

OREGON CLINIC VISIT RECORD

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
4. DATE OF BIRTH
5. SEX

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

6. ETHNICITY
6a. RACE (Mark All That Apply)

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

7. ADDITIONAL DEMOGRAPHIC (Check if Applicable)
7a. CLIENT'S PREVIOUS TEST DATES - Females Only

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

8. ZIP CODE
9. ASSIGNED SOURCE OF PAYMENT (Check one)

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.

9A. DIAGNOSIS CODE (Complete if billing CCare)
9B. WILL INSURANCE BE BILLED FOR THIS VISIT?

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
06 - Male Condom
19 - Female Condom
21 - Contraceptive Sponge
20 - Withdrawal
08 - NFP/FAM
07 - Spermicide
OTHER
09 - Other Method
13 - Abstinence
10 - None

9C. SPECIAL CONFIDENTIALITY NEEDS
18. CLIENT INSURANCE STATUS (check one)

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

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

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 Sevcies
09 - Nutrition
13 - Substance Abuse
14 - Abuse/Violence
11 - None

11. HEALTH INS. ENROLLMENT ASSISTANCE
12. PURPOSE OF VISIT (Check One)

17. MEDICAID BILLING (Complete top section for CCare)
Supplies Billed Qty. Unit Price Supplies Billed Qty. Unit Price
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

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

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