Manitoba Primary Health Care Research Network - Data Collection Form
"The Content of a Primary Care Clinical Encounter"

Do you take responsibility for care of this patient? Yes___   No___

Patient Demographics:

Age:_____   Gender:_____   Education Level**:** ___ >High School   ___ <High School   ___Don't Know

Relevant Social or Cultural Issues:_____

Primary Reason for Visit:

___Scheduled Follow Up   ___PHE   ___Prenatal Care
___Chronic Disease Management   ___Counselling Visit ___Other: _____
___Well Child/Immunization   ___Acute/Episodic visit _____

___Patient Initiated Visit   ___Physician Initiated Visit

Excluding this visit, how many times did you see this person in the last year?_____

Topic Discussed	Dominant Topic(s) of the Visit (✔) (please check only one or two)	Topic requiring the most time? (✔)	Initiated by: (check one)		Action(s) Taken **R** – Referral (to what services?) **M** – Medication **F** – Follow up **C** – Counselling **PE** – Patient Education **O** – Other (please explain) **RR** – Reassurance/resolved
			Physician	Patient	

What ICD 9 code (or diagnosis) was submitted to Manitoba Health for billing purposes? _____

Which tariff(s) did you bill for this visit? ___8529 Regional intermediate visit > 10 min with exam

___8509 Regional visit < 10 min (no exam)   ___8498 Complete history & physical with gyne exam and pap
___8540 Complete history & physical   ___8499 Complete history & physical with gyne exam <u>without</u> pap
___8400 Comprehensive prenatal assessment   ___8470 Regional intermediate visit with gyne exam and pap
___8401 Prenatal visit   ___8471 Regional intermediate visit with gyne exam <u>without</u> pap
___Other: _____

_____

What was the degree of complexity of this visit?
___ Not Complex   ___ Moderately Complex   ___ Very Complex