

ALABAMA DEPARTMENT OF PUBLIC HEALTH
CLINICAL SERVICES
ENCOUNTER FORM

LOCATION

1. CLINIC
 2. HOME
 3. SCHOOL

4. OTHER

PAYMENT METHOD

Medicaid Only
 Private Insurance
 Client Responsible at or below 100% FPL
 Client Responsible - over 100% FPL
 Client Responsible - Confidential
 Not Applicable (STD Only)

AH-ADULT HEALTH

Provider _____

01 INITIAL
 02 REVISIT
 26 DIS DET

CH-CHILD HEALTH

Provider _____

01 INITIAL
 02 PERIODIC
 13 INTERPERIODIC
 32 SINGLE SERVICE

PCCM # _____

CD-CANCER DETECTION

Provider _____

01 INITIAL
 02 REVISIT
 05 ANNUAL

MAT-MATERNITY

Provider _____

07 POSTPARTUM

FP-FAMILY PLANNING

01 INITIAL
 02 PERIODIC/REVISIT
 05 ANNUAL
 33 DEFERRED PHYSICAL
 36 GYN PROBLEM/LAB/COUNS

Problem/Lab/Counseling Services
 BP Recheck Only / Repeat Pap for technical reasons
 Pregnancy Test Only (regardless of result)

PROVIDER

FEMALE CONTRACEPTIVE METHOD

0. IMPLANT INSERTED TODAY Y ___ N ___
 1. OCS PACKS _____ ECP PACKS OF ECPs _____
 2. IUD
 3. DIAPHRAGM/CERVICAL CAP
 4. MALE CONDOM
 5. NAT/RHY
 6. DEPO PROVERA IM INJECTION Y ___ N ___
 7. DEPO PROVERA SQ INJECTION Y ___ N ___
 8. NO METHOD (OTHER REASON)
 9. CONTRACEPTIVE PATCH MONTHLY CYCLES _____
 10. VAGINAL RING MONTHLY CYCLES _____
 11. FEMALE CONDOM
 12. SPERMICIDE (USED ALONE)
 13. ABSTINENCE
 14. PARTNER PREG OR SEEKING PREG
 15. RELY ON MALE METHOD (VASECTOMY)
 17. PREGNANT
 18. OTHER METHOD

MALE CONTRACEPTIVE METHOD

4. MALE CONDOM
 5. NAT/RHY
 8. NO METHOD (OTHER REASON)
 13. ABSTINECE
 14. PARTNER PREG OR SEEKING PREG
 16. RELY ON FEMALE METHOD
 18. OTHER METHOD

DIAGNOSIS CODES

<input type="checkbox"/> Abnormal Pap	<input type="checkbox"/> Epididymitis	<input type="checkbox"/> MPC
<input type="checkbox"/> Amenorrhea	<input type="checkbox"/> Contact/Exposure to STD	<input type="checkbox"/> Nausea
<input type="checkbox"/> Anemia	<input type="checkbox"/> Contact/Exposure to HIV	<input type="checkbox"/> Nausea w/vomiting
<input type="checkbox"/> Bacterial Vaginosis	<input type="checkbox"/> Folliculitis	<input type="checkbox"/> NGU
<input type="checkbox"/> Breast Mass	<input type="checkbox"/> Frequency Urination	<input type="checkbox"/> Obesity
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Genital Herpes	<input type="checkbox"/> Pediculosis
<input type="checkbox"/> Candidiasis/Monilial	<input type="checkbox"/> Genital Warts	<input type="checkbox"/> Pelvic Pain
<input type="checkbox"/> Cervicitis	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> PID
<input type="checkbox"/> Chlamydia	<input type="checkbox"/> Hematuria	<input type="checkbox"/> PMS
<input type="checkbox"/> Cyst of Bartholin Gland	<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Rash
<input type="checkbox"/> Decreased Lbido	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Scabies
<input type="checkbox"/> Dysmenorrhea	<input type="checkbox"/> Menorrhagia. Excessive	<input type="checkbox"/> No STD/Screening no S/S
<input type="checkbox"/> Dysuria	<input type="checkbox"/> Morbid Obesity	<input type="checkbox"/> Stool, Abnormal finding
		<input type="checkbox"/> Syphilis, Primary
		<input type="checkbox"/> Syphilis, Secondary
		<input type="checkbox"/> Syphilis, Early Latent
		<input type="checkbox"/> Syphilis, Late Latent
		<input type="checkbox"/> Trichomoniasis
		<input type="checkbox"/> Urethritis
		<input type="checkbox"/> Urticaria Allergic
		<input type="checkbox"/> Uterine Fibroid
		<input type="checkbox"/> UTI
		<input type="checkbox"/> Vaginitis and vulvoganitis
		<input type="checkbox"/> Weight Gain

