RHODE ISLAND FAMILY PLANNING ENCOUNTER RECORD

PATIENT INFORMATION – REQUIRED

PATIENT #

PATIENT NAME:

SITE #

ZIP CODE

DOB

GENDER F M

VISIT DATE

RACE

____ WHITE
____ BLACK
____ AM. INDIAN
____ ASIAN
____ HAWAIIAN/OTHER PACIFIC ISLANDER

FAMILY SIZE

HISPANIC/LATINO

____ Y ____ N

ENGLISH PROF.

____ Y ____ N

GROSS WEEKLY INCOME

GROSS WEEKLY INCOME NOT AVAILABLE/UNKNOWN
Check for Privately Insured Clients Only! ☐

PRIMARY LANGUAGE

____ 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

NEW PATIENTS

____ 99201 LIMITED/MINOR
____ 99202 LOW TO MODERATE
____ 99203 MODERATE TO HIGH
____ 99204 MODERATE TO HIGH
____ 99205 HIGH COMPLEXITY

ESTABLISHED PATIENTS

____ 99211 BRIEF
____ 99212 MINOR COMPLEXITY
____ 99213 LOW COMPLEXITY
____ 99214 MODERATE TO HIGH
____ 99215 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

ESTABLISHED PATIENTS

____ 99394 AGE 12-17 YEARS
____ 99395 AGE 18-39 YEARS
____ 99396 AGE 40-64 YEARS
____ 99397 AGE 65+ YEARS

COUNSELING VISITS

____ 99401 SHORT
____ 99402 LONG

PROCEDURAL VISIT

____ COLPOSCOPY
____ COLP. W/ BIOPSY
____ COLP. W/ LEEP
____ CRYO CAUTERY
____ DIAPHRAGM FITTING
____ FEMALE STERILIZATION
____ IMPLANT INSERTION
____ IMPLANT REMOVAL
____ IMPLANT REPLACEMENT
____ INJECTION CONTRACEPTION
____ IUD INSERTION
____ IUD REMOVAL
____ VASECTOMY
____ VENIPUNCTURE
____ WART TREATMENT

MEDICAL SERVICES – MARK ALL THAT APPLY

____ ANEMIA SCREENING
____ BREAST EXAM
____ CBE REFERRAL
____ CHLAMYDIA TEST
____ CHOLESTEROL
____ EMERGENCY CONTRACEPTION
____ GC
____ HEP C TEST
____ HPV TESTING
____ PAP SMEAR
____ PELVIC EXAM
____ RPR
____ WET PREP/ MOUNT
____ PREGNANCY TEST
____ POS ____ NEG

OTHER: ________________________

_____ HIV TEST-RAPID
_____ HIV TEST-STANDARD
_____ HIV TEST- RESULT PROVIDED

CONTRACEPTIVE METHOD

PRIMARY METHOD BEFORE VISIT

____ABSTINENCE
____SPONGE
____DIAPHRAGM
____FEM CONDOM
____FEM STERILIZ.
____FERT. AWAR.
____HORM. IMPL.
____HORMONAL PATCH
____IUD
____MALE CONDOM
____ORAL CONTRACEPTIVE
____SPERMICIDE (USED ALONE)
____VAGINAL RING
____VASECTOMY
____INJECTION - 3MO
____OTHER METHOD

____**NO METHOD**

PRIMARY METHOD AFTER VISIT

____ABSTINENCE
____SPONGE
____DIAPHRAGM
____FEM CONDOM
____FEM STERILIZ.
____FERT. AWAR.
____HORM. IMPL.
____HORMONAL PATCH
____IUD
____MALE CONDOM
____ORAL CONTRACEPTIVE
____SPERMICIDE (USED ALONE)
____VAGINAL RING
____VASECTOMY
____INJECTION - 3MO
____OTHER METHOD

____**NO METHOD**

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)

Revised: January 2011