

Figure 115: Reason for Referral Section (V2) Example

```
<component>
  <section>
    <templateId root="1.3.6.1.4.1.19376.1.5.3.1.3.1" extension="2014-06-09" />
    <code code="42349-1" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"
displayName="Reason for Referral " />
    <title>REASON FOR REFERRAL</title>
    <text>Request for Patient referral for consultation.</text>
    <entry>
      <observation classCode="OBS" moodCode="INT">
        <!-- Patient Referral Activity Observation -->
        <templateId root="2.16.840.1.113883.10.20.22.4.140" />
        ...
      </observation>
    </entry>
  </section>
</component>
```

2.63 Reason for Visit Section

[section: identifier urn:oid:2.16.840.1.113883.10.20.22.2.12 (open)]

Table 200: Reason for Visit Section Contexts

Contained By:	Contains:
Consultation Note (V3) (optional) Discharge Summary (V3) (optional) History and Physical (V3) (optional) Procedure Note (V3) (optional)	

This section records the patient's reason for the patient's visit (as documented by the provider). Local policy determines whether Reason for Visit and Chief Complaint are in separate or combined sections.

Table 201: Reason for Visit Section Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:oid:2.16.840.1.113883.10.20.22.2.12)					
templateId	1..1	SHALL		81-7836	
@root	1..1	SHALL		81-10448	2.16.840.1.113883.10.20.22.2.12
code	1..1	SHALL		81-15429	
@code	1..1	SHALL		81-15430	29299-5
@codeSystem	1..1	SHALL		81-26494	urn:oid:2.16.840.1.113883.6.1 (LOINC) = 2.16.840.1.113883.6.1
title	1..1	SHALL		81-7838	
text	1..1	SHALL		81-7839	

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:81-7836) such that it
 - a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.22.2.12" (CONF:81-10448).
2. **SHALL** contain exactly one [1..1] **code** (CONF:81-15429).
 - a. This code **SHALL** contain exactly one [1..1] **@code**="29299-5" Reason for Visit (CONF:81-15430).
 - b. This code **SHALL** contain exactly one [1..1] **@codeSystem**="2.16.840.1.113883.6.1" (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:81-26494).
3. **SHALL** contain exactly one [1..1] **title** (CONF:81-7838).
4. **SHALL** contain exactly one [1..1] **text** (CONF:81-7839).

Figure 116: Reason for Visit Section Example

```

<section>
  <templateId root="2.16.840.1.113883.10.20.22.2.12"/>
  <code code="29299-5"
    codeSystem="2.16.840.1.113883.6.1"
    codeSystemName="LOINC"
    displayName="REASON FOR VISIT"/>
  <title>REASON FOR VISIT</title>
  <text>
    <paragraph>Dark stools.</paragraph>
  </text>
</section>

```

2.64 Results Section (entries optional) (V3)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.3:2015-08-01
(open)]

Table 202: Results Section (entries optional) (V3) Contexts

Contained By:	Contains:
History and Physical (V3) (required) Progress Note (V3) (optional)	Result Organizer (V3) (optional)

This section contains the results of observations generated by laboratories, imaging and other procedures. The scope includes observations of hematology, chemistry, serology, virology, toxicology, microbiology, plain x-ray, ultrasound, CT, MRI, angiography, echocardiography, nuclear medicine, pathology, and procedure observations.

This section often includes notable results such as abnormal values or relevant trends. It can contain all results for the period of time being documented.

Laboratory results are typically generated by laboratories providing analytic services in areas such as chemistry, hematology, serology, histology, cytology, anatomic pathology, microbiology, and/or virology. These observations are based on analysis of specimens obtained from the patient and submitted to the laboratory.

Imaging results are typically generated by a clinician reviewing the output of an imaging procedure, such as where a cardiologist reports the left ventricular ejection fraction based on the review of a cardiac echocardiogram.

Procedure results are typically generated by a clinician to provide more granular information about component observations made during a procedure, such as where a gastroenterologist reports the size of a polyp observed during a colonoscopy.