Physician Code: __________ Date of Visit: ____________ Study Number: ____________

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? __________

<table>
<thead>
<tr>
<th>Topic Discussed</th>
<th>Dominant Topic(s) of the Visit (√) (please check only one or two)</th>
<th>Topic requiring the most time? (✓)</th>
<th>Initiated by: (check one)</th>
<th>Action(s) Taken</th>
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</table>

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  
___8400 Comprehensive prenatal assessment  
___8470 Regional intermediate visit with gyne exam and pap  
___841 Prenatal visit  
___8471 Regional intermediate visit with gyne exam without pap  
___Other: ____________________________________________

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