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Office Visits to Urologists, National Ambulatory Medical Care Survey: United States, 1975-76¹

Using data from the National Ambulatory Medical Care Survey (NAMCS), this report describes an estimated 20,728,000 visits made to the offices of urologists over the 2-year span from January 1975 through December 1976. NAMCS is a sample survey designed to explore the provision and utilization of ambulatory care in the physician's office—the setting where most Americans seek health care. The survey is conducted yearly throughout the coterminous United States by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics. The survey sample is selected from doctors of medicine and osteopathy who are principally engaged in office-based, patient-care practice. Excluded from the sample are an indeterminate number of physicians who render some office-based ambulatory care but whose patient-care activities are secondary to another primary role such as teaching, research, or administration. Also excluded from the NAMCS scope are physicians who are hospital based; those whose specialty is anesthesiology, pathology, or radiology; and physicians in Federal service.

Since the estimates presented in this report are based on a sample rather than the entire universe of office-based, patient-care physicians, they are subject to sampling variability. Technical Notes, which follow this text, explain this and present guidelines for judging the relative precision of estimates in this publication. The directions offered there also provide the basis

¹This report was prepared by Hugo Koch, Division of Health Resources Utilization Statistics.

for judging the statistical significance of differences between estimates.

DATA HIGHLIGHTS

With their estimated 20,728,000 office visits in the 2-year span 1975-76, urologists were among the 13 types of specialists who figured most prominently in the provision of office-based ambulatory care (table 1).

Compared with the entire universe of office-based physicians, the overall preference for solo practices over multiple-member was reversed for urologists (table 2); more than half of the visits (57 percent) were made to physicians in multiple-member arrangements, a preference

Table 1. Number of office visits to the 13 most-visited specialists, by type of specialty in rank order: United States, 1975-76

Rank	Type of specialty	Number of visits in thousands
1	General and family practice.....	460,297
2	Internal medicine.....	130,367
3	Pediatrics.....	107,085
4	Obstetrics and gynecology.....	97,070
5	General surgery.....	77,259
6	Ophthalmology.....	53,959
7	Orthopedic surgery.....	47,152
8	Dermatology.....	35,721
9	Psychiatry.....	30,616
10	Otolaryngology.....	27,192
11	<i>Urology</i>	20,728
12	Cardiovascular disease.....	13,517
13	Neurology.....	3,784

Table 2. Number and percent distribution of office visits to urologists and percent distribution of office visits to all specialists by location and type of practice: United States, 1975-76

Location and type of practice	Number of visits to urologists in thousands	Visits to—	
		Urologists	All specialists
Percent distribution			
All visits.....	20,728	100.0	¹ 100.0
Location of practice			
Metropolitan area ²	16,871	81.4	73.3
Nonmetropolitan area.....	3,857	18.6	26.7
Type of practice			
Solo.....	8,887	42.9	60.0
Other.....	11,841	57.1	40.0

¹Based on an estimated 1,155,900,000 visits made to all office-based physicians in 1975 and 1976.

²Within a standard metropolitan statistical area (SMSA). Composition of SMSA's does not reflect 1974 adjustments.

shared by four others among the most-visited specialists: pediatricians, obstetricians and gynecologists, orthopedic surgeons, and otolaryngologists.

A majority (60 percent) of visits to urologists were made by patients over 44 years of age (table 3). The median visit age (i.e., the age calculated from the distribution of visits rather than individual patients) was about 47 years, exceeding by 10 years the national median of 37 years calculated from visits to all office-based physicians. An estimated 60 percent of visits to urologists were made by male patients (table 3), a proportion that substantially exceeded the average proportion of male visits found in overall office-based practice (40 percent). Indeed, urology is one of the few specialties where visits by males equaled or exceeded visits by females, the other notable exceptions being pediatrics, orthopedic surgery, and cardiovascular disease.

