

A. LAST NAME [] B. FIRST NAME [] C. M.I. []

D. SOC. SEC. NO. [] E. CCare NO. []

Items A-E only required for CCare Clients

1. SERVICE SITE NUMBER []

2. CLIENT NUMBER []

3. DATE OF VISIT MO. DAY YR. 2 0

4. DATE OF BIRTH MO. DAY YR.

5. SEX 1 - Female 2 - Male

6. ETHNICITY 6 - Hispanic or Latino 9 - Not Hispanic or Latino

6a. RACE (Mark All That Apply) 1 - White 2 - Black/Afr. Amer. 3 - American Indian 4 - Alaska Native 5 - Asian 7 - Unknown/Not Reported 8 - Native Hawaiian/Pac. Isl. 6 - Other

7. ADDITIONAL DEMOGRAPHIC (Check if Applicable) 5 - Limited English Proficiency

7a. CLIENT'S PREVIOUS TEST DATES - Females Only 1 - Chlamydia (age <= 24) 2 - Pap (age >= 21)

8. ZIP CODE []

9. ASSIGNED SOURCE OF PAYMENT (Check one) 01 - No Charge 02 - Title XIX (OHP) 03 - WA Take Charge 04 - Private Insurance 05 - Full Fee 06 - Partial Fee 07 - Other 10 - Non-CCare Visit/CCare Supply* 11 - OVP

9A. DIAGNOSIS CODE (Complete if billing CCare) Z30. []

9B. WILL INSURANCE BE BILLED FOR THIS VISIT? (Complete if Question 9 is 8 or 10). 1 - No 2 - Yes

9C. SPECIAL CONFIDENTIALITY NEEDS 1 - Yes

18. CLIENT INSURANCE STATUS (check one) 1 - Public Health Insurance 2 - Private Health Insurance 3 - Uninsured 4 - Unknown

10. INCOME AND HOUSEHOLD SIZE a. Monthly Income? b. Household Size?

11. HEALTH INS. ENROLLMENT ASSISTANCE 1 - Onsite 2 - Referral

12. PURPOSE OF VISIT (Check One) 1 - First Annual Visit 2 - Return Annual Visit 3 - Other Medical 4 - Counseling Only 5 - Pregnancy Test Visit 6 - Supply Only-Mailed (CCare Only) 7 - Other Medical 8 - Vasectomy Referral (w/OVP SOP)

13A. MEDICAL SERVICES (Check all Applicable) Exam & Lab Services 02 - Blood Pressure 03 - Height/Weight 04 - Thyroid Exam 05 - Heart/Lung Auscultation 06 - Breast Exam 07 - Abdominal Exam 08 - Extremities 09 - Bimanual/Speculum Pelvic Exam 23 - Hgb / Hct Contraceptive Related Services 17 - Diaphragm / Cap Fit 19 - IUD/IUS Insert 20 - Sterilization Procedure 38 - Hormone Implant In 39 - Hormone Implant Out Pregnancy Related Services 21 - Post Pregnancy Exam 31 - Serum Pregnancy Test 32 - Negative Pregnancy Test 24 - Urine Dip Strip/Urinalysis 25 - PapTest Conventional 26 - Pap Test Liquid-Based 27 - Colposcopy 34 - Immunization 42 - Male Genitalia Exam 49 - Colo-Rectal Cancer Screening 36 - Other Lab or Exam 37 - No Lab or Exam 40 - Hormonal Injection 48 - EC-Immediate Need 46 - EC-Future Need 22 - IUD/IUS Removal 18 - Vasectomy Referral Fee 33 - Positive Pregnancy Test 35 - Infertility Screening

13A. CONT. MEDICAL SERVICES (Check all Applicable) STD Related Services 11 - Vaginitis/Urethritis/Eval/Dx 12 - Vaginitis/Urethritis/Eval/Rx 29 - Chlamydia Test 13 - Chlamydia Treatment 14 - Chlamydia Presumptive Rx 15 - Wart Treatment 16 - Herpes Test 28 - Gonorrhea Test 30 - Wet Mount 43 - HIV Test 47 - Syphilis Test 50 - HPV Test

