

WV FAMILY PLANNING PROGRAM PATIENT DATA FORM



1. Clinic Number _____ 2. Client Social Security Number _____ 3. Visit Date _____ / _____ / _____
MM DD YYYY

4. County of Residence Code _____

5. Name _____
Last First Middle Initial MM DD YYYY

6. Date of Birth _____ / _____ / _____
MM DD YYYY

7. Gender 1. Female 2. Male

8. Ethnicity 1. Hispanic/Latino 2. Not Hispanic/Latino

9. Race (√ all that apply) 1. White 2. Black/African American 3. Asian 4. American Indian/Alaska Native 5. Native Hawaiian/Pacific Islander

10. Additional Demographic Info 1. Person with disability 2. Limited English proficiency

11. Principal Health Insurance Coverage 1. Uninsured (Title X) 2. Public health insurance Medicaid ID# _____ 3. Private health insurance (Income <250% FPL)

11(a) < 18 yrs/confidential

12. Monthly Income \$ _____ 13. Family Size _____ 14. Fee % _____ 15. Patient Fee \$ _____

16. Purpose of Visit 1. Initial exam 2. Annual exam 3. Problem medical exam 4. Interim continuing visit

17. Service Provider 1. Physician 2. Physician Assistant, Nurse Practitioner, Nurse Midwife 3. Registered Nurse, Licensed Practical Nurse 4. Other (Medical Assistant, Health Educator, Social Worker, Clinic Aide, Lab Technician)

18. Exam Components Provided (√ all that apply) 1. Blood pressure 2. Height/Weight 3. Thyroid exam 4. Heart/lung auscultation 5. Clinical breast exam 6. Abdominal exam 7. Extremities exam 8. Pelvic exam 9. Male genitalia exam 10. No exam

19. Lab Services Provided (√ all that apply) 1. Pap test 2. Chlamydia screening 3. Gonorrhea screening 4. Syphilis screening 5. HIV test 6. Hgb/Hct 7. Sickle cell screening 8. Urine dipstick/Urinalysis 9. Pregnancy test 10. Rubella titer 11. Fecal occult blood test 12. Other lab 13. No lab

20. Referrals Made (√ all that apply) 1. Sterilization 2. Gynecological 3. Breast evaluation 4. Colposcopy 5. STD/HIV services 6. Infertility evaluation 7. Adoption services 8. Prenatal services 9. Abortion services 10. Social services 11. Laboratory services 12. Other 13. No referrals

21(a) Primary Contraceptive Method - Female 1. Oral contraceptives 2. IUD/IUS 3. Diaphragm/Cap 4. Spermicide (used alone) 5. Fertility awareness method 6. Hormonal implant 7. Contraceptive sponge 8. Hormonal injection - 3 month 9. Hormonal injection - 1 month 10. Hormonal contraceptive patch 11. Vaginal ring 12. Female condom 13. Female sterilization 14. Abstinence 15. Rely on partner's method a. Vasectomy b. Male condom 16. Other method 17. No method: Reason: a. Pregnant/Seeking pregnancy b. Other

21(b) Primary Contraceptive Method - Male 1. Vasectomy 2. Male condom 3. Abstinence 4. Other method 5. Rely on female method 6. No method: Reason: a. Partner pregnant/Seeking pregnancy b. Other

22. Emergency Contraception (EC) 1. EC administration - immediate need 2. EC follow-up 3. EC advance supply

23. Medical Products Dispensed

	Item Code	Quantity	Lot Number
1.			
2.			
3.			
4.			

I certify that the statements on reverse apply to this bill and are made a part hereof.

Authorized Signature _____

Date _____

1. Clinic Number

Enter the complete number assigned by the Family Planning Program as the clinic's unique identifier to identify the site on all Family Planning Program forms (*i.e.* Patient Data Forms, Batch Sheets, Invoices, lab slips, Supply and Literature Order Forms).

2. Client Social Security Number

Enter the client's Social Security Number which serves as his/her unique identifier. If a client doesn't have, doesn't know or refuses to divulge his/her Social Security Number, an alternate client ID number will be assigned by the Family Planning Program. Contact the Family Planning Program to obtain an alternate number. This alternate number must be used for the remainder of the calendar year.

3. Visit Date

Enter the actual date the client received Family Planning Program services. Use two (2) digits for month and day and four (4) digits for the year (precede single digit months and days with a zero to convert to two digits). Example: for services rendered January 6, 2005, the visit date should be entered as 01/06/2005.

4. County of Residence Code

Enter the two (2)-digit code for the client's county of residence (see list in *Family Planning Program Guidelines, March 2001*, Section 11). Enter "00" if the client is not a West Virginia resident.

5. Name

Enter the client's name: last, first, middle initial. If a client has no middle name, leave the middle initial section blank.