The 19.8 percent of visits to urologists made by new patients is relatively high compared with the corresponding 14.6 percent found in overall office-based practice (table 3). Contributing in a large degree to this increased presence of new patients is the finding that 2 of

Table 3. Number and percent distribution of office visits to urologists and percent distribution of office visits to all specialists by selected characteristics of the patient: United States, 1975-76

Patient characteristic	Number of visits to urologists in thousands	Visits to—	
		Urologists	All specialists
Percent distribution			
All visits.....	20,728	100.0	¹ 100.0
Age			
Under 15 years.....	1,504	7.3	18.1
15-24 years.....	1,539	7.4	15.1
25-44 years.....	5,228	25.2	25.5
45-64 years.....	6,587	31.8	25.1
65 years and over.....	5,870	28.3	16.2
Sex			
Female.....	8,404	40.5	60.4
Male.....	12,324	59.5	39.6
Prior visit status			
New patient.....	4,109	19.8	14.6
Old patient:			
New problem.....	1,670	8.1	23.2
Old problem.....	14,949	72.1	62.3

¹Based on an estimated 1,155,900,000 visits made to all office-based physicians in 1975 and 1976.

every 5 of these visits by new patients were referrals from other physicians or agencies. This referral rate (8.4 percent of all the urologists' visits) is more than triple the average rate of 2.6 percent found for all office-based physicians. It is exceeded by only one other of the most-visited specialties—neurology. For the 5,779,000 visits at which a new problem was presented to the urologist (i.e., the 4,109,000 visits by new patients plus the 1,670,000 visits by old patients with new problems), there were 14,949,000 return visits, an average of 2.6 return visits per new problem per year, a rate considerably higher than the average of 1.6 return visits found in overall office practice. Indeed, it was exceeded by only two others among the most-visited specialties—psychiatry and cardiovascular disease.

Ten complaints or symptoms accounted for 3 of every 5 visits to the urologist (table 4). The

Table 4. Number, percent, and cumulative percent of office visits to urologists, by the 10 most common complaints or symptoms expressed by patients classified by NAMCS code and ranked by number of visits: United States, 1975-76

Rank	Most common complaint or symptom and NAMCS code ¹	Visits to urologists		
		Number in thousands	Percent	Cumulative percent
1	Symptoms referable to urinary tract NEC ² (includes bladder trouble, passed stones).....620	2,541	12.3	12.3
2	Painful urination.....604	2,211	10.7	23.0
3	Frequency and nocturia.....601	1,936	9.3	32.3
4	Symptoms referable to the male reproductive system other than male infertility, psychosexual problems, and pain, swelling, or mass of male genital system.....640	1,159	5.6	37.9
5	Pain, swelling or mass of male genital system.....631	1,147	5.5	43.4
6	Abdominal pain.....540	830	4.0	47.4
7	Urine abnormalities and abnormal constituents.....600	805	3.9	51.3
8	Other urinary dysfunction (includes hesitancy, large volume, slowing of stream).....610	714	3.4	54.7
9	Incontinence of urine.....602	657	3.2	57.9
10	Pain, swelling, injury of back region.....415	565	2.7	60.6

¹Based on a symptom classification developed for use in NAMCS.

²Not elsewhere classified.

terms and codes applied to these complaints or symptoms come from a symptom classification developed for use in the National Ambulatory Medical Care Survey.²

Of the complaints that patients presented to urologists, the majority (about 60 percent) signaled chronic conditions, i.e., preexisting conditions with an onset of 3 months or more before the visit. Although most of the visits for chronic conditions reflected a routine (maintenance) type of care, a relatively large proportion (two-fifths) were caused by a flareup of the condition, bringing to the urologist's office practice much the same aspect of clinical immediacy found among specialties such as general practice and pediatrics, where the emphasis is on acute morbidity—conditions with more recent onset and a more demanding and felt need for speedy attention.

Table 5 presents data on the 10 principal diagnoses most frequently rendered by the

office-based urologist. The principal diagnosis was the first-listed diagnosis on a survey form that permits up to three diagnostic entries.

Table 6 classifies all principal diagnoses made by urologists into major diagnostic groups. Diagnostic classes and codes are those established by the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*. One diagnostic finding distinctive to the urologist's office practice is the relatively high frequency of neoplasms encountered there. Among the most-visited specialists (table 1), this frequency is exceeded by only two other specialists—dermatologists and general surgeons.

To establish a diagnosis, office-based urologists—like most of their office-based counterparts—placed focal reliance on the limited history and examination (table 7), one limited to the body sites and systems specific to their scope of specialization, and concerned primarily with the patient's chief complaint, painful urination, frequency, nocturia, and so forth. Urologists used laboratory tests about 3 times as often as the average office-based specialist, and their use of endoscopy (in 8.3 percent of visits) exceeded the use of these procedures by any of the 12 other most-visited specialists. Perhaps meriting attention is the relatively infrequent

²National Center for Health Statistics: The National Ambulatory Medical Care Survey, Symptom Classification, by Sue Meads and Thomas McLemore. *Vital and Health Statistics*. Series 2-No. 63. DHEW Pub. No. (HRA) 74-1337. Health Resources Administration. Washington. U.S. Government Printing Office, May 1974.

