting	Indicates whether patient was a basic trainee or on TDY of less than 60 days
Birthdate	Birthdate of patient
Dual Beneficiary SSN	SSN of civilian employee (or preemployment civilian) who was also eligible for care as a dependent/retiree
Gender	Male or female
Job Code	Patient's civilian occupational series code or military MOS/SSI
Mil/Civ Organization	Indicates building number for civilian employees and Unit Identification Code for military
Patient ID	Patient identification code consisting of sponsor's social security number and family member prefix
Pay Grade	Pay grade of patient
Private Health Insurance	Indicates if patient had private health care insurance
Race	Race of patient
Sponsor Rank/status	Rank or status of sponsor
VA Eligible	Indicates if patient was eligible for Veterans Administration health care
Visiting Foreign Official	Any valid foreign national country code indicating country in which patient was a official
Zip Code	Zip code of patient

Care Provider Demographic Variables (7)

VARIABLES:	DEFINITION:
DOD Category	Health care provider's Branch of Service
Job Code	Health Care Provider's civilian Occupational Series Code or military MOS/SSI
Patient Encounter Date	Date of patient visit/encounter
Pay Grade	Indicates health care provider's pay grade
Provider Category	Military, Civilian or Enlisted Position
Provider ID	Health care provider's identification code made up of first initial of last name and last four digits of SSN
Staff Position	Health care provider's position on staff
Staff Status	Indicates whether or not the health care provider was a permanent member of the medical treatment facility staff

PARTICIPATING PHYSICIANS BY CLINICAL SPECIALTY

APPENDIX O

APPENDIX O

PARTICIPATING PHYSICIANS BY CLINICAL SPECIALITY

CLINICAL SPECIALITY	NUMBER OF PHYSICIANS
General Medical Officers.	170
Internists.	90
Family Practitioners.	87
Pediatricians	77
General Surgeons.	58
Obstetricians and Gynecologists	51
Orthopedic Surgeons	42
Anesthesiologists	32
Dermatologists.	29
Psychiatrists	27
Flight Surgeons	25
Emergency Medicine Physicians	24
Urologists.	22
Otorhinolaryngologists.	19
Cardiologists	19
Ophthalmologists.	17
Radiologists.	17
Neurologists.	13
Pulmonary Disease Physicians.	13
Gastroenterologists	12

(Continued on next page.)

APPENDIX O (Continued)
 PARTICIPATING PHYSICIANS BY CLINICAL SPECIALTY

CLINICAL SPECIALTY	NUMBER OF PHYSICIANS
Medical Oncologists	9
Nephrologists	8
Thoracic Surgeons	8
Physiatrists.	8
Preventive Medicine Physicians.	7
Allergists/Immunologists.	6
Infectious Disease Physicians	6
Operational Medicine Physicians	6
Endocrinologists.	5
Clinical Pharmacologists.	5
Neurosurgeons	4
Pathologists.	4
Nuclear Medicine Physicians	4
Rheumatologists	3
Hematologists	2
Peripheral Vascular Surgeons.	2
Plastic Surgeons.	2
Unknown Specialty	11
TOTAL	944

ENCOUNTERS BY PROVIDER CATEGORY

APPENDIX P

APPENDIX P
ENCOUNTERS BY PROVIDER CATEGORY

Health Care Provider Category	Number of Patient Encounters	Percentage of Total Encounters
Physicians	1,012,345	32.56%
* Enlisted Medical Support	611,786	19.67%
** Civilian Ancillary Medical Support	366,475	11.78%
Allied Science Professionals	297,198	9.56%
Nurses	214,500	6.89%
Physician Assistants	174,072	5.59%
Category Not Specified	432,365	13.90%
<hr/>		
PATIENT ENCOUNTER TOTAL	3,108,741	
<hr/>		

