

CHAPTER 6

REPORTS, FORMS, AND RECORDS

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CHAPTER 6. REPORTS, FORMS, AND RECORDS

Section A - Reports.

1. Health Services Statistical Report, (RCN 6000-1).
 - a. The HSSR is produced by the Clinic Automated Management System (CLAMS) and is based on data entered at the terminal during the reporting month.
 - b. During production of the HSSR a set of screen prompts will allow entry of required information from the terminal keyboard. Prompt criteria include:
 - (1) Onboard staffing and billets for HSs, medical practitioners, and dental officers.
 - (2) Prescriptions. A number may already appear in this field. This number will be the number of prescriptions issued for the selected month (calculated from the database).
 - (3) Inspections. Count one for each inspection logged (e.g., galley, berthing, water, pool, food handlers).
 - (4) SAR. Count one for each SAR or MEDEVAC sortie (air or boat) with health services personnel aboard.
 - (5) Training Hours Given (medical officers). Count any medical training by medical officers (all hands, suturing demonstration, demonstrating knee injury evaluation to one or more HSs, hypothermia lecture for local boaters group, etc.) greater than 15 minutes duration. Total all training increments lasting longer than 15 minutes by all medical officers and round to the nearest hour.
 - (6) Expense Data (month). Enter the corresponding expenses for the selected month. Note: when starting the HSSR Report from a month other than October, it may be necessary to enter the year-to-year figures initially in order for the subsequent YTD figures to be correct.
 - (7) Expense Data (OPTAR). The corresponding Operating Target for the selected fiscal year. The amounts set initially will continue to appear, unless they are changed.
 - (8) Tickler OPFACs. CLAMS tabulates the percentage of USCG active duty persons in compliance with mandatory medical/dental requirements (shots, exams, audiograms, etc.) and displays this on the HSSR. Personnel in clinic/sickbay "Binnacle OPFACs" are automatically included in this "tickler file" scrutiny. Outlying units which fall within a clinic/sickbay's tickler radius but are too remote for binnacle reporting CLAMS calls "Tickler OPFACs". The user must enter these additional "Tickler OPFACs" at the time the HSSR is made. Once entered they will continue to display unless changed. NOTE: HSs at group/cutter sickbays are responsible for their own binnacle and "tickler" activity. This applies even in those situations where the majority of care for the group/cutter personnel is provided by a nearby USCG clinic.

- c. The report shall be submitted to the commanding officer for approval and signature by the FIFTH working day of the following month.
 - d. A signed copy of the HSSR shall be filed in the health care facility and be accessible for MLC audit.
2. Report of Potential Third Party Liability (RCN 6000-2). (Refer to Health Care Third Party Claims Recovery, COMDTINST 6010.16 (series) for current policy). Submit this report on form CG-4899 (Rev. 10-91), Report of Potential Third Party Liability. A sample form CG-4899 (Rev. 10-91) is included as Figure 6-A-1. If applicable, attach to Nonfederal Health Care Certification Form, CG-5534, when submitting nonfederal health care bills for processing.
3. MLC/Headquarters Clinic Operations Report (RCN 6000-3). Generate and submit the MLC/Headquarters Report in accordance with the instructions contained in the CLAMS User's Guide. This report is submitted on disk or transmitted electronically to Commandant (G-K) monthly for clinics and every 6 months (October/April) for sickbays. Outpatient health care of non-USCG patients and dental statistical reporting are incorporated into this report. Reports from clinics and sickbays must be sent to Commandant (G-K) within five working days of the following month. Delay of report submission from sickbays is permissible should operational commitments (e.g., underway) interfere with timely reporting.
4. Disease Alert Report (RCN-6000-4). Disease Alert Reports provide appropriate commands with information that can be used to protect lives and health, and maintain command effectiveness. Detailed instructions are contained in Section 7-B of this manual.
5. Report of Theft of Controlled Substances (RCN 6000-5).
 - a. Discrepancies noted on Controlled Substance Inventory Board Reports shall be investigated as discussed in Chapter 10 of this manual. Submit findings to appropriate MLC (K).
 - b. MLC (K) shall review and determine further action, including whether a Form DEA-106 shall be submitted. A copy of all DEA-106 reports submitted shall be sent to Commandant (G-WKH).
6. Inpatient Hospital Report (RCN 6000-6). When notified that a member of the Coast Guard is hospitalized, transferred to another facility, or discharged from inpatient status, the unit commanding officer shall notify the appropriate MLC (p) and (k) via message in accordance with current MLC directives. When listing diagnosis, use only ICD-9 codes; do not include a description of the ailment. See Paragraph 2-A-2 of this manual for additional policy concerning emergency care at other than Coast Guard or DOD facilities. CLAMS also produces a letter containing this information.

7. Health Care Equipment Inventory Report (RCN 6000-7). Health care equipment inventories are maintained by the MLCs' and are used for planning and budgeting purposes. All units with health care equipment shall verify their health care equipment inventory. Annually, in January, MLC (k) will forward to each unit within their area of responsibility a copy of their previous health care equipment inventory report. Units shall annotate changes and submit to MLC (k) with their annual budget request. MLC (k) will compile all inventories and forward them to Commandant (G-WKH) in conjunction with separate entity from the unit's personal property list. This inventory report reflects only major health care equipment or items with an original cost of more than \$300.00.
8. Health Services Division Status Report (RCN 6000-8). This annual report provides Headquarters and MLCs' with individual clinics' status, problems, and initiatives in the medical, dental, pharmacy, and quality assurance areas. See Commandant Instruction 6010.22(series) for specific instructions regarding preparation and submission of this report.
9. Shorten Clinic Automated Report System (SCARS). Sickbays that have not been able to implement CLAMS can use SCARS to produce the MLC/Headquarters Clinic Operations Report until they are able to use CLAMS. Note that the semiannual MLC/Headquarters Clinic Operations Report (RCN 6000-3) is separate and distinct from the monthly Health Services Statistical Report (RCN 6000-1). Sickbays having to produce an HSSR without benefit of CLAMS will follow the HSSR format found in the CLAMS User's Guide, but need not complete the "Onboard billet percent", "Binnacle data", and workload items which do not apply to their operations. SCARS prompts the HS to enter data totals in response to a succession of screen prompts. Six months totals for outpatient visits (OPVs), prescriptions filled, lab test done, HBA visits, inspections, referrals, SARS, and expense data will be sought. The percent of active duty and civilian employees in compliance with mandate requirements (like audiogram, HIV test, etc.) must also be complied and entered. Six month totals can be tabulated from HSSRs. Compliance percentages are calculated by SCARS. (Number in compliance divided by the number for whom the requirement applies. If you have 30 people in the hearing conservation program and 15 have had an audiogram in the last year, your compliance is $15/30 \times 100$; or 50%).