Table 5. Number, percent, and cumulative percent of office visits to urologists, by 10 principal diagnoses most frequently rendered classified by ICDA category and ranked by number of visits: United States, 1975-76

Rank	Most frequent diagnosis and ICDA code ¹	Visits to urologists		
		Number in thousands	Percent	Cumulative percent
1	Cystitis.....595	2,247	10.8	10.8
2	Stricture of urethra.....598	2,075	10.0	20.8
3	Medical and surgical aftercare.....Y10	2,044	9.9	30.7
4	Prostatitis.....601	1,927	9.3	40.0
5	Hyperplasia of prostate.....600	1,217	5.9	45.9
6	Other diseases of urinary tract (includes infection NEC ² ; urinary fistula; urethral caruncle, diverticulitis, diverticulosis, false passage, rupture; male urethrocele.....599,599.0-599.9	1,200	5.8	51.7
7	Urethritis (nonvenereal).....597	947	4.6	56.3
8	Malignant neoplasm of prostate.....185	720	3.5	59.8
9	Symptoms and ill-defined conditions; symptoms referable to genitourinary system, e.g., pain, urinary system; retention and incontinence of urine; frequency of micturition; polyuria and oliguria; priapism and pain, genital organs.....786,786.0-786.7	705	3.4	63.2
10	Calculus of kidney and ureter.....592	608	2.9	66.1

¹Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.
²Not elsewhere classified.

number of occasions (about 14 percent of visits) at which a blood pressure reading was taken.

Drug therapy was the treatment most frequently provided by urologists (table 7); they used it in about 40 percent of visits, a proportion that was roughly paralleled in overall office-based practice. Their use of surgical procedures in the office (in about 19 percent of visits) substantially exceeded the average frequency of office surgery among all specialists.³

Table 8 presents data on the severity of the problems that patients presented to the urologist, expressing the doctor's judgment of the extent of impairment that might result if no care were available. In close parallel to the average tendency among all office-based practitioners, urologists judged most of their patients' problems (4 of every 5) to range from slightly serious to not serious in prognosis.

Directly reflecting the chronic nature of

³In the National Ambulatory Medical Care Survey, *office surgery* is defined as "any surgical procedure performed in the office this visit, including suture of wounds, reduction of fractures, application/removal of casts, incision and draining of abscesses, application of supportive materials for fractures and sprains, and all irrigations, aspirations, dilatations, and excisions."

most problems presented to them, urologists ended 7 of every 10 visits by scheduling a return visit at a specified time (table 8). The 7.1 percent of visits that ended in hospital admission

Table 6. Number and percent distribution of office visits to urologists by principal diagnoses classified by major ICDA group: United States, 1975-76

Principal diagnosis and ICDA codes ¹	Visits to urologists	
	Number in thousands	Percent distribution
All principal diagnoses.....	20,728	100.0
Neoplasms.....140-239	1,329	6.4
Diseases of the genitourinary system.....580-629	12,639	61.0
Symptoms and ill-defined conditions.....780-796	1,813	8.8
Special conditions and examinations without sickness (chiefly, surgical aftercare).....Y00-Y13	2,754	13.3
Other diagnoses classified chiefly in groups Accidents, poisonings, and violence and Infective and parasitic diseases.....Residual	2,193	10.5

¹Based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.

Table 7. Number and percent of office visits to urologists and percent of office visits to all specialists, by type of service provided: United States, 1975-76

Type of service provided	Number of visits to urologists in thousands	Visits to—	
		Urologists	All specialists ¹
<u>Diagnostic service</u>			
Limited history and examination.....	10,972	52.9	51.6
General history and examination.....	2,758	13.3	16.3
Clinical laboratory test....	13,849	66.8	22.8
X-ray.....	1,819	8.8	7.6
Blood pressure check.....	2,797	13.5	33.2
Endoscopy.....	1,727	8.3	1.2
<u>Therapeutic service</u>			
Drug prescribed.....	8,361	40.3	43.6
Injection.....	552	2.7	13.1
Office surgery.....	3,921	18.9	6.9
Medical counseling.....	1,991	9.6	13.0
Other services.....	962	4.6	5.6

¹Percents based on an estimated 1,155,900,000 visits made to all office-based physicians in 1975 and 1976.

more than tripled the proportion (2.1 percent) common in overall office-based practice. Indeed, it was the highest rate of hospital admission among all the 13 most-visited specialties.

