WEST VIRGINIA DEPARTMENT OF HEALTH BUREAU FOR PUBLIC HEALTH OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH FAMILY PLANNING PROGRAM



Clinic Name:	DATA COLLECTION FORM								
2. Clinic ID:   3. NPI:   4. Visit Date:	CLINIC INFORMATION								
S. Patient Name:	1. Clinic Name:								
S. Patient Name:	2. Clinic ID:		3. NPI:		4	4. Visit Date:			
S. Administrative Sex:   10. Ethnicity:   Hispanic/Latino   Hisp	PATIENT INFORMATION								
8. Administrative Sex:   10. Ethnicity:	5. Patient Name: 6 7. / /								
Male   Female   Hispanic/Latino   Demographics:			First MI Social Security		y Numl	Number Date of Birth			
Person with disability     Private insurance (Income <250% FPL)       Private insurance (Income <250% FPL)							12. Medicaid ID:		
9. County of Residence:			atino 🗌 💢 Person with disabi		oility	ty 13. Private insurance (Income <250% FPI			
1.   White   S.   Saisa   Sa	9. County of Residence:								
2.   Black/African American   3   Asia   Asia   A.   American Indian/Alaska Native   5   Native Hawaiian/Pacific Islander   5   Oative Provider   Oative Provision   Oative Pro			Annual Income	16. Family Size	17. Fe	-			
4.	2. Black/African American	1				_	·		
VISIT INFORMATION			. Uninsured/Underinsured		20. [	20. ☐ Inability to Pay			
VISIT INFORMATION		nder <b>21.</b>	☐ Confidential S	Services	<b>22.</b> [	□ Ву	pass Payment		
23. Visit Type	O. CHINIOWII		ı	ISIT INFORMATION	<u> </u>				
Annual exam		24.			'				
Problem medical exam				nt Nurse Practitions	ar Nur	se Mid	lwifa		
25. Exam Components (/ all that apply) (/ all that apply (/ all that apply) (/ all that popling (/ all that p	Problem medical exam								
V all that apply   (V all that apply   Thyroid exam	☐ Interim continuing visit ☐ Other (Medical Assistant, Clinic Aid, Lab Technician, etc)								
Thyroid exam									
Clinical breast exam	Thyroid exam					☐ Sterilization			
Abdominal exam	☐ Heart/lung auscultation								
Extremities exam									
Male genitalia exam	Extremities exam		HIV test			STD/HIV services			
Preconception counseling   Pregnancy test   Prenatal services   Prelatal services   Pregnancy test   Preg									
Height _ft _in									
Blood Pressure			if positive) 🗌 planned or 🗌 unplanned			☐ Social services			
Systolic Diastolic	<del>-                                   </del>								
Implantable Rod			Other lab						
IUD/IUS									
w/Progestin			•	•		EC Imi	mediate Provision		
□ Copper       □ Copper       □ EC Used as Primary Method at Intake         □ Unspecified       □ Unspecified       □ EC Used as Primary Method at Exit         □ Female Sterilization       □ Female Sterilization         □ Vasectomy       31. No Method Reason at Intake         □ Hormonal injection       □ Abstinence         □ Combined oral contraceptive pills       □ Combined oral contraceptive pills       □ Same Sex Partner         □ Projestin only contraceptive pills       □ Projestin only contraceptive Patch       □ Sterile for non-contraceptive reasons         □ Vaginal Ring       □ Vaginal Ring       □ Other         □ Male condom       □ Male condom       □ Other         □ Diaphragm or Cervical Cap       □ Diaphragm or Cervical Cap       □ Abstinence         □ Withdrawal       □ Same Sex Partner       □ Same Sex Partner         □ Spermicide       □ Spermicide       □ Same Sex Partner         □ Spermicide       □ Spermicide       □ Seeking Pregnancy         □ Spermicide       □ Spender       □ Sterile for non-contraceptive reasons         □ Sterile for non-contraceptive reasons       □ Other         □ Abstinence       □ Sterile for non-contraceptive reasons       □ Other         □ Spendicular       □ Sterile for non-contraceptive reasons       □ Other         □ Contraceptive Pro									
Female Sterilization   Female Sterilization   Vasectomy   Vasectomy   Sane Sex Partner   Same Sex Partner   Seeking Pregnancy   Sterile for non-contraceptive reasons   Spermicide   Spe			☐ Copper		□ E	☐ EC Used as Primary Method at Intake			
