NHAMCS-174(LB)
(9-21-2012)

SAMPLE

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
2013 LOOKBACK MODULE

Form Approved: OMB No. 0920-0278; Expiration date 12/31/2014

LOOKBACK MODULE

Collect the following data for each prior visit in the previous 12 months.
Collect up to 10 prior visits, starting with the oldest. (Exclude telephone calls, emails and faxes).

VISITS

Month		Day		Year			
				2	0	1	

Was the patient pregnant at the time of visit?
1 ☐ Yes 2 ☐ No

Smoke cigarettes?
1 ☐ Not current 2 ☐ Current 3 ☐ Unknown

Does the patient now have — *Mark (X) all that apply.*
1 ☐ NONE
2 ☐ Cerebrovascular disease/ History of stroke or transient ischemic attack (TIA)
3 ☐ Congestive heart failure (CHF)
4 ☐ Diabetes
5 ☐ Hypertension
6 ☐ Hyperlipidemia
7 ☐ Ischemic heart disease

Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD), in a father, son, or brother less than age 55?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

Does the patient have a family history of premature coronary heart disease (CHD), coronary artery disease (CAD), or ischemic heart disease (IHD), in a mother, daughter, or sister less than age 55?
1 ☐ Yes 2 ☐ No 3 ☐ Unknown

Height
☐ ft ☐ in **OR** ☐ cm

Weight
☐ lb ☐ oz **OR** ☐ kg ☐ gm

Blood pressure
Systolic ☐ / Diastolic ☐

Blood tests – Enter all blood tests ORDERED or PROVIDED at this visit. *Mark (X) all that apply.*
1 ☐ NONE
2 ☐ Lipids/Cholesterol
3 ☐ HbA1c (Glycohemoglobin)
4 ☐ Fasting blood glucose (FBG)
5 ☐ BUN/Creatinine
6 ☐ Potassium
7 ☐ Sodium
8 ☐ AST/ALT
9 ☐ Basic metabolic panel
10 ☐ Comprehensive metabolic panel (CMP)

Health education/Counseling – Enter all health education or counseling ORDERED or PROVIDED at this visit.
Mark (X) all that apply.
1 ☐ NONE
2 ☐ Diet/Nutrition-Reduce fat/cholesterol
3 ☐ Diet/Nutrition-Reduce salt/sodium
4 ☐ Weight or caloric reduction
5 ☐ Exercise
6 ☐ Smoking cessation

Assessment and plan –
Mark (X) all that apply.
1 ☐ NONE
2 ☐ Blood pressure assessment and plan
3 ☐ Cholesterol assessment and plan
4 ☐ Blood glucose assessment and plan
5 ☐ Referral

Assessment and plan – Blood pressure
1 ☐ Controlled
2 ☐ Elevated or uncontrolled
3 ☐ Medication being titrated
4 ☐ Ambulatory/home blood pressure monitoring normal
5 ☐ Patient nonadherence

Assessment and plan – Cholesterol
1 ☐ Controlled
2 ☐ Elevated or uncontrolled
3 ☐ Medication being titrated
4 ☐ Patient nonadherence

Assessment and plan – Blood glucose
1 ☐ Controlled
2 ☐ Elevated or uncontrolled
3 ☐ Medication being titrated
4 ☐ Patient nonadherence

Assessment and plan – Referral
Mark (X) all that apply.
1 ☐ Nurse management
2 ☐ Nutritionist
3 ☐ Smoking-cessation program
4 ☐ Weight loss program
5 ☐ Other physician, including primary care provider

Is patient allergic to any medications?
1 ☐ Yes
2 ☐ No or no known allergies
3 ☐ Unknown

Has the patient had any adverse reactions to any medications e.g., bleeding from aspirin?
1 ☐ Yes
2 ☐ No or no known adverse reactions
3 ☐ Unknown

Enter medication(s) patient is allergic to (Up to 8)

Enter medication(s) patient had adverse reactions(s) to (Up to 8)

Enter drugs that were ordered, supplied, administered or continued during this visit. *Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements (Up to 30).*

	New	Continued	Same dose	Dose increased	Dose decreased
(1)	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐
(30)	1 ☐	2 ☐	1 ☐	2 ☐	3 ☐

TEST RESULTS

Was blood for the following laboratory tests drawn on the day of the sampled visit or during the 15 months prior to the visit? Collect up to 15 results for each type of test, starting with the oldest.

Item no.	Type of Test	Test Results	Date of test (mm/dd/yyyy)	Test Results	Date of test (mm/dd/yyyy)	Test Results	Date of test (mm/dd/yyyy)
1	Total Cholesterol 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
2	High density lipoprotein (HDL) 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
3	Low density lipoprotein (LDL) 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
4	Triglycerides (TGs) 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
5	HbA1c (Glycohemoglobin) 1 ☐ Yes → 2 ☐ None found	%	/ /	%	/ /	%	/ /
		%	/ /	%	/ /	%	/ /
		%	/ /	%	/ /	%	/ /
		%	/ /	%	/ /	%	/ /
		%	/ /	%	/ /	%	/ /
6	Fasting blood glucose (FBG) 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
7	Serum creatinine 1 ☐ Yes → 2 ☐ None found	mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /
		mg/dL	/ /	mg/dL	/ /	mg/dL	/ /