

RHODE ISLAND FAMILY PLANNING ENCOUNTER RECORD

PATIENT INFORMATION – REQUIRED

PATIENT #		PATIENT NAME:		
SITE #	ZIP CODE	DOB	GENDER F M	VISIT DATE
RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/OTHER <input type="checkbox"/> PACIFIC ISLANDER	FAMILY SIZE	GROSS WEEKLY INCOME		GROSS WEEKLY INCOME NOT AVAILABLE/UNKNOWN Check for Privately Insured Clients Only! <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>
	HISPANIC/LATINO ___ Y ___ N	PRIMARY LANGUAGE		
	ENGLISH PROF. ___ Y ___ N	___ ENGLISH ___ SPANISH ___ PORTUGUESE ___ CV CREOLE ___ FRENCH ___ HAITIAN CR. ___ KHMER ___ HMONG ___ LAO ___ UNKNOWN OTHER: _____		
PROVIDER TYPE ___ PHYSICIAN ___ NP/APRN/CNM/PA ___ RN/LPN ___ COUNSELOR/CHE	HEALTH INSURANCE ___ PUBLIC INS. ___ PRIVATE INS. ___ UNINSURED	PRIMARY REIMBURSEMENT ___ MEDICAID (Rite CARE, Rite SHARE) ___ PRIVATE INSURANCE ___ 100% GRANT/TITLE X (FPL < or = 100%) ___ SELF PAY – PARTIAL (FPL 101% -250%) ___ SELF PAY – FULL (FPL 251%+)		

VISIT TYPE – AT LEAST ONE VISIT TYPE IS REQUIRED FOR EACH FPER SUBMITTED

OFFICE VISIT	PROCEDURAL VISIT	MEDICAL SERVICES – MARK ALL THAT APPLY
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NEW PATIENTS ___ 99201 LIMITED/MINOR ___ 99202 LOW TO MODERATE ___ 99203 MODERATE TO HIGH ___ 99204 MODERATE TO HIGH ___ 99205 HIGH COMPLEXITY PREVENTATIVE VISITS NEW PATIENTS ___ 99384 AGE 12-17 YEARS ___ 99385 AGE 18-39 YEARS ___ 99386 AGE 40-64 YEARS ___ 99387 AGE 65+ YEARS COUNSELING VISITS ___ 99401 SHORT ___ 99402 LONG	ESTABLISHED PATIENTS ___ 99211 BRIEF ___ 99212 MINOR COMPLEXITY ___ 99213 LOW COMPLEXITY ___ 99214 MODERATE TO HIGH ___ 99215 HIGH COMPLEXITY ESTABLISHED PATIENTS ___ 99394 AGE 12-17 YEARS ___ 99395 AGE 18-39 YEARS ___ 99396 AGE 40-64 YEARS ___ 99397 AGE 65+ YEARS	___ 57452 COLPOSCOPY ___ 57454 COLP. W/ BIOPSY ___ 57460 COLP. W/ LEEP ___ 57511 CRYO CAUTERY ___ 58300 IUD INSERTION ___ 58301 IUD REMOVAL ___ 11975 IMPLANT INSERT ___ 11976 IMPLANT REMOVE ___ 11977 IMPLANT REPLACE ___ XXXXFEMALE STERILIZE ___ 55250 VASECTOMY ___ 36415 VENIPUNCTURE ___ 90782 INJECTION	___ XXXXBLOOD PRESSURE ___ XXXXINFERTILITY WORK UP ___ 82465 CHOLESTEROL ___ XXXXBREAST EXAM ___ XXXXPELVIC EXAM ___ 57170 DIAPHRAGM FITTING ___ XXXXCBE REFERRAL ___ XXXXRECTAL EXAM ___ 87590 GC ___ XXXXCEP's ___ XXXXTESTICULAR EXAM ___ 85018HEMOGLOBIN/HEMATOCRIT ___ XXXXGU EXAM - MALE ___ 87490 CHLAMYDIA TEST ___ 90745 HEP B SHOT (11-19 YEARS) ___ 90746 HEP B SHOT (20+ YEARS) ___ 87530 HSV ___ 87340 HEP B TEST ___ J1055 INJECTABLE CONTR. ___ 86803 HEP C TEST ___ 88141 PAP SMEAR ___ 81002 UNRINALYSIS ___ 56501 WART TREATMENT ___ 87533 HPV ___ 86592 RPR ___ 87210 WET PREP/ MOUNT ___ 81025 PREGNANCY TEST ___ XXXXPOS ___ XXXXNEG OTHER: _____ ___ HIV TEST-RAPID ___ HIV TEST-STANDARD ___ HIV TEST- RESULT PROVIDED
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CONTRACEPTIVE METHOD

PRIMARY METHOD BEFORE VISIT ___ ABSTINENCE ___ HORMONAL PATCH ___ SPONGE ___ IUD ___ DIAPHRAGM ___ MALE CONDOM ___ FEM CONDOM ___ ORAL CONTRACEPTIVE ___ FEM STERILIZ. ___ SPERMICIDE (USED ALONE) ___ FERT. AWAR. ___ VAGINAL RING ___ HORM. IMPL. ___ VASECTOMY ___ INJECTION - 3MO ___ OTHER METHO. ___ NO METHOD	PRIMARY METHOD AFTER VISIT ___ ABSTINENCE ___ HORMONAL PATCH ___ SPONGE ___ IUD ___ DIAPHRAGM ___ MALE CONDOM ___ FEM CONDOM ___ ORAL CONTRACEPTIVE ___ FEM STERILIZ. ___ SPERMICIDE (USED ALONE) ___ FERT. AWAR. ___ VAGINAL RING ___ HORM. IMPL. ___ VASECTOMY ___ INJECTION - 3MO ___ OTHER METHOD ___ NO METHOD	
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IF NO METHOD – SELECT ONE FROM BELOW

___ PREGNANT	___ SEEKING PREGNANCY	
___ RELY ON FEMALE METHOD (FOR MALE CLIENTS ONLY)	___ OTHER REASON (SEXUALLY ACTIVE CLIENTS WHO DO NOT WANT/NEED A METHOD)	