Vasectomy       31. No Method Reason at Intake         Hormonal injection       Abstinence         Combined oral contraceptive pills       Combined oral contraceptive pills         Projestin only contraceptive pills       Projestin only contraceptive pills         Contraceptive Patch       Seeking Pregnancy         Vaginal Ring       Vaginal Ring         Male condom       Male condom         Diaphragm or Cervical Cap       Diaphragm or Cervical Cap         Female Condom       Abstinence         Withdrawal       Same Sex Partner         Spermicide       Same Sex Partner         Sponge       Seeking Pregnancy         Fertility awareness-based method       Seeking Pregnancy         Sterile for non-contraceptive reasons       Sterile for non-contraceptive reasons         Fertility awareness-based method       Seeking Pregnancy         Male relying on female method       Male relying on female method         Male relying on female method       Male relying on female method         Decline to answer       Decline to answer       On site       Prescription				·	□ E	EC Use	d as Primary Method at Exit		
Hormonal injection       Hormonal injection       Abstinence         Combined oral contraceptive pills       Combined oral contraceptive pills       Same Sex Partner         Projestin only contraceptive pills       Projestin only contraceptive pills       Seeking Pregnancy         Contraceptive Patch       Sterile for non-contraceptive reasons         Vaginal Ring       Other         Male condom       Male condom         Diaphragm or Cervical Cap       Diaphragm or Cervical Cap         Female Condom       Abstinence         Withdrawal       Same Sex Partner         Spermicide       Spermicide         Sponge       Sterile for non-contraceptive reasons         Fertility awareness-based method       Sterile for non-contraceptive reasons         Contraceptive Provision Method       Other				1011	31.	No Me	ethod Reason at Intake		
□ Projestin only contraceptive pills       □ Projestin only contraceptive pills       □ Seeking Pregnancy         □ Contraceptive Patch       □ Sterile for non-contraceptive reasons         □ Vaginal Ring       □ Other         □ Male condom       □ Male condom         □ Diaphragm or Cervical Cap       □ Diaphragm or Cervical Cap         □ Female Condom       □ Abstinence         □ Withdrawal       □ Same Sex Partner         □ Spermicide       □ Spermicide         □ Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Other         □ Lactational amenorrhea method       □ Other         □ Male relying on female method       □ Other         □ Decline to answer       □ On site       □ Prescription	☐ Hormonal injection	I	Hormonal injecti						
□ Contraceptive Patch       □ Contraceptive Patch       □ Sterile for non-contraceptive reasons         □ Vaginal Ring       □ Other         □ Male condom       □ Male condom         □ Diaphragm or Cervical Cap       □ Diaphragm or Cervical Cap         □ Female Condom       □ Abstinence         □ Withdrawal       □ Same Sex Partner         □ Spermicide       □ Spermicide         □ Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Other         □ Lactational amenorrhea method       □ Other         □ Male relying on female method       □ Other         □ Decline to answer       □ On site       □ Prescription					=				
Vaginal Ring       □ Vaginal Ring       □ Other         Male condom       □ Male condom       □ Diaphragm or Cervical Cap       □ 32. No Method Reason at Exit         □ Female Condom       □ Abstinence       □ Abstinence         □ Withdrawal       □ Same Sex Partner         □ Spermicide       □ Spermicide       □ Seeking Pregnancy         □ Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Abstinence         □ Same Sex Partner       □ Seeking Pregnancy         □ Sterile for non-contraceptive reasons       □ Other         □ Abstinence       □ Other         □ Sterile for non-contraceptive reasons       □ Other         □ Other       □ Other         □ Decline to answer       □ Other         □ Other       □ Other									
□ Diaphragm or Cervical Cap       □ Diaphragm or Cervical Cap       32. No Method Reason at Exit         □ Female Condom       □ Abstinence         □ Withdrawal       □ Same Sex Partner         □ Spermicide       □ Spermicide         □ Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Abstinence         □ Same Sex Partner       □ Seeking Pregnancy         □ Sterile for non-contraceptive reasons       □ Other         □ Abstinence       □ Same Sex Partner         □ Sterile for non-contraceptive reasons       □ Other         □ Abstinence       □ Other         □ Sterile for non-contraceptive reasons       □ Other         □ Abstinence       □ Other         □ Other       □ Other         □ Abstinence       □ Other         □ Other       □ Other         □ Abstinence       □ Other         □ Other       □ Other         □ Alstinence       □ Other         □ Alstinenc	☐ Vaginal Ring		•	·					
