NORTH DAKOTA CLINIC VISIT RECORD

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM

CLINIC NO._____

CLIENT NUMBER _____ DATE OF BIRTH __-__-__ GENDER: F M

ANNUAL INCOME_____

HOUSEHOLD SIZE_____ ZIP_____

TOBACCO USER ☐ Y ☐ N ☐ New Patient ☐ Established Patient

COMPLETE AT FIRST VISIT ONLY

RACE (check all that apply)

- ☐ 1. White
- ☐ 2. Black or African American
- ☐ 3. Am. Ind./Alaskan
- ☐ 4. Asian
- ☐ 5. Pacific Is. / Hawaiian
- ☐ 6. Unknown / Unreported

LIMITED ENGLISH PROFICIENCY: ☐ Y ☐ N

HISPANIC ☐ Y ☐ N ☐ Unknown/Not Reported

COMPLETE AT EACH VISIT

4. VISIT DATE __-__-20__

5. PRIMARY SOURCE OF PAYMENT (check one)

- ☐ 1. No Fee
- ☐ 2. Partial Fee
- ☐ 3. Full Fee
- ☐ 4. Title XIX
- ☐ 5. Private Insurance

6. CLIENT INSURANCE STATUS (check one)

- ☐ 1. Public Health Insurance
- ☐ 2. Private Health Insurance
- ☐ 5. Uninsured
- ☐ 6. Unknown

7. PURPOSE OF VISIT (check one)

- ☐ 1. Initial Exam
- ☐ 2. Annual Exam
- ☐ 3. Medical Visit
- ☐ 4. Problem Visit
- ☐ 5. STD Screening/Tx
- ☐ 6. Contraceptive Surveillance
- ☐ 7. Education/Counseling
- ☐ 8. Pregnancy Test
- ☐ 9. Supply Visit

8. PRIMARY METHOD (Complete before and after blocks)

- 01. Sterile Male
- 02. Sterile Female
- 03. Orals
- 04. IUD/IUS
- 05. FAM/LAM
- 06. Hormonal Implant
- 07. Condom (male)
- 08. Condom (female)
- 09. Spermicide
- 10. Diaphragm
- 11. 3-Month Injection
- 12. Hormonal Patch
- 13. Vaginal Ring
- 14. Sponge
- 15. Withdrawal
- 16. Abstinence
- 17. EC
- 18. Cervical Cap
- 19. None
- 20. Other

Initial Visit ☐☐ After Visit ☐☐

9. IF NONE AT THE END OF THIS VISIT GIVE REASON

IF PREGNANT:

- ☐ 1. Planned
- ☐ 7. Unplanned
- ☐ 2. Seeking Pregnancy
- ☐ 4. Infertility
- ☐ 6. Other

10. PROVIDERS OF MEDICAL/COUNSELING SERVICES

- ☐ 1. Physician ☐☐☐
- ☐ 2. Midlevel Clinician ☐☐☐
- ☐ 3. RN
- ☐ 4. LPN
- ☐ 5. Health Educator/Nutritionist
- ☐ 6. Lab Tech
- ☐ 7. Medical Assistant

11. MEDICAL SERVICES PROVIDED

- ☐ 01. BV Tx
- ☐ 02. Blood Pressure
- ☐ 03. Candida Tx
- ☐ 04. CBE
- ☐ 05. Diaph/Cap Fit/Chk
- ☐ 06. Chlamydia Tx
- ☐ 07. Colpo/Cryo
- ☐ 08. Contracep.Refill
- ☐ 09. Syphilis Tx
- ☐ 10. 3-Month Injection
- ☐ 11. Herpes Tx
- ☐ 12. EC
- ☐ 13. Gonorrhea Tx
- ☐ 14. Height\Weight
- ☐ 15. HPV Tx
- ☐ 16. HPV Vaccine
- ☐ 17. Implant Insert
- ☐ 18. Implant Removal
- ☐ 19. IUD Insertion
- ☐ 20. IUD Removal
- ☐ 21. IUD Check
- ☐ 22. Medical Hx
- ☐ 23. Molluscum Tx
- ☐ 24. Pelvic exam
- ☐ 25. Phys Assess
- ☐ 26. Contraceptive Change
- ☐ 27. Testicular exam
- ☐ 28. Trich Tx
- ☐ 29. UTI Tx
- ☐ 53. Telemedicine

