

Review of Systems					
Constitutional	no	yes	Musculoskeletal	no	yes
Weight loss			Arthralgias		
Fevers			Myalgias		
Chills			Muscle weakness		
Night sweats			Joint swelling		
Fatigue			NSAID use		
Other:			Other:		
Eyes	no	yes	Skin	no	yes
Blurry vision			Rash		
Eye pain			Pruritis		
Discharge			Sores		
Dry eyes			Nail changes		
Decreased vision			Skin thickening		
Other:			Other:		
Ears/Nose/Throat	no	yes	Neurological	no	yes
Sore throat			Migraines		
Tinnitus			Numbness		
Bloody nose			Ataxia		
Hearing loss			Tremors		
Sinusitis			Vertigo		
Other:			Other:		
Respiratory	no	yes	Endocrine	no	yes
Short of breath			Excess thirst		
Cough			Polyuria		
Hemoptysis			Cold intolerance		
Wheezing			Heat intolerance		
Pleurisy			Goiter		
Other:			Other:		
Cardiovascular	no	yes	Psychiatric	no	yes
Chest pain			Depression		
PND			Anxiety		
Palpitations			Anti-depressants		
Edema			Alcohol abuse		
Orthopnea			Drug abuse		
Syncope			Insomnia		
Other:			Other:		
Gastrointestinal	no	yes	Hem/Lymphatic	no	yes
Nausea			Easy bruising		
Vomiting			Bleeding diathesis		
Diarrhea			Blood clots		
Hematemesis			Swollen glands		
Melena			Lymphedema		
Other:			Other:		
Genitourinary	no	yes	Allergic/Immun	no	yes
Hematuria			Allergic rhinitis		
Dysuria			Hay fever		
Hesitancy			Asthma		
Incontinence			Positive PPD		
UTIs			Hives		
Other:			Other:		

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Established Office Visit

2 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99212	PF	PF	SF	10
99213	EPF	EPF	Low	15
99214	Det	Det	Mod	25
99215	Comp	Comp	High	40

Chief Complaint:

HPI | Brief: 1 - 3 HPI elements\* | Extended: 4 HPI elements\* or status of 3 problems

\*HPI Elements: Location, Quality, Timing, Severity, Duration, Context, Modifying Factors, Associated Signs and Symptoms

Pertinent Past Medical, Family and Social History

PMH | \_\_\_\_\_

FH | \_\_\_\_\_

SH | \_\_\_\_\_

Level of History Documented

Problem Focused: Brief HPI, no ROS/PFSH  | EPF: Brief HPI, ROS, no PFSH

Detailed: Ext HPI, 2 - 9 ROS, 1/3 PFSH  | Comp: Ext HPI, 10 ROS, 2/3 PFSH

Data Points

Review and/or order labs	Review and/or order x-rays	Review and/or order medical test (PFTs, EKG, echo, cath)	Discuss test with MD	Review any image, tracing, specimen	Order old records	Summarize old records
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Psychiatry Physical Exam	
CONSTITUTIONAL	
Document any THREE vital signs	(One bullet)
Blood pressure	
Pulse	
Respirations	
Temperature	
Height	
Weight	
Describe general appearance	(One bullet)
Well-groomed	(Other)
Well-nourished	
Well-developed	
MUSCULOSKELETAL	yes no Other findings
Normal gait and station	
Normal muscle strength/tone	
PSYCHIATRIC	yes no Other findings
Normal speech rate & volume	
Normal thought content	
Associations intact	
Normal or psychotic thoughts (e.g., hallucinations, delusions, obsessions, SI)	
Judgment & insight intact	
Alert and oriented X 3	
Recent and remote memory intact	
Normal attention span and concentration	
Normal language (naming objects, repeating phrases)	
Normal fund of knowledge	
Congruent mood and affect (no depression, anxiety, etc)	
Levels of Physical Exam	
<input type="checkbox"/> PF = 1- 5 bullets <input type="checkbox"/> EPF = 6 bullets <input type="checkbox"/> Detailed = 9 bullets <input type="checkbox"/> Comp = ALL constitutional and psychiatric bullets plus ONE musculoskeletal bullet	

4	3	1	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New, further w/u is planned  
 New, no further w/u planned  
 Self-limited or minor (max 2)  
 Established, not controlled  
 Established, stable

Assessment (Assign problem points on the left.)

MDM	Prob Pts	Data Pts	Risk
SF <input type="checkbox"/>	≤ 1	1	Min
Low <input type="checkbox"/>	2	2	Low
Mod <input type="checkbox"/>	3	3	Mod
High <input type="checkbox"/>	≥ 4	4	High

Only 2 out of 3 MDM dimensions required

Plan

99212	<input type="checkbox"/>
99213	<input type="checkbox"/>
99214	<input type="checkbox"/>
99215	<input type="checkbox"/>

Signature

Minimal Risk <input type="checkbox"/>	Low Risk <input type="checkbox"/>	Moderate Risk <input type="checkbox"/>	High Risk <input type="checkbox"/>
<ul style="list-style-type: none"> <li>One self limited problem (e.g., cold, insect bite)</li> </ul>	<ul style="list-style-type: none"> <li>Two self-limited problems</li> <li>One stable chronic illness</li> <li>Acute uncomplicated illness (e.g., cystitis/rhinitis)</li> <li>OTC drugs</li> </ul>	<ul style="list-style-type: none"> <li>Mild exacerbation of one chronic illness</li> <li>Two stable chronic illnesses</li> <li>Undiagnosed new problem</li> <li>Acute illness with systemic symptoms (e.g., pyelonephritis, colitis)</li> <li>Prescription drug management</li> </ul>	<ul style="list-style-type: none"> <li>Severe exacerbation of chronic illness</li> <li>Illness with threat to life or bodily function</li> <li>Abrupt change in neurological status (e.g., TIA/weakness)</li> <li>Parenteral controlled substances</li> <li>Decision for DNR or to de-escalate care</li> <li>Drugs requiring intensive monitoring for toxicity</li> </ul>