

GROUPED SERVICES REPORT

To be filled out for grouped services or immunization clinics.

1. FACILITY CODE (See IHS Standard Code Book) <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">AREA CODE</td> <td style="width:33%; text-align: center;">SERVICE UNIT CODE</td> <td style="width:33%; text-align: center;">SERVICE LOCATION CODE</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> </table>	AREA CODE	SERVICE UNIT CODE	SERVICE LOCATION CODE				2. DATE OF SERVICE <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">MONTH</td> <td style="width:33%; text-align: center;">DAY</td> <td style="width:33%; text-align: center;">YEAR</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;"></td> </tr> </table>	MONTH	DAY	YEAR			
AREA CODE	SERVICE UNIT CODE	SERVICE LOCATION CODE											
MONTH	DAY	YEAR											

3. CLINIC CLASSIFICATION (Type of Grouped Service - Mark one) <input type="checkbox"/> 1- SCHOOL RELATED <input type="checkbox"/> 2- NOT SCHOOL RELATED	4. SERVICES RENDERED BY CODE (Complete only if not seen by physician) <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> </tr> </table>			

5. RECIPIENT CLASSIFICATION (Mark one) <input type="checkbox"/> 1- INDIAN OR ALASKAN NATIVE <input type="checkbox"/> 2- NON-INDIAN	6. NUMBER OF APC FORMS ATTACHED <table style="width:100%; border: none;"> <tr> <td style="width:80%;"></td> <td style="width:10%; border: 1px solid black;"></td> <td style="width:10%; border: 1px solid black;"></td> </tr> </table>			

7. TOTAL SEEN	UNDER 1	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	UNK

8. SERVICES PERFORMED (More than one service may be recorded in Item 9)			
TESTS 23 - VISION 24 - AUDIOMETRY 25 - HGB. OR HCT. 26 - URINALYSIS	27 - BLOOD SUGAR 28 - TB CHEST X-RAY 29 - SEROLOGY 20 - OTHER	EXAMINATIONS 31 - GENERAL PHYSICAL 32 - EARS 33 - TRACHOMA 34 - EYES	35 - THROAT 36 - CARDIAC 37 - PKC (phlyctenular keratoconjunctivitis) 38 - OTHER

9. SERVICES PERFORMED CODES (See "8" above)	0 = NORMAL 1 = ABNORMAL ↓	NUMBER TESTED OR EXAMINED BY AGE GROUP																																																																																																									
		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>UNDER 1</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5-9</th> <th>10-14</th> <th>15-19</th> <th>20-24</th> <th>25-34</th> <th>35-44</th> <th>45-54</th> <th>55-64</th> <th>65 +</th> <th>UNK</th> </tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	UNDER 1	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	UNK																																																																																										
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(Report ONLY TB Tests Read)

TUBERCULIN READ Neg. 220			
TUBERCULIN READ Pos. 221			

10. NUMBER OF IMMUNIZATIONS PROVIDED BY AGE GROUP																	
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TET. TOX.	INC. 111																
	COMP. 112																
	BOOST. 113																
DT	INC. 121																
	COMP. 122																
	BOOST. 123																
DPT	INC. 131																
	COMP. 132																
	BOOST. 133																
POLIO	INC. 141																
	COMP. 142																
	BOOST. 143																
MEASLES	152																
RUBELLA	162																
SMALL POX	VACCINE 172																
	REVAC. 173																
MUMPS	182																
INFLUENZA	INC. 191																
	COMP. 192																
	BOOST. 193																
OTHER	INC. 101																
	COMP. 102																
	BOOST. 103																