☐ Female Condom       ☐ Female Condom       ☐ Abstinence         ☐ Withdrawal       ☐ Same Sex Partner         ☐ Spermicide       ☐ Seeking Pregnancy         ☐ Sponge       ☐ Sterile for non-contraceptive reasons         ☐ Fertility awareness-based method       ☐ Lactational amenorrhea method         ☐ Male relying on female method       ☐ Male relying on female method         ☐ Decline to answer       ☐ On site       ☐ Prescription	l <del>=</del>	=				NI - 22	alle d Barrers at Folk		
Withdrawal       □ Same Sex Partner         □ Spermicide       □ Spermicide         □ Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Fertility awareness-based method       □ Other         □ Lactational amenorrhea method       □ Lactational amenorrhea method       □ Male relying on female method       □ 33. Contraceptive Provision Method         □ Decline to answer       □ On site       □ Prescription						_			
Sponge       □ Sterile for non-contraceptive reasons         □ Fertility awareness-based method       □ Decline to answer       □ Sterile for non-contraceptive reasons         □ Other       □ Other         □ Ot		□ <b>\</b>	Withdrawal		=				
☐ Fertility awareness-based method       ☐ Fertility awareness-based method       ☐ Other         ☐ Lactational amenorrhea method       ☐ Lactational amenorrhea method       ☐ Male relying on female method       33. Contraceptive Provision Method         ☐ Decline to answer       ☐ On site       ☐ Prescription			•		_				
□ Lactational amenorrhea method       □ Lactational amenorrhea method         □ Male relying on female method       □ Male relying on female method         □ Decline to answer       □ On site       □ Prescription				ss-hased method	_		tor non-contraceptive reasons		
☐ Decline to answer ☐ Decline to answer ☐ On site ☐ Prescription						Juici			
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VISIT INFORMATION – CONTINUED						
34.	ADDITIONAL TESTING INFORMATION  35. HPV test performed this visit  Yes No Result Pending  Positive Negative  Equivocal Indeterminate Invalid  36. Results from last HPV test  Positive Negative Unknown  Equivocal Indeterminate Invalid  38. Chlamydia test performed at this visit  Yes No Result Pending  Positive Negative  Equivocal Indeterminate Invalid  40. Result from last Chlamydia test  Positive Negative Unknown					
No  41. Counseling Components Completed Patient asked if they wish to discuss contraception   Yes   No     Yes   No     Yes   No (if no select all that apply)     Here for something else   Does not apply     Seeking Pregnancy   Prefers not to answer     Already using contraceptives     Unsure about contraceptive use  Reactive   Does not want to use contraceptives  45. Cytology Testing   46. Reason for Pap     Results from last pap test   Routine     Negative   Clinically Indicated     Low Grade SIL   Requested     High Grade SIL   Requested     High Grade SIL   Squamous Cell Carcinoma     ASCUS Atypical Squamous cells of undetermined significance cannot exclude HGSIL     ASCUS Atypical Squamous cells of undetermined significance     Atypical glandular cells NOS     Atypical glandular cells suspicious for cancer     Adenocarcinoma in-situ negative for interepithelial lesion	Equivocal   Indeterminate   Invalid					
	Item Code Quantity Lot Number					
CERTIFICATION	CTCNATURE					
CERTIFICATION SIGNATURE  This is to certify that the information contained on this form is true, accurate, and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds and that any false claims, statements, documents, or concealment of a material fact may be prosecuted under applicable Federal or State laws.						
The service covered by this form was provided without regard to race, color, handicap, or national origin and the form is submitted in compliance with West Virginia Department of Health and Human Resources fee structure in effect on date of service.						
I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State agency may request for five (5) years from date of service.						
I hereby agree that payment by the Department of Health and Human Resources will constitute full payment for the named patient in connection with services herein shown and therefore patient will be subject to no further charges. The total charge shown on this form does not exceed the customary charge to the general public.						
Void if not received by the West Virginia Department of Health and Human Resources within thirty (30) days from the last date of service.						
Authorized Signature	Date					