

## RHODE ISLAND FAMILY PLANNING ENCOUNTER RECORD

### PATIENT INFORMATION – REQUIRED

<b>PATIENT #</b>		<b>PATIENT NAME:</b>		
<b>SITE #</b>	<b>ZIP CODE</b>	<b>DOB</b>	<b>GENDER F M</b>	<b>VISIT DATE</b>
<b>RACE</b> ___ WHITE ___ BLACK ___ AM. INDIAN ___ ASIAN ___ HAWAIIAN/OTHER ___ PACIFIC ISLANDER	<b>FAMILY SIZE</b>	<b>GROSS WEEKLY INCOME</b>		GROSS WEEKLY INCOME NOT AVAILABLE/UNKNOWN <b>Check for Privately Insured Clients Only!</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>
	<b>HISPANIC/LATINO</b> ___ Y ___ N	<b>PRIMARY LANGUAGE</b>		
	<b>ENGLISH PROF.</b> ___ Y ___ N	___ ENGLISH    ___ SPANISH    ___ PORTUGUESE    ___ CV CREOLE    ___ FRENCH ___ HAITIAN CR.    ___ KHMER    ___ HMONG    ___ LAO    ___ UNKNOWN OTHER: _____		
<b>PROVIDER TYPE</b> ___ PHYSICIAN ___ NP/APRN/CNM/PA ___ RN/LPN ___ COUNSELOR/CHE	<b>HEALTH INSURANCE</b> ___ PUBLIC INS. ___ PRIVATE INS. ___ UNINSURED	<b>PRIMARY REIMBURSEMENT</b> ___ 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	PROCEDURAL VISIT	MEDICAL SERVICES – MARK ALL THAT APPLY
<b>NEW PATIENTS</b> ___ 99201 LIMITED/MINOR ___ 99202 LOW TO MODERATE ___ 99203 MODERATE TO HIGH ___ 99204 MODERATE TO HIGH ___ 99205 HIGH COMPLEXITY  <b>PREVENTATIVE VISITS</b> <b>NEW PATIENTS</b> ___ 99384 AGE 12-17 YEARS ___ 99385 AGE 18-39 YEARS ___ 99386 AGE 40-64 YEARS ___ 99387 AGE 65+ YEARS  <b>COUNSELING VISITS</b> ___ 99401 SHORT    ___ 99402 LONG	<b>ESTABLISHED PATIENTS</b> ___ 99211 BRIEF ___ 99212 MINOR COMPLEXITY ___ 99213 LOW COMPLEXITY ___ 99214 MODERATE TO HIGH ___ 99215 HIGH COMPLEXITY  <b>ESTABLISHED PATIENTS</b> ___ 99394 AGE 12-17 YEARS ___ 99395 AGE 18-39 YEARS ___ 99396 AGE 40-64 YEARS ___ 99397 AGE 65+ YEARS	___ 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  ___ 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

<b>PRIMARY METHOD BEFORE VISIT</b> ___ ABSTINENCE    ___ HORMONAL PATCH ___ SPONGE    ___ IUD ___ DIAPHRAGM    ___ MALE CONDOM ___ FEM CONDOM    ___ ORAL CONTRACEPTIVE ___ FEM STERILIZ.    ___ SPERMICIDE (USED ALONE) ___ FERT. AWAR.    ___ VAGINAL RING ___ HORM. IMPL.    ___ VASECTOMY ___ INJECTION - 3MO ___ OTHER METHOD.  ___ NO METHOD	<b>PRIMARY METHOD AFTER VISIT</b> ___ ABSTINENCE    ___ HORMONAL PATCH ___ SPONGE    ___ IUD ___ DIAPHRAGM    ___ MALE CONDOM ___ FEM CONDOM    ___ ORAL CONTRACEPTIVE ___ FEM STERILIZ.    ___ SPERMICIDE (USED ALONE) ___ FERT. AWAR.    ___ VAGINAL RING ___ HORM. IMPL.    ___ VASECTOMY ___ INJECTION - 3MO ___ OTHER METHOD  ___ NO METHOD
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**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**