Figure 6-A-1

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-4899 (Rev-04-01)		REPORT OF POTENTIAL THIRD PARTY LIABILITY	
INSTRUCTIONS: Complete all blocks to the best of your knowledge. If unknown or not applicable, leave blank. Mail original to Commandant (G-WRP-2) and a copy to appropriate MLC (k).			
SECTION I – IDENTIFICATION OF INJURED PERSON			
A. NAME (Last ,First and Middle Initial)		B. SSAN	C. RANK/RATE
			D. WORK TELEPHONE <input type="checkbox"/> FTS <input type="checkbox"/> COMM
E. HOME ADDRESS (Including zip code)		F. DATE OF BIRTH	G. HOME TELEPHONE
H. STATUS OF BENEFICIARY <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DEPENDENT (Complete Section 2 below)		I. UNIT NAME	J. BRANCH OF SERVICE
SECTION 2 – IDENTIFICATION OF SPONSOR (Complete only if injured person is a dependent; otherwise, leave blank)			
A. NAME (Last ,First and Middle Initial)		B. SSAN	C. RANK/RATE
			D. WORK TELEPHONE <input type="checkbox"/> FTS <input type="checkbox"/> COMM
E. HOME ADDRESS (Including zip code)		F. HOME TELEPHONE	
G. STATUS OF BENEFICIARY <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED		H. UNIT NAME	I. BRANCH OF SERVICE
SECTION 3 - ACCIDENT			
A. ACCIDENT INFORMATION (Include zip code with address): <input type="checkbox"/> AUTOMOBILE (city/state): <input type="checkbox"/> JOB RELATED (employers name/address): <input type="checkbox"/> PROPERTY RELATED (owners name/address):			B. DATE AND TIME
C. BRIEFLY DESCRIBE THE ACCIDENT (include who caused the injury and how it happened):			
SECTION 4 – ATTORNEY INFORMATION			
A. NAME OF YOUR ATTORNEY		B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER
SECTION 5 – AMBULANCE SERVICE			
A. NAME OF AMBULANCE		B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER
MAIL TO: Commandant (G-WRP-2) U.S. Coast Guard 2100 2 nd St. S.W. Washington, DC 20593-0001		PRIVACY ACT STATEMENT Sections 2651-2563 of Title 42 to the U.S. Code authorize collection of this information. Furnishing the Social Security No. is empowered by Exec. Order 9397 and is mandatory to identify authorized beneficiaries. This information is principally used to document incidents that lead to injured party(ies) receiving medical care at the expense of the U.S. Coast Guard. Routine uses including lawful enforcement and investigations for recovery from third party liability. If the requested information is not furnished, recovery of Federal funds may be hampered, possibly limiting continued delivery of comprehensive health care.	

Figure 6-A-1 (reversed)

SECTION 6 – MOTOR VEHICLE ACCIDENT (DATA PERTAINING TO VEHICLE IN WHICH YOU WERE DRIVING OR RIDING)			
A. NAME OF DRIVER Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		B. HOME ADDRESS (Include zip code)	C. WORK TELEPHONE <input type="checkbox"/> FTS <input type="checkbox"/> COMM
D. NAME OF OWNER Military <input type="checkbox"/> YES <input type="checkbox"/> NO		E. YEAR/MAKE/MODEL OF AUTOMOBILE	F. LICENSE PLATE NUMBER
G. OWNER'S INSURANCE COMPANY AND POLICY NUMBER		H. ADDRESS(ES) (Include zip code)	I. TELEPHONE NUMBER
J. NAMES OF INJURED PASSENGER(S)		K. ADDRESS(ES) (include zip code)	L. TELEPHONE NUMBER
(DATA PERTAINING TO OTHER VEHICLE)			
M. NAME OF DRIVER Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		N. ADDRESS (Include zip code)	O. TELEPHONE NUMBER
P. NAME OF OWNER Military <input type="checkbox"/> YES <input type="checkbox"/> NO		Q. YEAR/MAKE/MODEL OF AUTOMOBILE	R. LICENSE PLATE NUMBER
SECTION 7 – ALL OTHER ACCIDENTS (DATA PERTAINING TO INSURANCE OTHER THAN AUTOMOBILE)			
A. RESPONSIBLE PARTY'S INSURANCE COMPANY AND POLICY NUMBER		B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER
D. TYPE OF INSURANCE <input type="checkbox"/> HOME OWNERS <input type="checkbox"/> PERSONAL MEDICAL INSURANCE <input type="checkbox"/> WORKERS COMPENSATION			
E. INJURED PARTY'S INSURANCE COMPANY AND POLICY NUMBER		F. ADDRESS (Include zip code)	G. TELEPHONE NUMBER
H. TYPE OF INSURANCE <input type="checkbox"/> HOME OWNER <input type="checkbox"/> PERSONAL MEDICAL INSURANCE <input type="checkbox"/> WORKERS COMPENSATION			
SECTION 8 – MILITARY/CIVILIAN HOSPITALIZATION			
A. NAME OF HOSPITAL(S)	B. ADDRESS(ES) (Include zip code)	C. DATE(S) OF TREATMENT FROM TO	D. PAYMENT MADE BY: <input type="checkbox"/> SELF <input type="checkbox"/> INSURANCE <input type="checkbox"/> CHAMPUS
		FROM TO	<input type="checkbox"/> SELF <input type="checkbox"/> INSURANCE <input type="checkbox"/> CHAMPUS
SECTION 9 – MILITARY/CIVILIAN DOCTORS/DENTISTS			
A. NAME OF DOCTORS	B. ADDRESS(ES)	C. DATE(S) OF TREATMENT FROM TO	D. PAYMENT MADE BY: <input type="checkbox"/> SELF <input type="checkbox"/> INSURANCE <input type="checkbox"/> CHAMPUS
		FROM TO	<input type="checkbox"/> SELF <input type="checkbox"/> INSURANCE <input type="checkbox"/> CHAMPUS
		FROM TO	<input type="checkbox"/> SELF <input type="checkbox"/> INSURANCE <input type="checkbox"/> CHAMPUS
E. IS TREATMENT COMPLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHEN DO YOU EXPECT IT TO BE COMPLETE? _____			