Data on duration of visit (table 8) reveal that the average face-to-face encounter between patient and office-based urologist lasted slightly more than 15 minutes; it did not differ substantially from the 15-minute average calculated for all office-based specialists.

Table 8. Number and percent distribution of office visits to urologists and percent distribution of office visits to all specialists by selected visit characteristics: United States, 1975-76

Visit characteristic	Number of visits to urologists in thousands	Visits to—	
		Urologists	All specialists
Percent distribution			
All visits.....	20,728	100.0	¹ 100.0
<u>Seriousness of problem</u>			
Serious and very serious...	4,105	19.8	19.2
Slightly serious.....	7,692	37.1	32.3
Not serious.....	8,931	43.1	48.5
<u>Disposition (selected actions)²</u>			
No followup.....	766	3.7	12.3
Return at specified time...	14,600	70.4	60.2
Return if needed.....	3,603	17.4	21.9
Telephone followup.....	491	2.4	3.5
Referred to other physician or agency.....	578	2.8	2.8
Returned to referring physician.....	535	2.6	0.9
Admit to hospital.....	1,481	7.1	2.1
<u>Duration of visit³</u>			
1-5 minutes.....	2,819	13.6	15.1
6-10 minutes.....	6,000	29.0	31.5
11-15 minutes.....	5,043	24.3	26.6
16-30 minutes.....	5,763	27.8	19.5
31 minutes or more.....	1,082	5.1	5.5

¹Based on an estimated 1,155,900,000 visits made to all office-based physicians in 1975 and 1976.

²Figures will not add to totals because more than one disposition was possible.

³Face-to-face encounter between physician and patient.

SYMBOLS

- Data not available----- - - -
- Category not applicable----- . . .
- Quantity zero----- -
- Quantity more than 0 but less than 0.05----- 0.0
- Figure does not meet standards of reliability or precision (more than 30-percent relative standard error)----- *

TECHNICAL NOTES

SOURCE OF DATA: The information presented in this report is based on data collected in the National Ambulatory Medical Care Survey (NAMCS) during 1975 and 1976. The target universe of the NAMCS is comprised of office visits made within the coterminous United States by ambulatory patients to non-Federal physicians who are principally engaged in office practice and are not in the specialties of anesthesiology, pathology, or radiology. The National Opinion Research Center, under contract to the National Center for Health Statistics, was the organization responsible for the survey's field operation.

SAMPLE DESIGN: The NAMCS utilizes a multi-stage probability design that involves samples of primary sampling units (PSU's), physician practices within PSU's and patient visits within practices. Each year a sample of practicing physicians is selected from master files maintained by the American Medical Association and American Osteopathic Association. (For the 2-year period 1975-76, a total of 180 urologists were included in the sample. They achieved a response rate of 85 percent.) Characteristics of the physician's practice, for example, primary specialty and type of practice, are obtained during an induction interview. The physicians are requested to complete Patient Records (brief encounter forms) for a random sample of office visits during a randomly assigned weekly reporting period.⁴ (In the 2-year period 1975-76, sampled urologists completed a total of 2,945 Patient Records.) A detailed description of the NAMCS design and procedures has been presented in an earlier publication.⁵

SAMPLING ERRORS: Since the estimates for this report are based on a sample rather than the entire universe, they are subject to sampling vari-

ability. The standard error is primarily a measure of sampling variability. The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Relative standard errors of selected aggregate statistics are shown in table I. The standard errors appropriate for the estimated percentages of the office visits are shown in table II.

Table I. Approximate relative standard error of estimated numbers of office visits, NAMCS 1975-76

Estimate in thousands	Relative standard error in percentage points
600	30.2
1,000	23.5
2,000	16.7
4,000	12.0
10,000	8.0
40,000	4.8
200,000	3.4
1,000,000	3.1

Example of use of table: An aggregate estimate of 25,000,000 visits has a relative standard error of 6.4 percent or a standard error of 1,600,000 visits (6.4 percent of 25,000,000).

