**Section 635.APPENDIX A Illinois Family Planning Clinic Visit Record**

**ILLINOIS FAMILY PLANNING CLINIC VISIT RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Pt # | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Phone # | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. FORM NUMBER | | | | | | | | | | | | | | | | | | | | C121002 | | | | | | | | | | | |  | | 12. SERVICE PROVIDERS/BCRR ENCOUNTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION A** | | | | | | | | | | | | | **ALL VISITS** | | | | | | | | | | | | | | | | | | |  | |  | Medical (check one) | | | | | | | | | | | | | | | | | Counseling (check one) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | 1. Physician | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| 2. SERVICE SITE NUMBER | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | | |  | | | | 2. Mid-Level Pract. | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | | |  | | | | 3. Nurse | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| 3. PATIENT NUMBER | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | | |  | | | | 4. Ed./Counselor | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | | |  | | | | 5. Nutritionist | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | |  | |  | | | |  | | | | 6. Social Worker | | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| 4. DATE OF VISIT | | | | | | | | | | | | | | | | | | | MO | | | | | DAY | | | | | YR | | |  | | 13. METHOD AT END OF THIS VISIT (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  | | |  | |  | | 1. Oral | | | | | | | | | | | | 7. Natural Method | | | | | | | | | | | | | | | | | | | | | | |
| 5. PURPOSE OF VISIT (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 2. IUD | | | | | | | | | | | | 8. Cervical Cap | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  |  | | |  | | | | | | | |  | | | | | | | | | |  | | 3. Diaphragm | | | | | | | | | | | | 9. Sterilization | | | | | | | | | | | | | | | | | | | | | | |
| 1. Initial Visit | | | | | | | | | | | 5. Supply Visit | | | | | | | | | | | | | | | | | | | | |  | | 4. Foam & Condom | | | | | | | | | | | | 10, Sponge | | | | | | | | | | | | | | | | | | | | | | |
| 2. Annual Revisit | | | | | | | | | | | 6. Education/Counseling Visit | | | | | | | | | | | | | | | | | | | | |  | | 5. Spermicide | | | | | | | | | | | | 11. Other | | | | | | | | | | | | | | | | | | | | | | |
| 3. Routine Visit | | | | | | | | | | | 7. Non F.P. Visit | | | | | | | | | | | | | | | | | | | | |  | | 6. Condom | | | | | | | | | | | | 12. None | | | | | | | | | | | | | | | | | | | | | | |
| 4. Problem Visit | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | |  | | |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | |
| 6. DATE OF BIRTH | | | | | | | | | | | | | | | | | | | MO | | | | DAY | | | | | YR | | | |  | | 14. IF NO METHOD, REASON FOR NONE (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  | | |  | |  | | 1. Pregnant | | | | | | | | | | | | 4. Other Medical Reasons | | | | | | | | | | | | | | | | | | | | | | |
| 7. PRIMARY SOURCE OF PAYMENT (Check One) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 2. Infertility | | | | | | | | | | | | 5. Relying on Partner's Method | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 3. Seeking Pregnancy | | | | | | | | | | | | 6. Other | | | | | | | | | | | | | | | | | | | | | | |
| 1. Medicaid Only | | | | | | | | | | | 4. Full Fee | | | | | | | | | | | | | | | | | | | | |  | | 15. REFERRALS MADE (check up to two codes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. No Fee (0-100%) | | | | | | | | | | | 5. FWF Only | | | | | | | | | | | | | | | | | | | | |  | | 1. Sterilization | | | | | | | | | | | | 7. STD | | | | | | | | | | | | | | | | | | | | | | |
| 3. Part Fee (101%-250%) | | | | | | | | | | | 6. Medicaid and FWF | | | | | | | | | | | | | | | | | | | | |  | | 2. Gynecology | | | | | | | | | | | | 8. Other Medical | | | | | | | | | | | | | | | | | | | | | | |
| 8. BILLABLE MEDICAL SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 3. Prenatal | | | | | | | | | | | | 9. Other F.P. Clinic | | | | | | | | | | | | | | | | | | | | | | |
| 1. Minimal Service | | | | | | | | | | | 13. Misc. Culture | | | | | | | | | | | | | | | | | | | | |  | | 4. Other Pregnancy | | | | | | | | | | | | 10. Infertility | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 2. Brief/Int. Exam | | | | | | |  | | | | 14. Sickle Cell | | | | | | | | | | | | | | | | |  | | 5. Social Service | | | | | | | | | | | | 11. Nutrition | | | | | | | | | | | | | | | | | | | | | | |