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Section B - Forms and Records.

1. Status-Profile (CG-5460A).

- a. Purpose. CG-5460A shall be used by active duty persons and civilian employees who are either signing into the clinic/sickbay for the first time under CLAMS, or need a duty status chit. It has a limited space for patient identification at the top, a duty status slip (with copies) in the middle, visit information on the lower half, and a detailed patient information section on the back. See [Figure 6-B-1](#).
- b. Detailed Instructions.
 - (1) Top Left. Mechanical imprinting of patient's name, if available. Have the patient fill in the appropriate data if mechanical imprinting is not used.
 - (2) Top Right. Date of visit is entered by the patient. The sponsor's social security number (SSN) and status (active duty or civilian employee) are also required if mechanical imprinting is not used.
 - (3) Rear. For a patient's first clinic visit after installation of the CLAMS data base, more information is required on the form.
 - (4) Middle Section. Duty status chits are issued under CLAMS in the same manner as they were before CLAMS. Fit for duty (FFD) chits are required for grounded members cleared for aviation duties, and for members returned to full duty before their restricted duty status has expired. The provider fills out and signs the duty status chit (with firm pressure, because two tear-off patient copies are produced at the same time). DIF (under FIT FOR FULL DUTY) stands for Duties Involving Flight.
 - (5) A diagnosis must be included on each duty status chit issued, including FFD chits. If the practitioner does not want the diagnosis to appear on the binnacle list, enter an asterisk (*) after the written diagnosis. Thus a data base entry of "gonorrhea*" will appear as " " on the binnacle list. If inpatient, place a "\$" after the diagnosis. The status on the binnacle list will then appear as NFFD (INPT).
 - (6) If the illness or injury resulting in the duty restriction was (S)ports, (O)ccupational, (M)otor vehicle, or (A)lcohol related, check the applicable (S)(O)(M)(A) block(s). More than one block can be checked if appropriate.
 - (7) Lower Half. This portion is for recording specific workload information. If the visit meets the criteria as an outpatient visit (OPV), as defined by Paragraph 6-B-1.c. of this manual, the caregiver's initials are required. For medical and dental record purposes, the OPV caregiver is the individual who ultimately assumes responsibility for the patient's treatment. You are the caregiver for a visit if:

- (a) your SOAP note is recorded in the health record;
 - (b) you assumed ultimate responsibility for the patient's treatment; and
 - (c) you signed the medical record entry.
- (8) Answering a question about a finding or treatment for another practitioner does not make you the caregiver of record. Also, a health services technician who performs a preliminary assessment (history, exam, and a plan) and then turns the patient over to a medical officer or other practitioner is not the OPV caregiver and should not initial a box. A telephone call by a health services technician to the duty practitioner in regard to a patient may constitute a transfer of responsibility, provided the duty practitioner's assessment and plan are recorded in the health record for his signature.
- (9) Left Side (lower half). There are two boxes available for OPV caregiver initials. A physician, physician assistant, nurse practitioner, physical therapist, mental health practitioner, health services technician, or medical extern initials the first box. The second box is also used when another problem which meets the OPV criteria is addressed by a second practitioner.
- (a) Check one visit length: "Limited" (less than 15 minutes), "Intermediate" (15-30 minutes), or "Extended" (more than 30 minutes), based on the number of minutes the OPV caregiver actually spent with the patient or working on the patient's problem (reading x-rays, checking lab work, etc.).
 - (b) In the column of boxes under the visit length, indicate the type(s) of care provided during the visit. Use check marks for all boxes except initials (discussed above), audit codes, lab test(s), and medical x-rays. Check "routine exam" box only when an SF-88 type exam is done on an active duty member.
 - (c) If the OPV deals with one of the audit codes listed on the back of the form, place the appropriate 2 letter code in the audit code box. These codes will help you generate lists of patients for the quality assurance monitoring and evaluation audits, and will save you the time and effort which would otherwise be required to prepare a list of patients seen for a particular problem.
 - (d) Clinics may create their own codes for their own purposes if desired. These would be in addition to the audit codes listed on the back of the form. Two codes may be entered for each OPV. CLAMS will allow searching for any additional codes that may be developed.
 - (e) Lab and X-ray. Enter the number of tests performed.