Table II. Approximate standard errors of percentages for estimated numbers of office visits, NAMCS 1975-76

Base of percentage (number of visits in thousands)	Estimated percentage					
	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
	Standard error in percentage points					
600.....	3.0	6.5	9.0	12.0	13.8	15.0
1,000.....	2.3	5.1	7.0	9.3	10.7	11.6
2,000.....	1.6	3.6	4.9	6.6	7.5	8.2
4,000.....	1.2	2.5	3.5	4.7	5.3	5.8
10,000.....	0.7	1.6	2.2	2.9	3.4	3.7
40,000.....	0.4	0.8	1.1	1.5	1.7	1.8
200,000.....	0.2	0.4	0.5	0.7	0.8	0.8
1,000,000.....	0.1	0.2	0.2	0.3	0.3	0.4

Example of use of table: An estimate of 20 percent based on an aggregate estimate of 80,000,000 visits has a standard error of 1.3 percent. The relative standard error of 20 percent is 6.5 (1.3 percent ÷ 20 percent).

ROUNDING: Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on the basis of original, unrounded

⁴A facsimile of the Patient Record appears as figure I.

⁵National Center for Health Statistics: The National Ambulatory Medical Care Survey, 1975 Summary, United States, January-December 1975, by Hugo Koch and Thomas McLemore. *Vital and Health Statistics*. Series 13-No. 33. DHEW Pub. No. (PHS) 78-1784. Public Health Service, Washington. U.S. Government Printing Office, Jan. 1978.