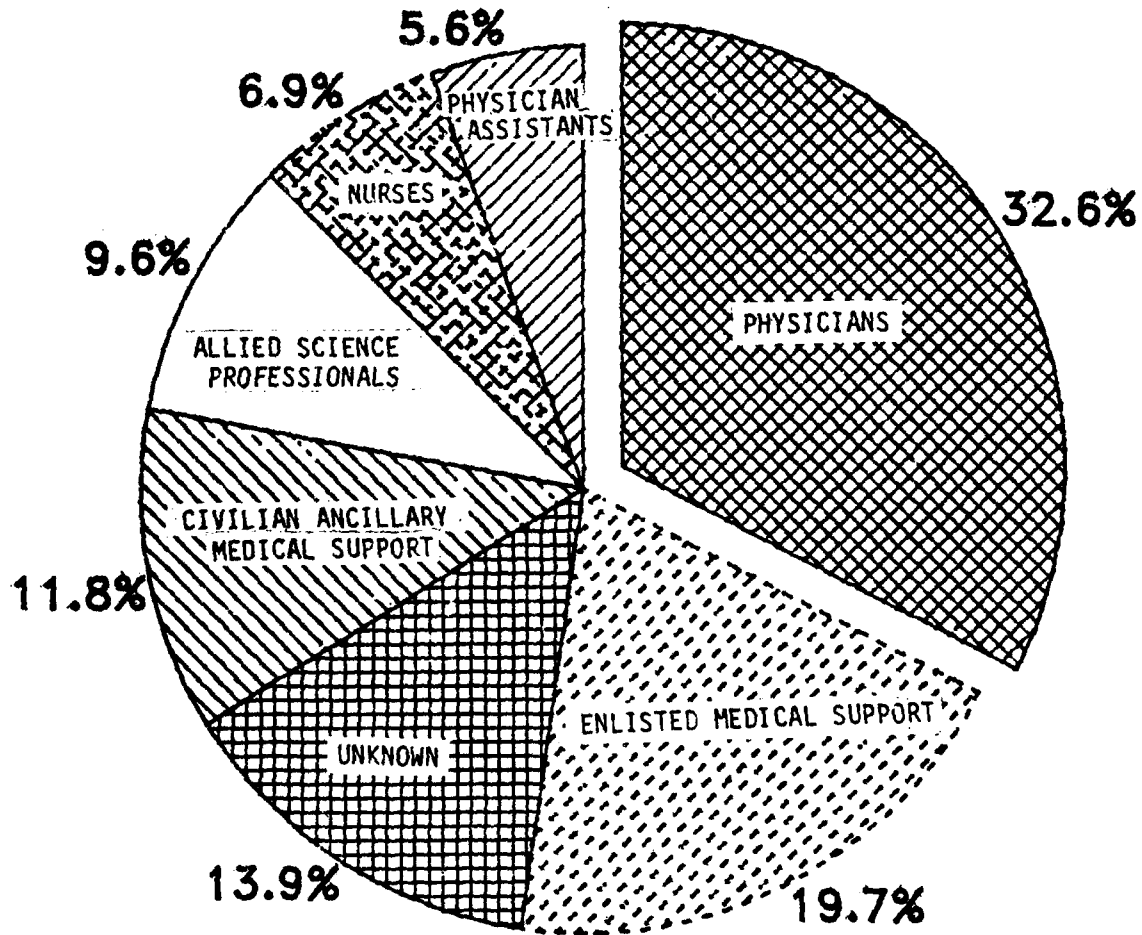
* Department of Army enlisted soldiers (medical, behavioral science, physical therapy, eye specialists, etc.)

