

PHC

Senior Project

Reporting Period: _____ Contract Number: _____
 Vendor ID: _____ Purchase Order: _____
 Contractor Name: _____ City: _____
 Name of Contact: _____ Phone: _____

PLEASE ONLY INCLUDE INFORMATION FOR PHC CONTRACTS

PHC Section A: CONTRACT YEAR TO DATE total client count	Female 18 and older	Male 18 and older	Younger than 18
PHC Unduplicated Clients (YEAR TO DATE)			

PHC Section B: CONTRACT YEAR TO DATE number of clients (individuals) seen for each Service Category

	Service Category	Female 18 and older	Male 18 and older	Younger than 18
Office Visits	Office Visit - Postpartum			
	Office Visit - New Patient			
	Office Visit - Established Patient			
	Well-Woman Visit			
Family Planning	Natural Family Planning Counseling			
	Contraceptive Clients			
	Contraceptive Clients receiving LARCs			
	Sterilization			
	Pregnancy Test			
Cervical Cancer Screening	Pap tests and/or HPV Hi Risk DNA testing			
	Colposcopy, Biopsy, LEEP			
Hypertension & Diabetes Screening	Hypertension Screening			
	Clients being treated or managed for hypertension			
	Diabetes Screening			
Radiology & Mammography	Clients being treated or managed for diabetes			
	Mammograms & Other Breast Exams			
	X-rays & Biophysical Tests			
Laboratory & STI Testing	Ultrasound			
	Sexually Transmitted Infections Testing			
	HIV Testing			
	Other Infectious Agents			
Immunizations	All Other Labs			
	Influenza only			
	Diphtheria, Tetanus, Pertussis, and other in single vaccine			
Prescriptions	All other Immunizations			
	All non-contraceptive prescriptions provided			
Emergency Medical Services	Contraceptive prescriptions provided			
	Please see the PHC policy manual for a description of qualifying emergency medical services			
Dental Services	Therapeutic dental services (Excluding prenatal clients)			