| 3. Extended Exam | | | | | | | | | | | 15. PP Blood Gluc. | | | | | | | | | | | | | | | | | | | | |  | | 6. Contraception | | | | | | | | | | | | 12. Other | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 4. IUD Insertion | | | | | | |  | | | | 16. Cholesterol Level | | | | | | | | | | | | | | | | | |  | **SECTION B** | | | | | | | | | | **INITIAL, ANNUALS** | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Diaphragm Fit | | | | | | | | | | | 17. SMA-12 | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | ZIP CODE | | | | | | | | | | | | | FIPS | | | | | | | | |
|  | | | | 6. HGB/HCT | | | | | | |  | | | | 18. Colposcopy | | | | | | | | | | | | | | | | |  | | 16. RESIDENCE CODES | | | | | | | | | | | | |  | | |  | | |  | |  | | |  |  | | |  | |  | |  | |  |
| 7. U/A | | | | | | | | | | | 19. Colposcopy & Biopsy | | | | | | | | | | | | | | | | | | | | |  | | 17. ETHNIC ORGIN/RACE (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 8. Pregnancy Test | | | | | | | |  | | | | 20. Sonography/Lost IUD | | | | | | | | | | | | | | | | |  | | 1. White | | | | | | | | | | | | | | | 4. Asian or Pacific Islander | | | | | | | | | | | | | | | | | | | |
| 9. VDRL | | | | | | | | | | | 21. X-Rays/Lost IUD | | | | | | | | | | | | | | | | | | | | |  | | 2. Black | | | | | | | | | | | | | | | 5. Hispanic | | | | | | | | | | | | | | | | | | | |
|  | | | 10. PAP Smear | | | | | | | |  | | | | 22. Chlamydia Test | | | | | | | | | | | | | | | | |  | | 3. Native American | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 11. Gonococcal | | | | | | | | | | | 23. Cervical Cap Fit | | | | | | | | | | | | | | | | | | | | |  | | 18. SEX (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 12. Wet Mount | | | | | | | |  | | | | 24. None | | | | | | | | | | | | | | | | |  | | 1. Female | | | | | | | | | | | | | | | 2. Male | | | | | | | | | | | | | | | | | | | |
| 9. BILLABLE COUNSELING SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 19. EMPLOYMENT STATUS (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Indepth/l Hr. | | | | | | | | | | | 2. Counseling/15 min. to 1 Hr. | | | | | | | | | | | | | | | | | | | | |  | | 1. Employed | | | | | | | | | | | | | | | 3. Not In The Work Force | | | | | | | | | | | | | | | | | | | |
| 10. ROUTINE COUNSELING SERVICES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 2. Unemployed | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. Sterilization | | | | | | | | | | | 4. Pregnancy | | | | | | | | | | | | | | | | | | | | |  | | 20. GROSS WEEKLY INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Contraception | | | | | | | | | | | 5. STD | | | | | | | | | | | | | | | | | | | | |  | | 21. FAMILY SIZE | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 3. Infertility | | | | | | | | | | | 6. Natural Family Planning | | | | | | | | | | | | | | | | | | | | |  | | 22. SOURCE OF REFERRAL (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. BILLABLE CONTRACEPTIVE SUPPLIES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | 1. Other F.P. Clinic | | | | | | | | | | | | | | | | | 6. Other Patient | | | | | | | | | | | | | | | | | |
|  | Qty | | | | | Brand | | |  | | | Qty | | | | | Brand |  | | | | | | | | | | | | | |  | | 2. Hospital/Health Agency | | | | | | | | | | | | | | | | | 7. Family/Friend | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 1. Orals | | |  | | | |  | | 8. Basal T&C | | | | | | | | | | | | | |  | | 3. Private Doctor | | | | | | | | | | | | | | | | | 8. Media | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 2. Creams | | |  | | | |  | | 9. Contraceptive Sponges | | | | | | | | | | | | | |  | | 4. Social/Church Agency | | | | | | | | | | | | | | | | | 9. Hotline | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 3. Jellies | | |  | | | |  | | 10. Condoms | | | | | | | | | | | | | |  | | 5. School | | | | | | | | | | | | | | | | | 10. Phonebook | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 4. Suppositories | | |  | | | |  | | 11. Meds/Vag Inf | | | | | | | | | | | | | |  | | **LOCAL USE SECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 5. Foams | | |  | | | |  | | 12. Meds/STD | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | 6. Diaphragms | | |  | | | |  | | 13. VC-Foam | | | | | | | | | | | | | |  | | **A** | | | | | | | **B** | | | | | | | | | **C** | | | | | | | | | | | **D** | | | | | | | |
|  |  | | | | |  | | | 7. IUD | | |  | | | |  | | 14. Cervical Cap | | | | | | | | | | | | | |  | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
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