** Department of Army civilian employees (ancillary support technicians in all health areas)

Figure P-1

ENCOUNTERS BY PROVIDER CATEGORY

TOTAL ENCOUNTERS = 3,108,741

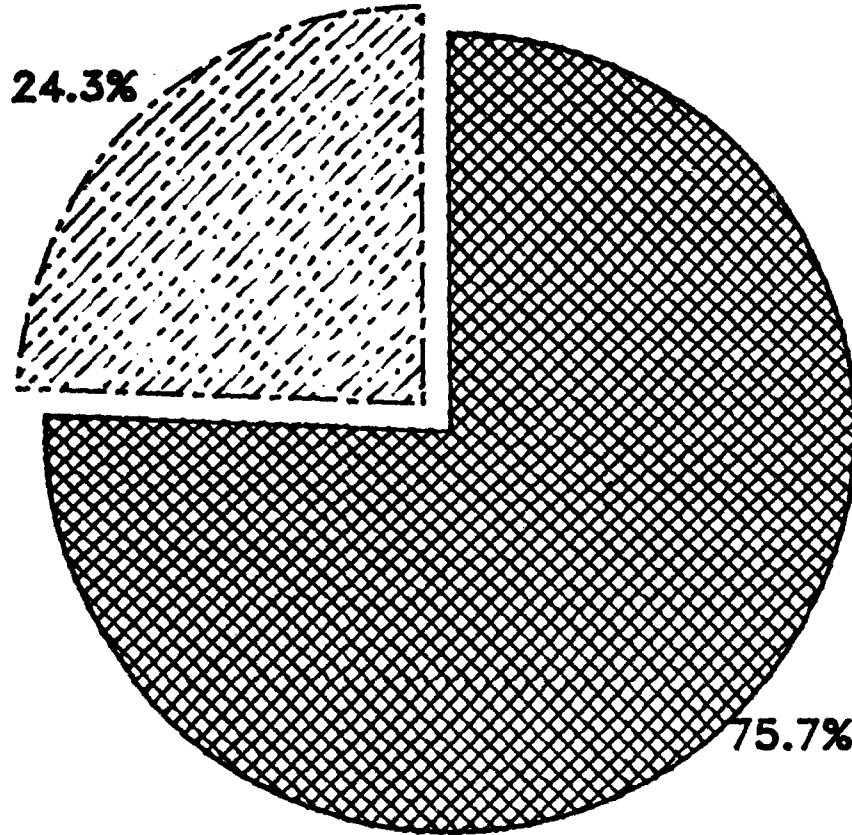


ENCOUNTERS WITH COMPLETED REGISTRATIONS

APPENDIX Q

Figure Q-1

PATIENT ENCOUNTERS WITH SUPPORTING PATIENT REGISTRATION



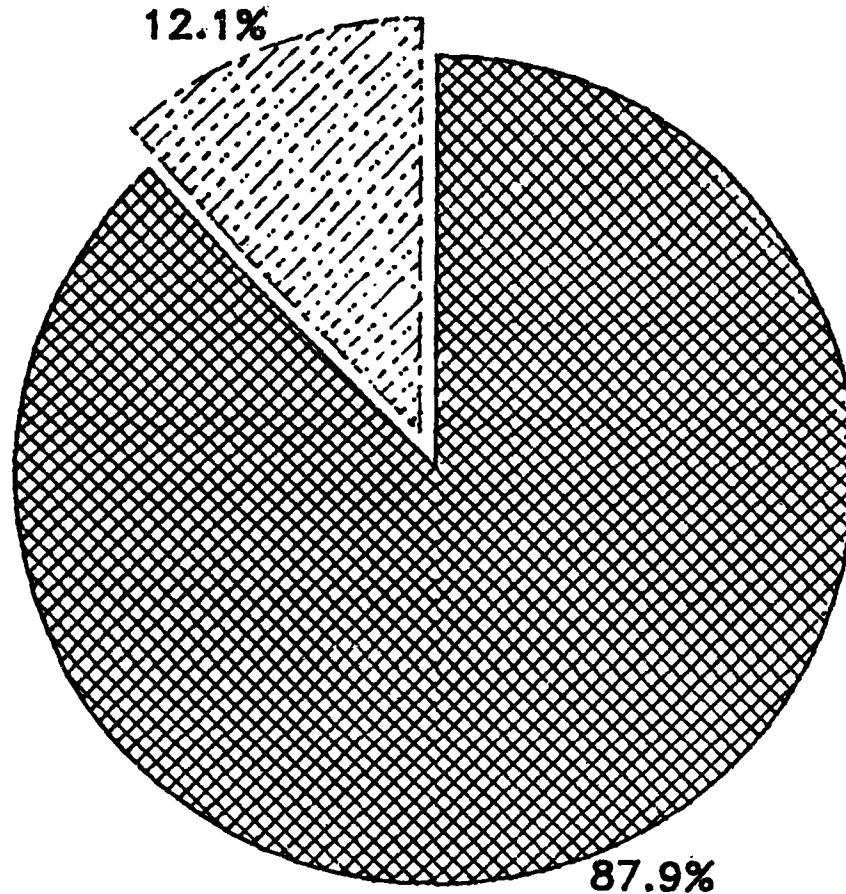
 REGISTERED  UNREGISTERED

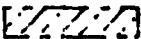
Number of encounters with patients registered	2,352,101
Number of encounters with patients unregistered	756,640
Total number of patient encounters	3,108,741
Percentage of encounters with registered patients	75.7%

Note. Registration of demographic variables as contained in Appendix N.