6. Date of Birth

Use two (2) digits for month and day and four (4) digits for the year (precede single digit months and days with a zero to convert to two digits). Example: a birth date of February 2, 1980, should be entered as 02/02/1980.

7. Gender

Check the applicable box.

8. Ethnicity

Must check one of the two boxes to indicate the client's self-reported ethnicity. Staff may assist the client in reporting his/her ethnicity by asking: "Do you consider yourself Hispanic/Latino or Not Hispanic/Latino?"

1. Hispanic/Latino – defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. Persons of Hispanic/Latino origin may be of any race.

2. Not Hispanic/Latino – defined as a person **not** of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

9. Race

Must check the box(es) for all races identified by the client. Clinic staff may ask “What is your race? You may select one or more”. Federal definitions are provided for each race category for consistency in reporting and to help clinic staff assist clients who are unsure how to define their race(s).

1. **White** – a person having origins in any of the original peoples of Europe, the Middle East or North Africa
2. **Black/African American** – a person having origins in any of the black racial groups of Africa
3. **Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
4. **American Indian/Alaska Native** – a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment
5. **Native Hawaiian/Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands

10. Additional Demographic Info

1. Person with disability

Check box if client reports having a physical and/or mental disability.

2. Limited English proficiency

A person with limited English proficiency is one whose native or dominant language is not English and whose skills in listening to, speaking, reading or writing English are such that he/she would derive little benefit from family planning and related preventive health services provided in English.

Check box if client required oral language assistance services to optimize his/her use of Title X services. Language assistance services include those provided by bilingual clinic staff, a contracted interpreter, or the client’s own interpreter.

11. Principal Health Insurance Coverage

The source of funds used to pay for the client's family planning services. For individuals with coverage under more than one health plan, principal insurance is defined as the insurance plan that the agency would bill first (*i.e.* primary) if a claim were to be filed. Income eligibility and insurance/Medicaid status must be determined at each clinic visit.

1. Uninsured (Title X)

Check when client who meets Program income eligibility guidelines (<250% FPL) does not have either private insurance to cover any costs of family planning services or Medicaid.

Also, check when a minor requests services without the involvement or knowledge of family even if she has family health insurance coverage or Medicaid managed care. **See 11(a)**

2. Public health insurance

Medicaid ID# _____

Check if client has regular (not HMO) Medicaid and enter the card number. Clients enrolled in the Medicaid managed care program are not eligible to receive services through the Family Planning Program.

3. Private health insurance (< 250% FPL)

Check when an income-eligible client's insurance covers only exam and/or labs--not the contraceptive method. Checking this box indicates the clinic billed private health insurance for the exam and labs, but dispensed contraceptive methods and supplies purchased by the Family Planning Program because insurance did not cover these. A person whose insurance covers all services is not eligible for Family Planning Program services.

- 11 (a)** **Check to indicate** the client is a minor (under 18 years old) seeking confidential services without the involvement or knowledge of family. If verification of Medicaid HMO eligibility reveals the client was covered by a Medicaid HMO, checking this box explains the reason for use of Title X funding and overrides rejection of the claim. This information also provides data on the number of minors seeking services without the involvement or knowledge of family.

12. Monthly Income

Document the gross monthly household income supporting the client using four (4) digits. If income is 1, 2, or 3 digits, precede with leading zero(s) to make four digits. If the client and/or family have no income, enter four (4) zeros.

When a non-emancipated minor (anyone under age 18) requests confidential services, meaning without the involvement and knowledge of family members, enter only the minor's—not the family's—monthly income.

13. Family Size

Enter the number of individuals who receive support from the monthly income. Precede single digits with a zero (*i.e.* a family of four is entered "04"). A non-emancipated minor requesting confidential services without the involvement or knowledge of family members is considered a family of one (1).

14. Fee Percentage

Enter the applicable percentage of the visit fee the client should be charged based upon the current Family Planning Program Sliding Fee Scale.

15. Patient Fee

Enter the applicable dollar amount the client should be charged for the visit based upon the current Family Planning Program Sliding Fee Scale.

16. Purpose of Visit

The purpose of family planning visits in Title X clinics is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. In keeping with this federal definition, if a client obtains gynecological or other related preventive health services but is neither an on-going family planning user nor does he/she seek or receive services that address avoiding unintended or achieving intended pregnancy, the visit does not qualify as a Title X Family Planning Program visit.

Federal regulations further specify that to qualify as a Title X family planning visit there must be (1) face-to-face contact between the client and service provider which is (2) documented in the client's medical record and (3) includes the provision of family planning counseling and education.

