Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP: _____

Chart Abstraction—Part B

Instructions: If disease code is 37-39 or 46-48, do **NOT** fill out below.
If medication is prescribed for no specified illness, then code disease as 98 and skip to 5b.

1. Disease Code (from previous page) ___ ___ 2. Disease Name _____

3. ICD-9 Code (Obtain from EpicCare Problem List) ___ ___ ___ ___ ___ ___

4. When was this problem first diagnosed?
□ (1) On or before referral date
□ (2) Up to 12 months after the referral date
□ (3) Unable to determine when diagnosis was made

5a. Is the subject on medication for the above problem?
□ (0) No
□ (1) Yes
□ (9)Unable to determine

⇐5b. If the answer to 5a is either (1), then list the medication name(s) below.

	Medication	**PRN?** 0=No 1=Yes	**Mediation Code**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			