Figure I. PATIENT RECORD

ASSURANCE OF CONFIDENTIALITY—All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to other persons or used for any other purpose.					BN# _____				
PATIENT RECORD NATIONAL AMBULATORY MEDICAL CARE SURVEY									
1. DATE OF VISIT Mo / Day / Yr _____		2. DATE OF BIRTH Mo / Day / Yr _____							
3. SEX 1 <input type="checkbox"/> FEMALE 2 <input type="checkbox"/> MALE		4. COLOR OR RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> NEGRO/BLACK 3 <input type="checkbox"/> OTHER 4 <input type="checkbox"/> UNKNOWN		5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISIT (In patient's own words) a. MOST IMPORTANT _____ b. OTHER _____					
6. SERIOUSNESS OF PROBLEM IN ITEM 5a (Check one) 1 <input type="checkbox"/> VERY SERIOUS 2 <input type="checkbox"/> SERIOUS 3 <input type="checkbox"/> SLIGHTLY SERIOUS 4 <input type="checkbox"/> NOT SERIOUS		7. HAVE YOU EVER SEEN THIS PATIENT BEFORE? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO If YES, for the problem indicated in ITEM 5a? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO							
8. MAJOR REASON(S) FOR THIS VISIT (Check all major reasons) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 11 <input type="checkbox"/> ACUTE PROBLEM 12 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 03 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 04 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 05 <input type="checkbox"/> PRENATAL CARE 06 <input type="checkbox"/> POSTNATAL CARE 07 <input type="checkbox"/> POSTOPERATIVE CARE _____ (Operative procedure) </td> <td style="width: 50%; border: none;"> 08 <input type="checkbox"/> WELL ADULT/CHILD EXAM 09 <input type="checkbox"/> FAMILY PLANNING 10 <input type="checkbox"/> COUNSELING/ADVICE 11 <input type="checkbox"/> IMMUNIZATION 12 <input type="checkbox"/> REFERRED BY OTHER PHYS/AGENCY 13 <input type="checkbox"/> ADMINISTRATIVE PURPOSE 14 <input type="checkbox"/> OTHER (Specify) _____ </td> </tr> </table>				11 <input type="checkbox"/> ACUTE PROBLEM 12 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 03 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 04 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 05 <input type="checkbox"/> PRENATAL CARE 06 <input type="checkbox"/> POSTNATAL CARE 07 <input type="checkbox"/> POSTOPERATIVE CARE _____ (Operative procedure)	08 <input type="checkbox"/> WELL ADULT/CHILD EXAM 09 <input type="checkbox"/> FAMILY PLANNING 10 <input type="checkbox"/> COUNSELING/ADVICE 11 <input type="checkbox"/> IMMUNIZATION 12 <input type="checkbox"/> REFERRED BY OTHER PHYS/AGENCY 13 <input type="checkbox"/> ADMINISTRATIVE PURPOSE 14 <input type="checkbox"/> OTHER (Specify) _____	9. PHYSICIAN'S PRINCIPAL DIAGNOSIS THIS VISIT a. DIAGNOSIS ASSOCIATED WITH ITEM 5a ENTRY _____ _____ _____ b. OTHER SIGNIFICANT CURRENT DIAGNOSES (In order of importance) _____ _____			
11 <input type="checkbox"/> ACUTE PROBLEM 12 <input type="checkbox"/> ACUTE PROBLEM, FOLLOW-UP 03 <input type="checkbox"/> CHRONIC PROBLEM, ROUTINE 04 <input type="checkbox"/> CHRONIC PROBLEM, FLARE-UP 05 <input type="checkbox"/> PRENATAL CARE 06 <input type="checkbox"/> POSTNATAL CARE 07 <input type="checkbox"/> POSTOPERATIVE CARE _____ (Operative procedure)	08 <input type="checkbox"/> WELL ADULT/CHILD EXAM 09 <input type="checkbox"/> FAMILY PLANNING 10 <input type="checkbox"/> COUNSELING/ADVICE 11 <input type="checkbox"/> IMMUNIZATION 12 <input type="checkbox"/> REFERRED BY OTHER PHYS/AGENCY 13 <input type="checkbox"/> ADMINISTRATIVE PURPOSE 14 <input type="checkbox"/> OTHER (Specify) _____								
10. DIAGNOSTIC/THERAPEUTIC SERVICES ORDERED/PROVIDED THIS VISIT (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY </td> <td style="width: 50%; border: none;"> 11 <input type="checkbox"/> DRUG PRESCRIBED 12 <input type="checkbox"/> X-RAY 13 <input type="checkbox"/> INJECTION 14 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 15 <input type="checkbox"/> PHYSIOTHERAPY 16 <input type="checkbox"/> MEDICAL COUNSELING 17 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 18 <input type="checkbox"/> OTHER (Specify) _____ </td> </tr> </table>				01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> LIMITED HISTORY/EXAM 03 <input type="checkbox"/> GENERAL HISTORY/EXAM 04 <input type="checkbox"/> CLINICAL LAB. TEST 05 <input type="checkbox"/> BLOOD PRESSURE CHECK 06 <input type="checkbox"/> EKG 07 <input type="checkbox"/> HEARING TEST 08 <input type="checkbox"/> VISION TEST 09 <input type="checkbox"/> ENDOSCOPY 10 <input type="checkbox"/> OFFICE SURGERY	11 <input type="checkbox"/> DRUG PRESCRIBED 12 <input type="checkbox"/> X-RAY 13 <input type="checkbox"/> INJECTION 14 <input type="checkbox"/> IMMUNIZATION/DESENSITIZATION 15 <input type="checkbox"/> PHYSIOTHERAPY 16 <input type="checkbox"/> MEDICAL COUNSELING 17 <input type="checkbox"/> PSYCHOTHERAPY/THERAPEUTIC LISTENING 18 <input type="checkbox"/> OTHER (Specify) _____	11. DISPOSITION THIS VISIT (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER (Specify) _____ </td> <td style="width: 50%; border: none;"> 12. DURATION OF THIS VISIT (Time actually spent with physician) _____ MINUTES </td> </tr> </table>		1 <input type="checkbox"/> NO FOLLOW-UP PLANNED 2 <input type="checkbox"/> RETURN AT SPECIFIED TIME 3 <input type="checkbox"/> RETURN IF NEEDED, P.R.N. 4 <input type="checkbox"/> TELEPHONE FOLLOW-UP PLANNED 5 <input type="checkbox"/> REFERRED TO OTHER PHYSICIAN/AGENCY 6 <input type="checkbox"/> RETURNED TO REFERRING PHYSICIAN 7 <input type="checkbox"/> ADMIT TO HOSPITAL 8 <input type="checkbox"/> OTHER (Specify) _____	12. DURATION OF THIS VISIT (Time actually spent with physician) _____ MINUTES
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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
NATIONAL CENTER FOR HEALTH STATISTICS

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figures. Due to rounding of percents, the sum of percentages may not equal 100.0 percent.

DEFINITIONS: An *ambulatory patient* is an individual presenting himself for personal health services who is neither bedridden nor currently admitted to any health care institution on the premises.

An *office* is a place that the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there generally resides with the individual physician rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and a physician or a staff

member working under the physician's supervision for the purpose of seeking care and rendering health services.

A *physician* is a duly licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location. Excluded from NAMCS are physicians who specialize in anesthesiology, pathology, radiology; physicians who are federally employed; physicians who treat only institutionalized patients; physicians employed full time by an institution; and physicians who spend no time seeing ambulatory patients.

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