Figure Q-2

PATIENT ENCOUNTERS WITH SUPPORTING PROVIDER REGISTRATION



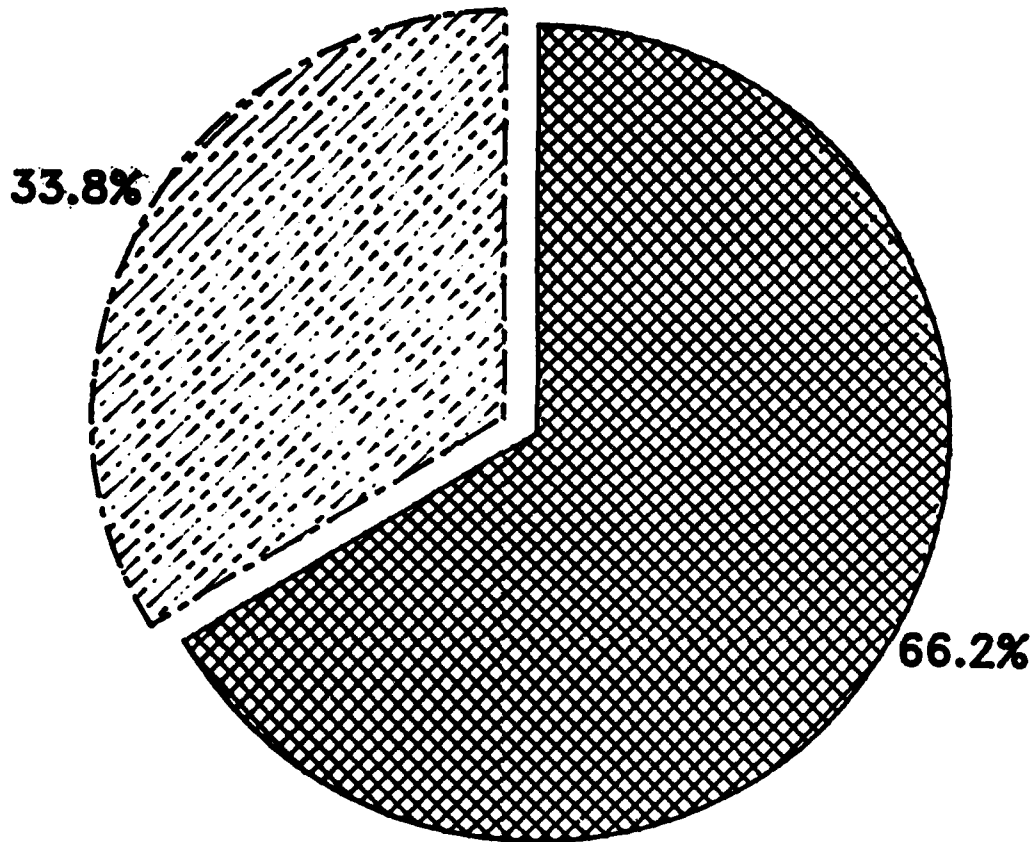
 REGISTERED  UNREGISTERED

Number of encounters with registered providers	2,733,897
Number of encounters with unregistered providers	374,844
Total number of patient encounters	3,108,741
Percentage of encounters with registered providers	87.9%

Note. Registration of demographic variables as contained in Appendix N.

Figure Q-3

PATIENT ENCOUNTERS WITH BOTH PATIENTS AND PROVIDERS REGISTERED



 REGISTERED  UNREGISTERED

Number of encounters with both providers and patients registered	2,058,995
Number of encounters with either provider or patient unregistered, or both unregistered	1,049,746
Total number of patient encounters	3,108,741
Percentage of encounters with both registered	66.2%

Note. Registration of demographic variables as contained in Appendix N.