12. LAB SERVICES PROVIDED

- ☐ 30. Blood Glucose
- ☐ 31. CBC
- ☐ 32. Chlamydia Test
- ☐ 33. Gonorrhea Test
- ☐ 34. Hemoglobin
- ☐ 35. Hepatitis B
- ☐ 36. Hepatitis C
- ☐ 37. Herpes Test
- ☐ 38. HIV Test
- ☐ 39. HPV Typing
- ☐ 40. Lipid Profile
- ☐ 41. Metabolic Panel
- ☐ 42. Pap Smear
- ☐ 43. Ph Test/Rapid BV
- ☐ 44. Neg. Preg Test
- ☐ 45. Pos. Preg Test
- ☐ 46. Repeat Pap
- ☐ 47. Syphilis Test
- ☐ 48. Stool Occult
- ☐ 49. Trichomoniasis
- ☐ 50. TSH/T4
- ☐ 51. Urinalysis
- ☐ 52. Wet Mount

14. COUNSELING SERVICES PROVIDED

- ☐ 61. **Safe Sex Edu.**
- ☐ 62. Blood Pressure
- ☐ 63. Colorectal Scrn.
- ☐ 64. Contraception
- ☐ 65. Domestic Viol.
- ☐ 66. Exercise
- ☐ 67. FAM/LAM
- ☐ 68. **Female Exam**
- ☐ 69. Genetic Counsel
- ☐ 70. HIV
- ☐ 71. Immunizations
- ☐ 72. Infertility
- ☐ 73. **Male Exam**
- ☐ 74. Mental Health
- ☐ 75. Nutrition
- ☐ 76. Obesity
- ☐ 77. Pap Follow-Up
- ☐ 78. **Preconception**
- ☐ 79. Pregnancy
- ☐ 80. Rape Crisis/Abuse
- ☐ 81. Req. Adol Counsel
- ☐ 82. Breast Awareness
- ☐ 83. Sterilization
- ☐ 84. Substance Abuse
- ☐ 85. STD Follow-Up
- ☐ 86. Tobacco
- ☐ 87. Genital Awareness
- ☐ 88. PHQ-2
- ☐ 89. PHQ-9
- ☐ 90. Reprod Life Plan

15. REFERRED ELSEWHERE (check all applicable)

- ☐ 01. Abnormal Pap
- ☐ 02. Breast Concerns
- ☐ 03. Domestic Violence
- ☐ 04. FAM/LAM
- ☐ 05. HIV Services/Screening
- ☐ 06. Infertility
- ☐ 07. Mental Health
  - ☐ 19. Nat Lifeline (fax)
  - ☐ 20. Priv. Counselor
  - ☐ 21. Human Svcs. Center
  - ☐ 22. Taken to Hospital
  - ☐ 23. Provider Counseled
  - ☐ 24. None Warranted (PHQ-2 or 9)
  - ☐ 25. Client Declined
- ☐ 08. Nutritional Services
- ☐ 10. Other - Medical
- ☐ 11. Positive Pregnancy
- ☐ 12. Rape Crisis/Abuse
- ☐ 13. Social Services
- ☐ 14. Sterilization
- ☐ 15. Substance Abuse
- ☐ 16. Tobacco Cessation
- ☐ 17. WIC
- ☐ 18. Women's Way
- ☐ 26. Ryan White

Female Exam includes:	**Male Exam includes:**	**Preconception includes:**
Safer Sex Edu.	Safer Sex Edu.	Safer Sex Edu.
Contraception	Contraception	Contraception
Domestic Viol.	Domestic Viol.	Domestic Viol.
Exercise	Exercise	Exercise
HIV	HIV	HIV
STD F/U	STD F/U	STD F/U
Immunizations	Immunizations	Immunizations
Nutrition	Nutrition	Nutrition
Genital Awareness	Genital Awareness	Obesity
Breast Awareness	Tobacco	Substance Abuse
Pap F/U	Reproductive Life Plan	Tobacco
Tobacco		Reproductive Life Plan
Reproductive Life Plan		