

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: _____

Inpatient Consults

3 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99251	PF	PF	SF	20
99252	EPF	EPF	SF	40
99253	Det	Det	Low	55
99254	Comp	Comp	Mod	80
99255	Comp	Comp	High	110

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

Data Review

Data Points

Review and/or order labs Review and/or order X-rays Review and/or order med test (PFTs, ECG, echo, cath) Discuss test with MD Review any image, tracing, specimen Order old records Summarize old records

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

PF = 1- 5 bullets

EPF = 6 bullets

Detailed = 9 bullets

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