10. PCC Ambulatory Encounter Record

IHS-803 (5/98) P.L. 96-511 N.A.

PCC AMBULATORY ENCOUNTER RECORD

Date _____

Arrival Time _____ : _____ AM PM

Clinic _____

Appt. _____ Walk-in _____

PROBLEM LIST UPDATE
(Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active

	AFFIL.	DIS.	INITIALS / CODE
PROVIDERS			
PRIMARY PROVIDER			

TEMP PULSE RESP

B/P

WT. ☐ GM ☐ KG ☐ LB-O

HT. ☐ CM ☐ IN

HEAD ☐ CM ☐ IN

VISION-UNCORRECTED R L

VISION-CORRECTED R L

CHIEF COMPLAINT

SUBJECTIVE/ OBJECTIVE

Injury? ☐ Yes ☐ No If yes, Date: ☐ ETOH Related ☐ Employ. Rel.

Cause: Place:

OTHER TESTS/ PROCEDURES ORDERED

PROBLEM LIST A-AI-C	#	PURPOSE OF VISIT *(PRINT ONLY IN THIS SECTION; DO NOT ABBREVIATE)*	Health Factors

REPRODUCTIVE FACTORS G P LC SA TA | LMP | FP METHOD | DATE BEGUN

PROBLEM LIST NOTES
STORE NOTE FOR PROB. #

REMOVE NOTE #

STORE NOTE FOR PROB. #

MEDICATIONS | MEDICATIONS / TREATMENTS / PROCEDURES / PATIENT EDUCATION

HR # SSN #

NAME

B DATE SEX TRIBE

RESIDENCE

FACILITY DATE

REVISIT/ REFERRAL TO: DATE TIME

PURPOSE:

INSTRUCTIONS: TO PATIENT: ☐ SIGN RELEASE

PROV. SIGNATURE

✓	ORDER	INITIALS
	HCT.	
	UA	
	HCG	
	BS-F/BS-R	
	CBC	
	Urine culture	
	Throat culture	
	Stool Culture	
	STS	
	GC	
	PAP	
	Pelvic	
	Breast	
	Mammogram	
	Rectal	
	Chest X-ray	
	EKG	
	Soak	
	Hep B #	
	Hep A #	
	OPV #	
	DTP #	
	DT aP #	
	DT	
	Td	
	MMR #	
	Varicella	
	Influenza	
	Hib TITER/ ActHIB #	
	Padvax HIB #	
	Pneumo Vax	
	PPD	mm

	TYPE OF DECISION MAKING
	Straightforward
	Low Complexity
	Moderate Complexity
	High Complexity

PSC Media Arts (301) 443-2454 EF