

DATA COLLECTION FORM

CLINIC INFORMATION

1. Clinic Name: _____

2. Clinic ID: _____

3. NPI: _____

4. Visit Date: _____

PATIENT INFORMATION

5. Patient Name: _____
Last First MI

6. ____-____-____
Social Security Number

7. ____ / ____ / ____
Date of Birth

8. Administrative Sex:

Male ☐ Female ☐

10. Ethnicity:

Hispanic/Latino ☐

Not Hispanic/Latino ☐

11. Additional

Demographics:

☐ Person with disability

☐ Limited English
proficiency

12. Medicaid ID: _____

13. Private insurance (Income <250% FPL)

☐

9. County of Residence: _____

14. Race (✓ all that apply)

1. ☐ White

2. ☐ Black/African American

3. ☐ Asian

4. ☐ American Indian/Alaska Native

5. ☐ Native Hawaiian/Pacific Islander

6. ☐ Unknown

15. Annual Income

\$ _____

16. Family Size

17. Fee%

_____ %

18. Patient Fee

\$ _____

19. ☐ Uninsured/Underinsured

20. ☐ Inability to Pay

21. ☐ Confidential Services

22. ☐ Bypass Payment

VISIT INFORMATION

23. Visit Type

☐ Initial exam

☐ Annual exam

☐ Problem medical exam

☐ Interim continuing visit

24. Clinical Service Provider

☐ Physician

☐ Physician Assistant, Nurse Practitioner, Nurse Midwife

☐ Registered Nurse, Licensed Practical Nurse

☐ Other (Medical Assistant, Clinic Aid, Lab Technician, etc)

25. Exam Components

(✓ all that apply)

☐ Thyroid exam

☐ Heart/lung auscultation

☐ Clinical breast exam

☐ Abdominal exam

☐ Extremities exam

☐ Pelvic exam

☐ Male genitalia exam

☐ Preconception counseling

☐ Height ____ ft ____ in

☐ Weight ____ lbs

☐ Blood Pressure

Systolic ____ Diastolic ____

26. Lab Services Provided

(✓ all that apply)

☐ Pap Test

☐ Chlamydia screening

☐ Gonorrhea screening

☐ Syphilis screening

☐ HIV test

☐ Hgb/Hct

☐ Urine dipstick/Urinalysis

☐ Pregnancy test

(if positive) ☐ planned or ☐ unplanned

☐ Rubella titer

☐ Other lab

27. Referrals Made

(✓ all that apply)

☐ Sterilization

☐ Gynecological

☐ Breast evaluation

☐ Colposcopy

☐ STD/HIV services

☐ Infertility evaluation

☐ Adoption services

☐ Prenatal services

☐ Social services

☐ Laboratory services

☐ Tobacco Cessation Program

☐ Pregnancy termination

28. Method of Contraceptive at Intake

☐ Implantable Rod

☐ IUD/IUS

☐ w/Progestin

☐ Copper

☐ Unspecified

☐ Female Sterilization

☐ Vasectomy

☐ Hormonal injection

☐ Combined oral contraceptive pills

☐ Progestin only contraceptive pills

☐ Contraceptive Patch

☐ Vaginal Ring

☐ Male condom

☐ Diaphragm or Cervical Cap

☐ Female Condom

☐ Withdrawal

☐ Spermicide

☐ Sponge

☐ Fertility awareness-based method

☐ Lactational amenorrhea method

☐ Male relying on female method

☐ Decline to answer

☐ None

29. Method of Contraceptive at Exit

☐ Implantable Rod

☐ IUD/IUS

☐ w/Progestin

☐ Copper

☐ Unspecified

☐ Female Sterilization

☐ Vasectomy

☐ Hormonal injection

☐ Combined oral contraceptive pills

☐ Progestin only contraceptive pills

☐ Contraceptive Patch

☐ Vaginal Ring

☐ Male condom

☐ Diaphragm or Cervical Cap

☐ Female Condom

☐ Withdrawal

☐ Spermicide

☐ Sponge

☐ Fertility awareness-based method

☐ Lactational amenorrhea method

☐ Male relying on female method

☐ Decline to answer

☐ None

30. Emergency Contraception

☐ EC Immediate Provision

☐ EC Advance Supply

☐ EC Follow-up

☐ EC Used as Primary Method at Intake

☐ EC Used as Primary Method at Exit

31. No Method Reason at Intake

☐ Abstinence

☐ Same Sex Partner

☐ Seeking Pregnancy

☐ Sterile for non-contraceptive reasons

☐ Other

32. No Method Reason at Exit

☐ Abstinence

☐ Same Sex Partner

☐ Seeking Pregnancy

☐ Sterile for non-contraceptive reasons

☐ Other

33. Contraceptive Provision Method

☐ On site

☐ Prescription

☐ Referral

