FORM NHAMCS-100(ASC) (10-14-2009)

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

PATIENT'S NAME:

PATIENT RECORD NO.:

NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2010 AMBULATORY SURGERY CENTER PATIENT RECORD

confidential, will be used for statistical purposes only by NCHS staff, co	identification of an individual, a practice, or an establishment will be held intractors, and agents only when required and with necessary controls, and will individual or establishment in accordance with section 308(d) of the Public objection and Statistical Efficiency Act (PL-107-347).			
(Provider: Detach and keep upper portion)				
Please keep (X) marks inside of boxes → Correct 1. PATIENT INFORMATION				
a. Date of visit f. Race – Mark (X) all that apply.	h. Time			
Month Day Year 1 ☐ White	□ a.m. □ p.m. □			
2 🗆 Black or African American 3 🗀 Asian	(1) Time into operating room			
4 ☐ Native Hawaiian or Other Pacific Isla b. ZIP Code 5 ☐ American Indian or Alaska Native	inder a.m.			
3 El American maian el Anacida Maine	(2) Time surgery began			
g. Expected source(s) of payment for visit – Mark (X) all that apply.				
C. Date of birth Month Day Voor	(3) Time surgery ended			
2 Medicare 3 Medicaid or CHIP/SCHIP				
d. Sex 4 ☐ Worker's compensation 5 ☐ Self-pay	(4) Time out of operating room □ □ □ □ □ □ □ Military			
1 ☐ Female 2 ☐ Male 6 ☐ No charge/Charity	a.mp.m.			
7 Other e. Ethnicity 8 Unknown	(5) Time into postoperative care			
1 ☐ Hispanic or Latino 2 ☐ Not Hispanic or Latino	a.m			
2 - Not hispanio di Launo	(6) Time out of postoperative care			
2. FINA	AL DIAGNOSIS			
As specifically as possible, list all diagnoses related to this visit. Optional – ICD-9-CM Code				
Primary: 1.				
Other: 2.				
Other: 3.				
Other: 4.				
Other: 5.	OALIGE OF IN HIPY			
3. EXTERNAL CAUSE OF INJURY As specifically as possible, describe the injury that preceded the visit or adverse effect that occurred during the visit.				
□ NONE				
	Optional – E-Code			
4. PROCEDURE(S)				
As specifically as possible, list all diagnostic and surgical pro				
performed during this visit.	Optional – Optional – CPT-4 Codes ICD-9-CM-Codes			
Primary: 1.				
Other: 2.				
Other: 3.				
Other: 4.				
Other: 5.				
Other: 6.				
Other: 7.				
PLEASE CONTINUE ON THE REVERSE SIDE				

NHAMCS-100(ASC) (10-14-2009) 2010 ASC

5. MEDICATION(S) & ANESTHESIA				
a. Was oxygen administered during this visit? Mark (X) one box. 1 □ Yes	b. List up to 12 Rx and OTC drugs and anesthetics that were ordered, supplied, or administered during this visit or at discharge, excluding oxygen.			
1 ☐ Yes 2 ☐ No	□ NONE – SKIP to item 7.	During this visit	At discharge	
з 🗌 Unknown	(1)	1 🗆	2 🗌	
	(2)	1 🗌	2 🗌	
	(3)	1 🗌	2 🗌	
	(4)	1 🗌	2 🗌	
	(5)	1 🗌	2 🗌	
	(6)	1 🗌	2	
	(7)	1 🗌	2 🗌	
	(8)	1 🗌	2 🗌	
	(9)	1 🗌	2 🗌	
	(10)	1 🗌	2 🗌	
	(11)	1 🗌	2 🗌	
	(12)	1 🗌	2 🗌	
c. Type(s) of anesthesia listed in 5b - Mark (X) all that apply. 1 NONE - SKIP to item 7.				
8. DISPOSITION	9. FOLLOW-UP INFORMATION			
Mark (X) one box. 1 ☐ Routine discharge to customary residence 2 ☐ Discharge to observation status 3 ☐ Discharge to post-surgical/recovery care facility 4 ☐ Admitted to hospital as inpatient 5 ☐ Referred to ED 6 ☐ Surgery terminated 7 ☐ Other 8 ☐ Unknown	a. Did someone attempt to follow-up with the patient within 24 I after the surgery? Mark (X) one box. 1 Yes - Continue with Item 9b. 2 No 3 Unknown END - Patient Record complete. b. What was learned from this follow-up? Mark (X) all that apply. 1 Unable to reach patient 2 Patient reported no problems 3 Patient reported problems and sought medical care 4 Patient reported problems and was advised by ASC staff to seek med 5 Patient reported problems, but no follow-up medical care was needed 6 Other 7 Unknown			

NHAMCS-100(ASC) (10-14-2009)