1. Initial exam

The client's first comprehensive medical examination at a clinic during which all initial exam components required by the Family Planning Program are provided. The initial exam does not necessarily occur during the client's first visit to the clinic. For example, a client first may come to a clinic seeking a pregnancy test and then make an appointment to return later for an initial examination. (See *WV Family Planning Program Guidelines, March 2001*, Section 9, Attachment G.)

An initial exam may be billed only once per client by a participating Family Planning Program clinic. If the client changes to a different clinic, the new clinic may provide and bill for one initial exam for the client.

2. Annual exam

Subsequent comprehensive medical examination at which time an established Family Planning Program client receives all annual exam components recommended by the Family Planning Program. (See *WV Family Planning Program Guidelines, March 2001*, Section 9, Attachment G.) An annual exam can be provided and billed only once in a 366-day period.

3. Problem medical exam

Medical services provided to an established Family Planning Program client by a clinician to care for conditions associated with the prescribed contraceptive method or resulting conditions that affect method compliance. Examples of covered problems include breakthrough bleeding, amenorrhea, headaches, repeat Pap smears (performed by licensed clinician), vaginal infections, and urinary tract infections.

4. Interim continuing visit

The only visit category that does not require the services of a clinician. Services may be provided by registered nurses, licensed practical nurses, medical assistants, health educators, social workers, clinic aides or lab technicians in compliance with applicable state licensing regulations. Interim continuing services must be documented in the medical record. Examples include non-invasive testing or screening (*i.e.* blood pressure check, urine-based pregnancy test), supply refills, Depo-Provera re-injections, contraceptive counseling and education, *etc.*

17. Service Provider

Defined by Title X regulations as the provider with the highest level of training who assumes primary responsibility for client's health assessment, care and documentation of services in the client medical record and who exercises independent judgment regarding which services the client needs. Only one service provider can be reported for the visit although two or more may have participated in the care of the client. For example, if a mid-level practitioner performed an examination and a nurse provided contraceptive counseling/education, the mid-level provider would be considered the higher trained of the two professionals and would be reported as the service provider.

1. **Physician** – check if the service provider was a licensed doctor of medicine or osteopathy (MD or DO).
2. **Physician Assistant, Nurse Practitioner, Nurse Midwife** – check if the service provider was a mid-level practitioner trained and permitted by state-specific regulations to perform all aspects of the client's physical assessment.
3. **Registered Nurse, Licensed Practical Nurse** – check if the service provider was a RN or LPN licensed to perform the service(s) rendered.
4. **Other (Medical Assistant, Health Educator, Social worker, Clinic Aide, Lab Technician)** – check if the service provider was other than listed above (*i.e.* medical assistant, health educator, social worker, clinic aide or lab technician) trained/licensed to provide and document services such as obtaining samples for routine laboratory tests, performing routine aspects of the client's physical assessment (*i.e.* blood pressure, weight, temperature), providing client education and counseling, making referrals and/or follow-up.

18. Exam Components Provided

The service provider should complete this section of the Patient Data Form at the time the services are provided. Check the corresponding box for **every** medical examination component completed making certain that all exam components required by Title X are provided and documented. If no exam was provided (*i.e.* only pregnancy testing, counseling and education were provided), check box #10.

19. Lab Services Provided

Check the corresponding box(es) for **every** lab test provided during the clinic visit making certain that all Title X-required tests are completed and documented. If lab testing was not required or indicated during the visit, check box # 13.

20. Referrals Made

Check all the corresponding box(es) that apply for referral(s) made to another agency, clinician or program for additional services.

1. **Sterilization** – check if client education/counseling about sterilization was provided by trained personnel, client signed informed consent and completed application for Family Planning Program-funded surgical sterilization and referral was made for sterilization services.
2. **Gynecological** – check if client was referred for special gynecological services beyond the scope of those provided by Family Planning Program.
3. **Breast evaluation** – check if client was referred for further breast evaluation based upon clinical breast examination findings (*i.e.* mammography, ultrasound, *etc.*).
4. **Colposcopy** – check if client was referred for colposcopy as follow-up to abnormal cytology results.
5. **STD/HIV services** – check if client was referred for STD/HIV testing and/or treatment not within the defined scope of Family Planning Program services.
6. **Infertility evaluation** – check if client was referred to an infertility specialist for evaluation beyond the scope of Level I infertility services provided by Family Planning Program.
7. **Adoption services** – check if client requested and was provided information about adoption services during pregnancy options counseling.
8. **Prenatal services** – check if client requested and was provided information about prenatal services during pregnancy options counseling.
9. **Abortion services** – check if client requested and was provided information about abortion services during pregnancy options counseling.
10. **Social services** – check if client was referred for needed social services *i.e.* county DHHR office to apply for assistance available to low-income families.
11. **Laboratory services** – check if client was referred for laboratory services beyond the scope of those available through the Family Planning Program.
12. **Other** – check if client was referred for services other than those listed.
13. **No referrals** – check if no referrals were indicated or made.