SERVICES PERFORMED

01. BREAST EXAM (CBE) Presumptive P N Drug

03. CHLAMYDIA
 Specimen Site Cervix Urethra Urine Vaginal

04. CHOLESTEROL P N Drug

05. DARKFIELD

07. DCS TREATED

08. DCT TREATED

10. FIT Test Presumptive P N Drug

12. GC
 Specimen Site Cervix Urethra Urine Vaginal

13. GLUCOSE (VENOUS)

15. Hgb (FINGER STICK)

16. HIV POST-TEST COUNS

17. HIV PRE-TEST COUNS P N Indeterminate

18. HIV-AB TEST

19. IMPLANT INSERTION

20. IMPLANT REMOVAL

21. IUD (LILETTA)

22. IUD INSERTION

23. IUD (MIRENA)

24. IUD (PARAGARD)

25. IUD REMOVAL

26. LEAD (CAPILLARY)

27. LEAD (VENOUS)

28. LIPID PROFILE

31. LIVER PROFILE

32. PAP SMEAR

34. PREG TEST (URINE)

35. RENAL PROFILE WR R NR Drug

36. RPR

37. STERILIZATION REFERRAL

38. THYROID PROFILE R NR Unsat

39. TPPA

40. URINE DIPSTICK WR R NR Drug

41. RPR-BCL Lab Results Value

44. WET PREP P N Drug

45. Syphilis-EIA WR R NR Indeterminate Unsat Drug

46. TV Presumptive P N Drug
 Specimen Site Cervix Urethra Urine Vaginal

47. AMINE ODOR

48. VAGINAL PH

51. VENIPUNCTURE

52. FINGER STICK

53. WARTS TX FEMALE

54. WARTS TX MALE

55. TELEHEALTH

DC-DISEASE CONTROL

01. Azithromycin 2G PO
 02. Azithromycin 1G PO
 03. Bicillin 2.4 Million Units IM
 06. Ceftriaxone 125 MG IM
 07. Ceftriaxone 250 MG IM
 08. Doxy 100 MG PO Bid x 7 days
 09. Doxy 100 MG PO Bid x 10 days
 10. Doxy 100 MG PO Bid x 14 days
 11. Doxy 100 MG PO Bid x 28 days
 12. Eryth Base 500 MG PO QID x 7 days
 14. Metronidazole 2 GM PO
 15. Metronidazole 250 MG PO TID x 7 days
 16. Metronidazole 500 MG PO BID x 7 days
 17. Metronidazole 500 MG PO BID x 14 days
 18. HPV/Wart Treatment
 19. Other _____

DCS (ONLY)

91 (99201 New Problem Focused)
 92 (99202 New Exp. Problem Focused)
 93 (99203 New Detailed Low Complexity)
 94 (99204 New Comprehensive Moderate)
 95 (99211 Established Minimal)
 96 (99212 Established Problem Focused)
 97 (99213 Est. Exp. Problem Focused)
 98 (99214 Established Detailed Moderate)

CLASSIFICATION

VOLUNTEER REFERRAL

Provider _____

DCT

01 INITIAL
 02 REVISIT

Provider _____

CLASSIFICATION

CASE
 SUSPECT
 CONTACT
 REACTOR
 CONVERTOR

PATIENT REFERRAL

TO: _____

CONDITION: _____

TO: _____

CONDITION: _____