- (f) Health benefits advice by itself does not constitute an OPV. However, facilities shall account for work and time expended performing this function. For episodes of health benefits advice (by telephone or in person) lasting more than three minutes, the advisor shall enter his/her initials in the box provided.
 - (g) There is no block for recording prescription count. Prescription counts will be automatically tallied by the pharmacy module of CLAMS. Patients using the pharmacy only (outside prescription or a refill) do not need to fill out a Status-Profile or Visit profile form, except for their first visit when you will need all patient information. If for some reason you are not using CLAMS for this purpose, you will be prompted to enter your total number of prescriptions filled when you are printing the HSSR.
 - (h) Check the NON-OPV box if no aspect of medical or dental care meets the criteria for an OPV. If you check NON-OPV, do not enter OPV caregiver(s) initials.
- (10) Center (lower half). Place provider initials in the box by any referral(s) made or ordered. Initial the FED (Federal facility, e.g., USMTF, USTF) or NFED (non-federal, e.g., non-fed med, supplemental care, TRICARE, outside contract, etc.) column, as appropriate.
- (a) In-house referrals to contract providers as well as referrals to other Coast Guard clinics are exempt from this reporting. Do not mark a referral box for one of these.
 - (b) Check the box for any tickler items performed.
 - (c) Check the box for third party, if applicable.
 - (d) Note dental referrals by circling the appropriate letter:
 - 1 D - Prosthodontics
 - 2 E - Endodontics
 - 3 P - Periodontics
 - 4 O - Orthodontics
 - 5 S - Oral Surgery
 - 6 K - Pedodontics
- (11) Right Side (lower half). Dental follows the same general guidelines as the left (medical) side, e.g., the initials of the attending dental officer, dental extern,

health services technician, or dental hygienist go in the OPV Caregiver box, whereas the person who performs a simple prophylaxis initials the box labeled "Prophy Giver."

- (a) Initial the "Prophy Giver" box if a prophy is performed. If the patient is treated in any other manner, initial the "OPV Caregiver" box.
- (b) If an annual or semiannual Type 2 dental exam is performed, record "1" in the "Exam" box. Do not record any numeral other than "1". Do not take credit for post-op visits, perio exams, etc. in this box. A "1" in this box sets a tickler file, and it should not be polluted with less-than-thorough hard and soft tissue exams.
- (c) If an unscheduled patient is seen for emergency treatment, record "1" in the Emergency box.
- (d) Record the number of teeth restored in the "Restoration(s)" box. (For example, a maxillary first molar with MO and OL restorations placed counts as 1 tooth restored. Pins, bases, number of attempts, etc., do not alter the method of counting.)
- (e) Record the number of surfaces restored in the "Surface(s)" box. Pins, bases, etc., do not affect the number of surfaces restored.
- (f) Record the number of canals permanently sealed in the "Root Canal(s)" box.
- (g) In the "Pulpotomy(ies)" box, record the number of primary tooth pulpotomies performed as a definitive treatment. Also, record the number of symptomatic permanent teeth opened, pulpotomized, and referred to a specialist for definitive therapy.
- (h) Record the number of impacted teeth (soft tissue or bony) extracted in the "Impactions" box.
- (i) Record the number of non-impacted teeth extracted in the "Extractions" box.
- (j) Record the number of other surgical procedures (e.g., periodontal surgery, free gingival graft, alveoplasty, biopsy, ridge reduction, etc.), per quadrant, in the "Other Surg/Quad" box.
- (k) Record the number of quadrants treated with non-surgical perio therapy (curettage and root planing, usually with anesthesia) in the "Non-Surgical Perio/Quad" box. Also, include a thorough periodontal examination and charting (NOT PSR) as 1 quadrant of non-surgical perio treatment. Only dental officers may record non-surgical perio treatment. No more than

two quadrants may be recorded per visit. Generally, no other therapy should be recorded for this visit; non-surgical perio is a planned step in definitive perio therapy. Only patients with documented periodontal disease receive non-surgical perio therapy. A prophylaxis should be scheduled at a separate visit. Full-mouth cavitron therapy is a prophylaxis, not four quadrants of non-surgical perio.

- (l) Record the number of teeth (not surfaces) sealed, or receiving preventive resins, in the "Sealant" box.
- (m) Record the number of treatment appliances (e.g., orthodontics, spacers, habit devices, stents, mouthguards, etc.), one per arch, delivered or adjusted, in the "Treatment Appliances/Arch" box.
- (n) Record the number of full or partial dentures delivered in the "Denture Partial/Full/Arch" box.
- (o) Record the number of permanently cemented cast units, other than resin-bonded retainers (Maryland bridges), in the "Cast Unit(s)" box. Pontics count as one cast unit apiece.
- (p) Record the number of acid etch units (Maryland bridges, resin-bonded retainers) bonded in the "Acid Etch Units" box. Count each pontic and each wing as one unit.
- (q) If a dental officer returns to the clinic to care for a beneficiary after hours, record 1 in the "After Hours OPV" box.
- (r) If a dental officer engages in a diagnostic/therapeutic conversation with a patient over the phone, and the patient's dental record is so noted in SOAP format, record "1" in the "Telephone OPV" box.
- (s) At the end of the visit, enter the dental classification, in arabic numerals, in the "Class" box.
- (t) Enter the number of minutes required for diagnosis (for either Annual Exam or Emergency visits) in the "Dx Minutes" box.
- (u) Enter the sum of the PSR scores (for Annual Exams) in the "PSR Total" box.
- (v) If a biopsy is done, check the "Biopsy" box to set a tickler file. Also indicate a surgical procedure in the "Other Surg/Quad" box.
- (w) If a dental procedure is begun, but not finished, during a visit, the dental caregiver shall initial the (dental) OPV Caregiver box for an OPV credit,

but shall not put a number in a box below until the treatment is completed during a subsequent visit.

