

Data Abstraction Form: E-Health for Primary Care Study			
Study ID #:		Health Insurance Type:	
Sex:	Age (yrs)		
Home Zip Code:			
Reviewer:			

Index Visit

Date: ___/___/___

1. MEDICATIONS:

nNAME	thera- peutic class	Prescrip- tion status	rELA- TIONSHIP	cOMMENT
1		1 2 3 4 5 N R C D O	1 2 3 4 D P U N	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

2. TESTS ORDERED:

Name	type	relationship	comment
1			
2			
3			
4			
5			

3. REFERRALS MADE:

to:	type	relationship	Comment
1			
2			

3			
4			
5			

4. Problems Diagnosed:

	name	Code	Relationship	Comment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

5. Treatments Prescribed:

	Name	location	type	relationship	comment
1					
2					
3					
4					
5					
6					

Services Used During 3 Months Post Index Visit

Time Window Covered: _____

1. Subsequent visits with Index PCP

Dates	
1	
2	
3	
4	
5	
6	
7	
8	

2. Visits with other providers at PCP location

	Date	Relationship	MD/NP/other
1			
2			
3			
4			
5			
6			
7			

3. Visits with Specialists

	Specialty	Date	Relationship	MD/NP/other
1				
2				
3				
4				
5				

4. Visits with Other Healthcare Professionals

	Profession	Location	Relationship	Dates
1				
2				
3				
4				
5				
6				
7				

8				
9				

5. Diagnostic Tests Performed

	Type	Code	Dates	Relationship
1				
2				
3				
4				
5				
6				
7				
8				
9				