

Oregon RH Program - Abortion Clinic Visit Record

| | | |
|----------------------------|---------------------|---------------------------------|
| 1. Agency # _____ | 2. Site # _____ | 3. RH Access Fund ID # _____ |
| 4. Last Name _____ | 5. First Name _____ | 6. M.I. _____ |
| 7. Patient #/Chart # _____ | 8. DOB ___/___/___ | 9. Date of Service: ___/___/___ |

Services Provided

10. Abortion Services (check ONE)

- 1-Pregnancy evaluation visit
- 2-Medication abortion and medication management of pregnancy loss
- 3-Procedural abortion and procedural management of pregnancy loss
- 4-Follow-up visit
- 5-Re-aspiration
- 6-Stand-alone other medical service

13. Gestational duration (# of completed weeks): _____

14. Estimated by:

- 1-Ultrasound
- 2-Last menstrual period
- 3-Both
- 4-Other

15. Is this visit related to a pregnancy loss?

- 1-Yes
- 2-No
- 9-Unknown

16. # of previous pregnancies: _____

- 99-Unknown

17. # of previous live births: _____

- 99-Unknown

11. Other Medical Services (check all applicable)

- 01-Insertion of cervical dilator (complete supply billing)
- 02-Rho(D) immune globulin injection (complete supply billing)
- 31-Serum pregnancy test
- 29-GC/CT test
- 03-Methotrexate injection (complete supply billing)
- 04-Liver and Kidney test
- 41-Telehealth visit

18. Pain Management

- 1-Moderate sedation
- 2-Deep sedation/IV general
- 5-Moderate AND Deep sedation
- 3-Local anesthesia or oral medication only
- 4-Rx for home pain management (not covered by RH Access Fund)

12. Ultrasound Services (check all applicable)

- 1-Transvaginal ultrasound
- 2-Abdominal ultrasound
- 3-Intraoperative/guidance ultrasound

19. Contraception Services (complete supply billing)

- 1-Implant insertion
- 2-IUD insertion
- 3-Depo administration

20. Primary Contraceptive Method (complete At time client became pregnant and After visit fields)

- | | | |
|-----------------------|------------------------|------------------------|
| 13-Abstinence | 17-Hormonal Patch | 21-Sponge |
| 06-Condom, External | 03-IUD | 07-Spermicide |
| 19-Condom, Internal | 15-IUS | 01-Tubal Sterilization |
| 23-Contraceptive gel | 08-NFP/FAM | 29-Unknown |
| 04-Diaphragm | 10-None | 18-Vaginal Ring |
| 11-Hormone Implant | 02-Oral Contraceptives | 14-Vasectomy |
| 16-Hormonal Injection | 09-Other Method | 20-Withdrawal |

At time client became pregnant _____

After visit _____

21. If 10-None after visit, give reason:

- 2-Contraceptive referral provided. Desired method: _____
- 4-Separate contraception appointment scheduled. Desired method: _____
- 3-Seeking Pregnancy
- 7-Other

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22. Drugs/Devices/Supplies (reimbursed at acquisition cost)

| Drug/device/supply | Qty. | Unit price (acquisition cost per unit) |
|--|------|---|
| 70-Mifepristone | | |
| 71-Misoprostol, 200mcg | | |
| 72-Hygroscopic sticks (natural or synthetic) | | |
| 73-Digoxin | | |
| 75-Rho(D) immune globulin, 50 mcg | | |
| 76-Rho(D) immune globulin, 300 mcg | | |
| 77- Methotrexate | | |
| 78-Tranexamic Acid | | |
| 01-Oral contraception | | |
| 16-EC | | |
| 14-Patch | | |
| 15-Mirena IUS | | |
| 03-Copper IUD | | |
| 04-Depo Provera | | |
| 05-Diaphragm | | |
| 06-Spermicide | | |
| 07-Condoms, External | | |
| 08-Condoms, Internal | | |
| 12-Cervical Cap | | |
| 17-Monthly Ring | | |
| 18-Sponge | | |
| 19-Subdermal Implant | | |
| 20-Cycle Beads | | |
| 21-Skyla | | |
| 22-Liletta IUS | | |
| 23-Kyleena IUS | | |
| 24-Annual Ring | | |
| 25-Contraceptive gel | | |

23. Third Party Resources

Total amount paid by other insurance: \$ _____.