21(a) Primary Contraceptive Method - Female

The primary method of contraception is the user's method--adopted or continued--at the conclusion of the clinic visit. If the client chooses more than one family planning method, check the most effective one as the primary method. The list of female methods includes some which are not available through the WV Family Planning Program. The primary method the client uses, from whatever source, should be indicated by checking the appropriate box.

1. **Oral contraceptives** - check if client uses any oral contraceptive, either combination or progestin-only, as her primary method of birth control.
2. **IUD/IUS** - check if client uses an Intrauterine Device *i.e.* Paragard Copper T 380A or Intrauterine System *i.e.* Mirena.
3. **Diaphragm/Cap** - check if client's primary method is a diaphragm or cervical cap.
4. **Spermicide (used alone)** - check if client's primary method is the use of only spermicidal jelly, cream, foam or film not in conjunction with another method of contraception.
5. **Fertility awareness method** - check if the client relies on one or a combination of the following fertility awareness methods to identify potentially fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy: rhythm/calendar, Standard Days™, basal body temperature, cervical mucus and/or sympto-thermal. Post-partum women who are practicing the lactational amenorrhea method (LAM) should also be reported with users of fertility awareness methods.
6. **Hormonal implant** - check if client's primary contraceptive method is a long-term, subdermal hormonal implant.
7. **Contraceptive sponge** - check if client's primary contraceptive method is a contraceptive sponge.
8. **Hormonal injection - 3 month** - check if client uses a 3-month injectable hormonal contraception as her primary family planning method.
9. **Hormonal injection - 1 month** - check if client uses a 1-month injectable hormonal contraception as her primary family planning method.
10. **Hormonal contraceptive patch** - check if client uses a transdermal hormonal contraceptive patch as her primary family planning method.
11. **Vaginal ring** - check if the client uses a hormonal vaginal ring as her primary family planning method.
12. **Female condom** - check if client uses female condoms with or without spermicides as her primary family planning method.

13. **Female sterilization** - individuals who have undergone sterilization procedures are not eligible for Family Planning Program services. This method is listed in the event this policy changes in the future.
14. **Abstinence** - abstinence is defined as refraining from oral, vaginal and anal intercourse. Check if client relies on abstinence as her primary family planning method or is not currently sexually active and therefore not using contraception.
15. **Rely on partner's method**
 - a. **Vasectomy** - check if client relies on her partner's vasectomy as her primary family planning method.
 - b. **Male condom** - check if client relies on her sexual partner to use male condoms with or without spermicides as her primary family planning method.
16. **Other method** - check if client uses withdrawal or other methods not listed as her primary family planning method.
17. **No method: Reason**
 - a. **Pregnant/Seeking pregnancy** - check if client is not using any contraceptive method because she is pregnant or seeking to become pregnant.
 - b. **Other** - check if client is not using any contraceptive method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy, *i.e.* if she or her partner is sterile without having been sterilized surgically.

21(b) Primary Contraceptive Method - Male

The primary method of contraception is the user's method--adopted or continued--at the conclusion of the clinic visit. If the client uses more than one family planning method, check the most effective one as his primary method.

1. **Vasectomy** - individuals who have undergone sterilization procedures are not eligible for Family Planning Program services. This method is listed in the event this policy changes in the future.
2. **Male condom** - check if client uses male condoms with or without spermicides as his primary family planning method.
3. **Abstinence** - check if client relies on abstinence as his primary family planning method or is not currently sexually active and therefore not using contraception. For reporting purposes, abstinence is defined as refraining from oral, vaginal and anal intercourse.
4. **Other method** - check if client uses withdrawal or other methods not listed as his primary family planning method.
5. **Rely on female method** - check if client relies solely on the contraceptive method used by his female partner to prevent pregnancy.

6. No method: Reason

a. Partner pregnant/Seeking pregnancy - check if client is not using any contraceptive method because his partner is pregnant or seeking to become pregnant.

b. Other - check if client is not using any contraceptive method to avoid causing pregnancy due to reasons other than partner is pregnant or seeking pregnancy, *i.e.* if he or his partner is sterile without having been sterilized surgically.

22. Emergency Contraception (EC)

1. EC administration - immediate need

Check if emergency contraception was dispensed to the client as soon as possible within the first 72 hours after unprotected intercourse to reduce the risk of becoming pregnant.

2. EC follow-up

Check if client was seen for follow-up post-administration of emergency contraception.

3. EC advance supply

Check if client was provided an advance supply of emergency contraception for future use with instructions to use in the event of unprotected intercourse or birth control failure.

23. Medical Products Dispensed

List warehouse item code, quantity and lot number(s) of pharmaceutical products (contraceptive methods/supplies and treatment medications) dispensed during clinic visit.