- c. Definition of an Outpatient Visit (OPV or "visit"). For the purposes of this instruction, an OPV occurs each time an eligible beneficiary presents to a Coast Guard Medical Treatment Facility (medical or dental) for examination, diagnosis, treatment, evaluation, consultation, counseling or advice; or is treated or observed in quarters; and a signed and dated entry is made in the patient's health record, dental record, or other record of medical treatment (See Note 1 following 6-B-1.c.(3)). An exception is that consecutive visits to specialty clinics (e.g., physical therapy and occupational therapy) will not require a signed and dated entry for each visit unless there is a change in the prescribed treatment or a significant physical finding is evident. In all instances, however, an acceptable record audit trail shall be maintained. A clinic log shall be maintained as a source document to support an audit trail.
- (1) Classification of a service as a visit is not dependent upon the professional level of the person providing the service (includes medical officers, dental officers, dental hygienists, optometrists, nurses, and health services technicians).
 - (2) A patient visiting a Coast Guard Medical Treatment Facility (CGMTF) in the morning and again in the afternoon shall count as two visits (providing the requirements of Note 1 are satisfied). Conversely, avoid double counting; for example, a visit during which both a medical officer and a health services technician (in the same clinic) have been involved shall count as only one visit. Other examples of patient health care contacts occurring at the CGMTF which shall be included and counted as visits are:
 - (a) Each time a patient is seen in the CGMTF, even if referred elsewhere for admission.
 - (b) Each time a patient is seen in the CGMTF's urgent care room, or other designated area outside of regularly established clinic hours.
 - (c) Each time medical or dental advice or consultation is provided by telephone and is properly documented in the health care records. (See Note 1.)
 - (d) Each time a therapist provides primary care (e.g., patient assessment while serving in a physician extender role) and then refers a patient for specialized treatment in that same clinic, then one visit for primary care and one visit for treatment shall be counted.
 - (e) Each time an examination, evaluation, or treatment is provided in the home, school, community center, or other location outside the CGMTF by a staff member from the CGMTF.

- (f) Subject to the provisions of Note 1, each time one of the following tasks is performed when not a part of routine medical care, and provided it is associated with a physical examination or treatment for a specific condition requiring follow-up: therapeutic or desensitization injections; cancer detection checks (e.g., PAP smears); blood pressure checks; weight checks; and new prescriptions (do not include refills).
 - (g) Each time a screening physical examination is performed (e.g., school or employment examination), providing an appropriate health record entry is made (See note 1).
- (3) Nonvisits. DO NOT report the following as visits:
- (a) Prescriptions from health care providers outside the CGMTF, chest x-ray surveys/examinations, laboratory tests, immunizations, or other diagnostic or screening test that are not part of a specific treatment.
 - (b) Furnishing of health care advice or information, either directly or by telephone, that does not satisfy the requirements of Note 1.

Note 1. The key to reporting visits is adequate documentation on appropriate medical records, e.g., SF-600, SF-513, and all records of treatment to support an audit trail. For example, “refill prescription for birth control pills” with date and signature of the health care provider is not sufficient. The entry should indicate that discussion of use of pills and counseling did take place, for example, “discussed with patient; no apparent problem with use-patient advised to have a PE and PAP prior to next request for renewal; 6 months prescription for ovulen given.”

- (c) Visits to other MTFs or private sector facilities, even when referred from the CGMTF. The CGMTF already receives credit for an OPV for the visit that generated the referral (see 6-B-1.c.(2)(a)).
2. Visit Profile (CG-5460B). This form must be used by all dependents and retirees who are signing into the health care treatment facility for treatment. It can also be used by active duty and civilian employees if they have previously been entered into the CLAMS database and do not need a duty status chit. If a visit profile form is started on a patient who turns out to need a duty status chit, discard the Visit Profile and start over on a Status-Profile. Visit Profile sheets should be used by most active duty patients for the dental clinic, most non-sickcall visits (except refill or filling outside prescription), health benefit visits, weight checks, follow-up lab testing, immunizations, allergy shots, audiogram, etc. See [Figure 6-B-2](#).
- a. Top Half. A new patient must fill out all information on the top half of the form. A staff member (front desk or provider) should carefully review the form completeness before the patient leaves the building since the patient cannot be properly entered into the data base without all of this information.

- b. Top Left. Mechanical imprinting of the patient's name, if available; if not, the patient fills in. Reason For Visit box is optional and is provided for facility triage.
 - c. Date (top right) must be filled in at each visit.
 - d. Top Right. If mechanical imprinting was not used or if the addressograph card lacks some information, this section should be filled in at each visit. Otherwise, leave blank.
 - e. Bottom. The Third Party block is to be filled out by the clinic staff. Note that it includes dependent/retiree referral for inpatient care at a DOD facility.
 - f. Reverse. Blank except for Privacy act information and audit codes. This is a good place to put any addresses to which request for old medical records should be sent.
 - g. The bottom half of this form is virtually identical to the Status-Profile form. Refer to the Status-Profile form instructions for these sections.
3. U.S. Coast Guard Health Care Equipment Request (CG-5211). Definitions for major and minor health care equipment, health care equipment procurement procedures, and the criteria used to approve health care equipment requests are described below.
- a. Definitions.
 - (1) Major health care equipment. Any item of health care equipment which meets the following criteria:
 - (a) costs \$1000.00 or more;
 - (b) does not lose its identity when installed or placed into service; and
 - (c) has a life expectancy of one year or more.
 - (2) Minor health care equipment. Health care equipment that costs at least \$300.00, but less than \$1000.00, and meets the criteria described above.
 - b. Health Care Equipment Requests.
 - (1) Major Health Care Equipment. Units shall submit requests for major health care equipment on form CG-5211 (see [Figure 6-B-3](#)) the appropriate MLC (K). If the MLC (K) is unable to evaluate the CG-5211 within 15 working days of receipt, MLC (K) shall notify the commanding officer of the requesting unit regarding the delay. Each MLC (K) shall review the request and provide a forwarding endorsement that, as a minimum, addresses the following areas:
 - (a) how the equipment is or is not appropriate for the requesting health care facility;
 - (b) why the purchase is or is not cost effective; and