14A. ASSESSMENT/EDUCATION/COUNSELING (Check all Applicable) 01 - Contraceptive 02 - Fertility Aware Mthd 03 - Sterilization 04 - Infertility 08 - Preconception 13 - Abstinence 07 - Pregnancy Options 09 - STD/HIV Prevention 16 - Abnormal Pap 19 - BSE 15 - Behavioral Health 17 - Encourage Parental/Family Involvement 18 - Relationship Safety 12 - Phys. Act./Nutrition 05 - Tobacco 06 - Substance Abuse

19. PREGNANCY INTENTION SCREENING 1 - Yes, Near Future 2 - No, Maybe Later 3 - Unsure 4 - Never

13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply) 1 - Physicians 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives 3 - RNs, LPNs 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks) HIGHLY EFFECTIVE 14 - Male Sterilization 01 - Female Sterilization 11 - Hormone Implant 15 - IUS 03 - IUD 22 - LAM MODERATELY EFFECTIVE 16 - Hormonal Injection 02 - Oral Contraceptives 17 - Hormonal Patch 18 - Vaginal Ring 04 - Diaphragm LESS EFFECTIVE 06 - Male Condom 19 - Female Condom 21 - Contraceptive Sponge 20 - Withdrawal 08 - NFP/FAM 07 - Spermicide OTHER 09 - Other Method 13 - Abstinence 10 - None BEFORE VISIT [] AFTER VISIT []

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON. Pregnant: 1 - Planned 2 - Seeking Pregnancy 3 - Unplanned 7 - Other

16. REFERRAL INFORMATION (Check all Applicable) 02 - High Risk Pregnancy 15 - Adoption 03 - Abortion 01 - Prenatal 16 - Breast Evaluation 12 - Mammography or U.S. 05 - Sterilization 06 - Infertility 04 - STD 17 - Colposcopy 08 - Other Medical 10 - Social Seives 09 - Nutrition 13 - Substance Abuse 14 - Abuse/Violence 11 - None

17. MEDICAID BILLING (Complete top section for CCare) Supplies Billed Qty. Unit Price Supplies Billed Qty. Unit Price 01-Orals 07-Condoms, Male 16-EC 08-Condoms, Fem. 14-Patch 17-Ring 15-Mirena IUS 18-Sponge 03-Copper IUD 19-Subdermal Implants 04-Depo Provera 20-Cycle Beads 05-Diaphragm 21-Skyla IUS 06-Spermicide 22-Liletta IUS

17A. THIRD PARTY RESOURCE CODES (Complete if client has other insurance coverage.) 1 - Explanation Code 2 - Other Insurance Paid

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7. ADDITIONAL DEMOGRAPHIC (Check if Applicable) 5 - Limited English Proficiency

7a. CLIENT'S PREVIOUS TEST DATES - Females Only 1 - Chlamydia (age <= 24) 2 - Pap (age >= 21)

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9A. DIAGNOSIS CODE (Complete if billing CCare) Z30. []

9B. WILL INSURANCE BE BILLED FOR THIS VISIT? (Complete if Question 9 is 8 or 10). 1 - No 2 - Yes

9C. SPECIAL CONFIDENTIALITY NEEDS 1 - Yes

18. CLIENT INSURANCE STATUS (check one) (Principal Health Insurance covering primary care) 1 - Public Health Insurance 2 - Private Health Insurance 3 - Uninsured 4 - Unknown

10. INCOME AND HOUSEHOLD SIZE a. Monthly Income? b. Household Size?

11. HEALTH INS. ENROLLMENT ASSISTANCE 1 - Onsite 2 - Referral

12. PURPOSE OF VISIT (Check One) 1 - First Annual Visit 2 - Return Annual Visit 3 - Other Medical 4 - Counseling Only 5 - Pregnancy Test Visit 6 - Supply Only-Mailed (CCare Only) 7 - Colposcopy 8 - Vasectomy Referral (w/OVP SOP) 9 - Supply Only Visit (CCare Only)

13A. MEDICAL SERVICES (Check all Applicable)

Exam & Lab Services

- 02 - Blood Pressure 03 - Height/Weight 04 - Thyroid Exam 05 - Heart/Lung Auscultation 06 - Breast Exam 07 - Abdominal Exam 08 - Extremities 09 - Bimanual/Speculum Pelvic Exam 23 - Hgb / Hct 24 - Urine Dip Strip/Urinalysis 25 - Pap Test Conventional 26 - Pap Test Liquid-Based 27 - Colposcopy 34 - Immunization 42 - Male Genitalia Exam 49 - Colo-Rectal Cancer Screening 36 - Other Lab or Exam 37 - No Lab or Exam

