

## Clinic visit history

QID	Question	Mandatory	Answer	Next QID
1	Patient Gender	1		1
			m Male	
			f Female	
			nf Transgender M to F	
			nm Transgender F to M	
2	Clinic Visits	1		
			numerical value	
3	Dental health history done?	1		
			y Yes	
			n No	
			nd No Data	
			r Refused	
4	Medical health history done?	1		
			y Yes	
			n No	
			nd No Data	
			r Refused	
5	Health history updated q 6 months?	1		
			y Yes	
			n No	
			nd No Data	
			r Refused	
6	Allergies recorded?	1		
			y Yes	
			n No	
			nd No Data	
			r Refused	
7	VS recorded at each visit?	1		
			y Yes	
			n No	
			r Refused	
8	Documentation of HIV status at intake?	1		
			y Yes	
			n No	
			r Refused	

<b>9</b>	<b>Documentation of opportunistic infection status?</b>	<b>1</b>		
			y Yes	
			n No	
			r Refused	
<b>10</b>	<b>Documentation of review of medications?</b>	<b>1</b>		
			y Yes	
			n No	
			r Refused	
<b>11</b>	<b>Screened for Antibiotic Prophylaxis? (neutrophils or WBC, hx of heart valve, hx endocarditis, certain CHD)</b>	<b>1</b>	<b>neutrophils &lt; 500 cells/mm<sup>3</sup> and/or WBC &lt;1500 (or AHA recommended tx)</b>	
			y Yes	go to 11b
			n No	12
			na Not Applicable	12
			r Refused	12
<b>11b</b>	<b>If yes, was antibiotics given</b>	<b>1</b>		
			y Yes	
			n No	
			na Not Applicable	
			r Refused	
<b>12</b>	<b>CBC documented?</b>	<b>1</b>		
			y Yes	
			n No	
			na Not Applicable = no invasive procedure performed	
<b>13</b>	<b>Primary Care Provider contact information current?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
<b>14</b>	<b>Tobacco screening done?</b>	<b>1</b>		
			y Yes-nonsmoker	go to 16
			y Yes-smoker	go to 15
			n No	go to 16
			r Refused	go to 16
<b>15</b>	<b>Smoking cessation done?</b>			
			y Yes	
			n No	
			r Refused	

<b>16</b>	<b>Substance abuse screening done?</b>	<b>1</b>		
			y Yes, no SA	go to 18
			y Yes, SA	go to 17
			n No	go to 18
			r Refused	go to 18
<b>17</b>	<b>Referral provided?</b>	<b>1</b>		
			y Yes	
			n No	
			r Refused	
<b>18</b>	<b>Oral health education provided?</b>	<b>1</b>		
			y Yes	
			n No	
			r Refused	
<b>19</b>	<b>Does client have teeth?</b>	<b>1</b>		
			y Yes	
			n No	
<b>19b</b>	<b>Clinical tooth chart marked and up to date?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>20</b>	<b>Documentation of intraoral exam during study period?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>21</b>	<b>Documentation of extraoral exam during study period?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>22</b>	<b>Periodontal screening completed?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>23</b>	<b>X-rays present if indicated?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>24</b>	<b>Treatment plan documented?</b>	<b>1</b>		
			y Yes	

			n No	
			nd No data	
			r Refused	
<b>24</b>	<b>Treatment plan completed?</b>	<b>1</b>		
	tooth extraction checkboxes with space for number		dentures	
	cavity filled		crown	
	root canal		bridge	
	other			
<b>25</b>	<b>Oral pathology present?</b>	<b>1</b>		
			y	
			n No	
			nd No Data	
<b>26</b>	<b>Appropriate treatment done for all indicated conditions?</b>	<b>1</b>		
			y Yes	
			n No	
			nd No Data	
			r Refused	
<b>27</b>	<b>Specialty Referral done?</b>	<b>1</b>	checkmark with a space to specify the referral	
			y	
			n	