- (c) how the equipment will or will not impact on the quality of patient care.
 - (2) Commander MLC(k) will evaluate major health care equipment requests, and within 30 days of receipt of the CG-5211, will notify the unit that one of the following actions will be taken:
 - (a) purchase of the requested equipment;
 - (b) purchase of a substitute item of a different make or model in order to standardize health care equipment and/or ensure cost effectiveness;
 - (c) or return the request via the chain of command with an explanation of why the equipment request was disapproved.
 - (3) Minor Health Care Equipment. Units shall submit requests for minor health care equipment, using form CG-5211, to the appropriate MLC (K). If the MLC (K) is unable to evaluate the CG-5211 within 15 working days of receipt, the MLC (K) shall notify the commanding officer of the requesting unit regarding the delay. Commanders (k), MLCs may disapprove the request or approve the request and provide funding.
 - (4) Health care equipment costing less than \$300.00 is a unit responsibility and shall be purchased using unit funds.
 - (5) Emergency Procurement. A request for an emergency procurement may be relayed to the appropriate MLC (K) by telephone, followed by a faxed copy of a completed form CG-5211.
- c. Criteria for Approval of Health Care Equipment Requests.
- (1) Factors For Replacing Equipment. The fact that an item of health care equipment is approaching, or has passed, its normal life expectancy is not considered sufficient cause for replacement in and of itself. Units that request replacement equipment shall provide justification on the CG-5211. Factors which are considered sufficient cause for equipment replacement include:
 - (a) documented unreliability of equipment, demonstrated by unusual maintenance expenses or high frequency of repairs;
 - (b) excessive repair costs, onetime or repetitive; or
 - (c) equipment is obsolete and new technology exists that reduces pain and discomfort, improves treatment, increases diagnostic accuracy, significantly reduces costs by conserving personnel, supplies, or utilities, or increases efficiency by reducing patient treatment time.
 - (2) Factors For Initial Procurement. Due to changes in the beneficiary population or unit mission, a health care facility may require health care equipment not previously held by that facility. Units requesting an initial procurement shall provide justification of form CG-5211.

4. Health Record Receipt Form (NAVMED 6150/7). The Health Record Receipt Form shall be used as a permanent record of receipt and disposition of health records which are maintained at Coast Guard health care treatment facilities.
 - a. Detailed instructions.
 - (1) For each health record maintained at Coast Guard facilities, complete the first four lines of a Health Record Receipt form and place into the health record folder.
 - (2) Whenever the health record is temporarily removed from the files, complete the charge-out information required on the bottom half of the Health Record Receipt, and retain in the health record file where that record is normally kept. Return the Health Record Receipt to the record when it is returned to the file.
 - (3) When a member departs from a unit on permanent change of station, or TAD for over 30 days, forward their health record to servicing PERSRU for transmittal to gaining PERSRU.
 - (a) When the record is forwarded, enter the following in the "REMARKS" section of NAVMED 6150/7:
 Date _____.
 Health record mailed to servicing PERSRU this date.
 _____.
 HS's Signature
 - (b) Cut the form at the double lines above the "INSTRUCTIONS" section, and maintain the top section on file for two years.
5. Referral for Civilian Medical Care (DD-2161). This dual-purpose form shall be used to refer non-active duty patients from Coast Guard facilities to nonfederal facilities, either for supplemental health care or when the patient is disengaged from care. The DD-2161 will also be used to disengage non-Coast Guard active duty patients from Coast Guard facilities when the scope of care is beyond the ability of the Coast Guard to provide such care. The Coast Guard facility shall contact the parent service to ensure the active duty patient has the proper direction on where to obtain necessary care. A signed DD-2161 disengaging the patient will accompany the patient when he departs the Coast Guard facility and a copy shall be kept on file. When used to refer patients for supplemental health care, include a copy with the CG-5534 when the invoice for care is submitted for payment. Complete appropriate sections on top and reverse of form when disengaging a patient from care. Maintain a file of copies of completed forms.
6. Health Services Log. Each unit with health services personnel shall maintain a Health Services Log. This log is used to document the daily operations of the clinic or sickbay. At a minimum it is used to record all individuals reporting to sick call or for treatment, inspections and inventories conducted, and the results of potable water test.

- a. Sickbays and clinics shall submit the Health Services Log to the commanding officer for review, approval, and signature on a schedule to be determined by the commanding officer.
 - b. The patient listing portion of the Health Services Log can be produced by CLAMS. At a minimum it must contain the name of patient, date of visit, Division or Department, members unit OPFAC (for active duty Coast Guard only), and branch of service.
7. Binnacle List. The Binnacle List can be produced by CLAMS. At a minimum it must be sorted by OPFAC and Department/Division and include patient name, diagnosis (command discretion), status, date of onset of status, and duration of status or date of status expiration. The Binnacle Lists(s) shall be distributed to local command(s) as determined by the health care facility command.
8. Adult Preventive and Chronic Care Flowsheet Form (DD2766). This form should replace the now obsolete Summary of Care Form (NAVMED 6150/20) as a means of documenting significant chronic health problems, allergies, chronic medications, hospitalizations/surgeries, health counseling, immunizations, PPD, DNA & HIV testing screening (preventive medicine) exams, other medical readiness items (such as blood type, G6PD, sickle cell, glasses, dental exams, etc.), and chart audits. Medical officers should familiarize themselves with the use of this form prior to its widespread use at their clinics. It is recommended that an in training session be provided to all medical providers at the CG clinic, before the forms are placed in the health records. The old Problem Summary List presently used on the Coast Guard AD health records can then be removed after the information contained in it is copied onto the DD2766 form. The process to complete this form is mostly self-explanatory. Only three items contained in this form do not apply to the Coast Guard. These items, which are located on page 3, are 8.a, 10.e, and 10.i. Only a pencil shall be used to darken the circles present on the flow chart of page 2 section 7. Item 11, located on page 3, is used to document the completion of the pre & post deployment questionnaires that are required for CGAD members who deploy with DOD. The medical officer should enter the location and date of every deployment that the AD member participates in.