Contraceptive Related Services

- 17 - Diaphragm / Cap Fit 19 - IUD/IUS Insert 20 - Sterilization Procedure 38 - Hormone Implant In 39 - Hormone Implant Out 40 - Hormonal Injection 48 - EC-Immediate Need 46 - EC-Future Need 22 - IUD/IUS Removal 18 - Vasectomy Referral Fee

Pregnancy Related Services

- 21 - Post Pregnancy Exam 31 - Serum Pregnancy Test 32 - Negative Pregnancy Test 33 - Positive Pregnancy Test 35 - Infertility Screening

13A. CONT. MEDICAL SERVICES (Check all Applicable)

STD Related Services

- 11 - Vaginitis/Urethritis/Eval/Dx 12 - Vaginitis/Urethritis/Eval/Rx 29 - Chlamydia Test 13 - Chlamydia Treatment 14 - Chlamydia Presumptive Rx 15 - Wart Treatment 16 - Herpes Test 28 - Gonorrhea Test 30 - Wet Mount 43 - HIV Test 47 - Syphilis Test 50 - HPV Test

14A. ASSESSMENT/EDUCATION/COUNSELING (Check all Applicable)

- 01 - Contraceptive 02 - Fertility Aware Mthd 03 - Sterilization 04 - Infertility 08 - Preconception 13 - Abstinence 07 - Pregnancy Options 09 - STD/HIV Prevention 16 - Abnormal Pap 19 - BSE 15 - Behavioral Health 17 - Encourage Parental/Family Involvement 18 - Relationship Safety 12 - Phys. Act./Nutrition 05 - Tobacco 06 - Substance Abuse

19. PREGNANCY INTENTION SCREENING

- 1 - Yes, Near Future 2 - No, Maybe Later 3 - Unsure 4 - Never

13B.14B. PROVIDER OF MEDICAL SERVICES/COUNSELING/EDUCATION SERVICES (Mark all that Apply)

- 1 - Physicians 2 - Physician Assistants, Nurse Practitioners, Certified Nurse Midwives 3 - RNs, LPNs 4 - Other service providers, health educators, social workers, clinic aides and lab technicians.

15A. PRIMARY CONTRACEPTIVE METHOD (Complete before and after blocks)

- HIGHLY EFFECTIVE 14 - Male Sterilization 01 - Female Sterilization 11 - Hormone Implant 15 - IUS 03 - IUD 22 - LAM 02 - Oral Contraceptives 17 - Hormonal Patch 18 - Vaginal Ring 04 - Diaphragm 19 - Female Condom 21 - Contraceptive Sponge 20 - Withdrawal 08 - NFP/FAM 07 - Spermicide OTHER 09 - Other Method 13 - Abstinence 10 - None

BEFORE VISIT [] AFTER VISIT []

15B. IF NONE AT THE END OF THIS VISIT, GIVE REASON.

- Pregnant: 1 - Planned 2 - Seeking Pregnancy 3 - Unplanned 7 - Other 8 - Unplanned

16. REFERRAL INFORMATION (Check all Applicable)

- 02 - High Risk Pregnancy 15 - Adoption 03 - Abortion 01 - Prenatal 16 - Breast Evaluation 12 - Mammography or U.S. 05 - Sterilization 06 - Infertility 04 - STD 17 - Colposcopy 08 - Other Medical 10 - Social Seives 09 - Nutrition 13 - Substance Abuse 14 - Abuse/Violence 11 - None

17. MEDICAID BILLING (Complete top section for CCare)

Table with columns: Supplies Billed Qty., Unit Price, Supplies Billed Qty., Unit Price. Rows include 01-Orals, 16-EC, 14-Patch, 15-Mirena IUS, 03-Copper IUD, 04-Depo Provera, 05-Diaphragm, 06-Spermicide, 07-Condoms, Male, 08-Condoms, Fem., 17-Ring, 18-Sponge, 19-Subdermal Implants, 20-Cycle Beads, 21-Skyla IUS, 22-Liletta IUS.

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BEFORE VISIT [] AFTER VISIT 1 4

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