Figure 6-B-1

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5460A (Rev. 9-92)	STATUS PROFILE PRINT OUT ON CARBONLESS PAPER New Patient Information and Privacy Act Statement on Page 2	DATE _____ Month Day Year																																																											
NAME _____ Last First MI		SPONSOR'S SOCIAL SECURITY NUMBER _____ Active <input type="checkbox"/> Civilian <input type="checkbox"/> Employee <input type="checkbox"/> Purpose of Visit: _____ NEW PATIENTS: Please complete information on reverse side - CLINIC USE ONLY BELOW THIS LINE -																																																											
DUTY STATUS LIMITATIONS <input type="checkbox"/> Desk Work Only <input type="checkbox"/> Grounded <input type="checkbox"/> No Sports or PT <input type="checkbox"/> No Boat or Sea Duty <input type="checkbox"/> No Prolonged Standing or Walking <input type="checkbox"/> Work Hours as Tolerated <input type="checkbox"/> No Climbing <input type="checkbox"/> No Lifting Over _____ Pounds <input type="checkbox"/> No Use of _____ <input type="checkbox"/> Other _____		<input type="checkbox"/> FIT FOR FULL DUTY <input type="checkbox"/> OK DIF/DUNKER/CHAMBER <input type="checkbox"/> LIMITED DUTY For _____ Day (s) <input type="checkbox"/> NOT FIT FOR DUTY For _____ Day(s) <input type="checkbox"/> SIQ <input type="checkbox"/> Inpatient DIAGNOSIS: S <input type="checkbox"/> D <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> RETURN TO CLINIC: <input type="checkbox"/> Return to clinic as needed for follow-up <input type="checkbox"/> Flight Surgeon evaluation required for return to duties involving flight Month _____ Day _____ Time _____ SIGNATURE _____																																																											
MEDICAL OPV(s) Provider's initials _____ Limited Visit (0-15) _____ Intermediate (15-30) _____ Extended (>30) _____ Audit Code (s) _____ After Hours OPV _____ Lac Repair/Cast/Splint _____ Biopsy _____ Narrative Summary _____ Pap _____ Telephone OPV _____ Routine Exam _____ Subst/Overseas _____ CMMP Basic Exam _____ Command Afloat _____ NON-OPV _____ Audit Code (s) _____	ACCIDENT/THIRD PARTY <input type="checkbox"/> Check if this accident could result in a third party claim. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FED</th> <th>REFERRALS</th> <th>NFED</th> </tr> </thead> <tbody> <tr><td> </td><td>Alcohol</td><td> </td></tr> <tr><td> </td><td>Dental D E P O S K</td><td> </td></tr> <tr><td> </td><td>Dermatology</td><td> </td></tr> <tr><td> </td><td>Emergency</td><td> </td></tr> <tr><td> </td><td>ENT</td><td> </td></tr> <tr><td> </td><td>Eye</td><td> </td></tr> <tr><td> </td><td>General Practice</td><td> </td></tr> <tr><td> </td><td>GYN/OB</td><td> </td></tr> <tr><td> </td><td>Internal Medicine</td><td> </td></tr> <tr><td> </td><td>Mammogram</td><td> </td></tr> <tr><td> </td><td>Mental Health</td><td> </td></tr> <tr><td> </td><td>Orthopedics</td><td> </td></tr> <tr><td> </td><td>Other</td><td> </td></tr> <tr><td> </td><td>Pediatrics</td><td> </td></tr> <tr><td> </td><td>Physical Therapy</td><td> </td></tr> <tr><td> </td><td>Surgery</td><td> </td></tr> </tbody> </table> TICKLER UPDATE Audiotape _____ PPD/CXR for TBC _____ HIV _____ Influenza _____ Tetanus/Diphtheria _____ Yellow Fever _____	FED	REFERRALS	NFED		Alcohol			Dental D E P O S K			Dermatology			Emergency			ENT			Eye			General Practice			GYN/OB			Internal Medicine			Mammogram			Mental Health			Orthopedics			Other			Pediatrics			Physical Therapy			Surgery		DENTAL OPV(s) OPV Caregiver _____ Propyl Giver _____ Annual Exam _____ Emergency _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td>Class</td></tr> <tr><td> </td><td>Dx Minutes</td></tr> <tr><td> </td><td>PSR Total</td></tr> <tr><td> </td><td>Biopsy</td></tr> </table> Restoration (s) _____ Surfaces (s) _____ Root Canal (s) _____ Pulpotomy (ies) _____ Impaction (s) _____ Extraction (s) _____ Other Surg/Quad _____ Non-Surg Peto/Quad _____ Sealant (s) _____ Treatment Appliances/Arch _____ Denture Partial/Full/Arch _____ Cast Unit (s) _____ Acid Etch Unit (s) _____ After Hours OPV _____ Telephone OPV _____ Audit Code _____ MISC. _____ 1. _____ 2. _____ 3. _____		Class		Dx Minutes		PSR Total		Biopsy
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PREVIOUS EDITION MAY BE USED

Figure 6-B-1 (reverse)

AUDIT CODES

- | | |
|---|--|
| AG -- Acute Gastroenteritis | HT -- Hypertension |
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| CP -- Chest Pain | PY -- Pyoderma |
| DE -- Depression | SI -- Sinusitis |
| DM -- Diabetes Mellitus | ST -- Strep Throat |
| DY -- Dyspepsia | TD -- Thyroid Disorder |
| FP -- Failed Procedure/Reretreatment | TM -- TMJ Problem |
| HA -- Headache | UR -- URI |
| HE -- Hematuria | UT -- Urinary Tract Infection |
| HI -- Head Injury | WC -- Well Child Exam |
| IP -- Infection-Postop | WP -- Wisdom Tooth Problem |

NEW PATIENT INFORMATION	
ACTIVE DUTY (All Services) AND CIVILIAN EMPLOYEES	
SERVICE USCG <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> OTHER <input type="checkbox"/>	UNIT
ADDRESS Street _____ City _____ State _____ Zip _____	DEPT/DIVISION
PHONE Home: () _____ Work: () _____	CHECK AS APPROPRIATE <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hearing Conservation Program <input type="checkbox"/> Command Afloat <input type="checkbox"/> Landing Signal Officer <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Alert Force <input type="checkbox"/> Aviation <input type="checkbox"/> OMMP
DRUGS ALLERGY/REACTION 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
DATE OF BIRTH: Month _____ Year _____	

PRIVACY ACT STATEMENT

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
2. Principle Purpose(s) for which information is intended to be used is the documentation of your health care. The SSN is required to identify authorized beneficiaries and retrieve health records.
3. The routine uses will be to plan and coordinate future health care needs through the use of data collection.
4. Disclosure of the information is mandatory because of the need to document all active duty medical incidents and for all other personnel/beneficiaries to document their eligibility. If the requested information is not furnished, comprehensive health care will not be possible. Emergency/Urgent health care will not be denied.

Figure 6-B-2

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5460B (Rev. 9-92)		VISIT PROFILE <small>See Privacy Act Statement on Page 2</small>			DATE Month ____ Day ____ Year ____																																																																																											
NAME _____ Last First MI				SPONSOR'S SOCIAL SECURITY NUMBER ____-____-____																																																																																												
PURPOSE OF VISIT _____				SPONSOR'S STATUS <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reservist <input type="checkbox"/> Civilian Employee <input type="checkbox"/> Non-Beneficiary		DEPENDENT'S INFO Sponsor: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Spouse <input type="checkbox"/> Child (circle birth order) 1 2 3 4 5 6 _____ <input type="checkbox"/> Unremarried Former Spouse <input type="checkbox"/> Sponsor's Parent/In-Law																																																																																										
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LIST ANY DRUG ALLERGY OR DRUG REACTION 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____				Do you have medical insurance other than CHAMPUS? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
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PREVIOUS EDITION MAY BE USED

Figure 6-B-2 (reverse)

Page 2 CG-5460B (Rev. 9-92)

PRIVACY ACT STATEMENT

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
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HA -- Headache	UR -- URI
HE -- Hematuria	UT -- Urinary Tract Infection
HI -- Head Injury	WC -- Well Child Exam
IP -- Infection-Postop	WP -- Wisdom Tooth Problem

Figure 6-B-3

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG 5211 (REV.1-93)	U.S. COAST GUARD HEALTH CARE EQUIPMENT REQUEST <i>(This form may be typed or handwritten.)</i>		
A. UNIT INFORMATION: THIS SECTION IS TO BE COMPLETED BY THE REQUESTING UNIT			
UNIT:		OPFAC:	
EQUIPMENT TO BE REPLACED:	MANUFACTURER; MODEL:	REPAIR COST: _____	
ACQUISITION DATE:			
PLANNED REPLACEMENT <input type="checkbox"/> EMERGENCY REPLACEMENT <input type="checkbox"/> NEW REQUIREMENT <input type="checkbox"/>			
SUPPLY SOURCE:			
FEDERAL STOCK SYSTEM <input type="checkbox"/> GSA /VA CONTRACT <input type="checkbox"/> OPEN MARKET ONLY <input type="checkbox"/>			
EQUIPMENT REQUESTED:	MANUFACTURE: MODEL:	EQUIPMENT COSTS: _____	
ACCESSORIES: 1. _____ 2. _____ 3. _____ MODEL: _____ SERIES: _____			ACCESSORY COST: _____
ARE THERE ANY INSTALLATION COST?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ARE THERE ANY UNUSUAL REQUIREMENTS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
MANUFACTURE'S ADDRESS: _____			TOTAL COST: _____
POC: _____ TELEPHONE NO: _____			
COMMENTS: <i>(IF A REPLACEMENT, EXPLAIN WHY EXISTING EQUIPMENT NO LONGER SATISFIES REQUIREMENTS. IF NEW REQUIREMENT, PROVIDE FULL JUSTIFICATION.)</i>			
SIGNATURE OF PREPARER:	DATE	SIGNATURE OF COMMANDING OFFICER:	DATE:

Figure 6-B-3 (Reverse)

B. COMMANDER, MAINTENANCE AND LOGISTICS COMMAND		
MINOR HEALTH CARE EQUIPMENT	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>
COMMENTS:		
SIGNATURE OF APPROVED OFFICER:		DATE:
MAJOR HEALTH CARE EQUIPMENT	RECOMMENDED <input type="checkbox"/>	NOT RECOMMENDED <input type="checkbox"/>
COMMENTS:		
SIGNATURE OF REVIEWING OFFICER:		DATE:

C. COMMANDANT (G-KRM)	APPROVED <input type="checkbox"/>	DISAPPROVED <input type="checkbox"/>
COMMENTS:		
SIGNATURE OF APPROVING OFFICER:		DATE: