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		
Orhtopnea			Drug abuse		
Syncpe			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**	**Allrgic/Immun**	**no**	**yes**
Hematuria			Allergic rhinitis		
Dysuria			Hay fever		
Hesitancy			Asthma		
Incontinence			Positive PPD		
UTIs			Hives		
Other:			Other:		

Patient: _____ Date: _____

Initial Hospital Care

3 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99221	Det	Det	SF/Low	30
99222	Comp	Comp	Mod	50
99223	Comp	Comp	High	70

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

Past Medical, Family and Social History

PMH	
FH	
SH	

Level of History Documented

Problem Focused: Brief HPI, no ROS/PFSH ☐	EPF: Brief HPI, 1 ROS, no PFSH ☐
Detailed: Ext HPI, 2 - 9 ROS, 1/3 PFSH ☐	Comp: Ext HPI, 10 ROS, 3/3 PFSH ☐

Data Reviewed

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 ☐	1 ☐	1 ☐	1 ☐	2 ☐	1 ☐	2 ☐

Physical Exam (Each check box = 1 bullet)

			Abnormal Findings
CONSTITUTIONAL*			
Record three vital signs	yes	no	
Conversant/NAD			
EYES	yes	no	
Normal conjunctivae and lids			
ENMT	yes	no	
Normal teeth, gums and palate			
No mucosal pallor or cyanosis			
NECK	yes	no	
No JVD			
No thryomegaly, nodules or masses			
RESPIRATORY*	yes	no	
Normal respiratory effort			
Clear to auscultation			
CARDIOVASCULAR*	yes	no	
Normal PMI in MCL, no thrill			
RRR, no MRGs			
BPs equal on R and L (if indicated)			
Normal carotid pulses, no bruits			
Normal abdominal aorta pulsations			
Normal femoral pulses			
Normal pedal pulses			
No lower extremity edema			
GASTROINTESTINAL*	yes	no	
Abdomen soft, with no masses			
No hepatosplenomegaly			
Guiaic negative (if indicated)			
MUSCULOSKELETAL	yes	no	
Back shows no kyphosis or scoliosis			
Normal gait and station			
Normal muscle strength and tone			
EXTREMITIES	yes	no	
No digital cyanosis or clubbing			
SKIN	yes	no	
No xanthomas or stasis dermatitis			
NEURO/PSYCHIATRIC*	yes	no	
Appropriate affect			
A&OX3			

- ☐ Problem Focused Exam: 1 - 5 bullets
- ☐ Expanded Problem Focused Exam : 6 - 11 bullets
- ☐ Detailed Exam: 12 bullets
- ☐ Comprehensive Exam: All bullets from starred systems plus one bullet from every other system

Sample

4	3	1	2	1
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
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 ☐	≤ 1	1	Min
Low ☐	2	2	Low
Mod ☐	3	3	Mod
High ☐	≥ 4	4	High
Only 2 out of 3 MDM dimensions required			

Plan

99221	☐
99222	☐
99223	☐

_____

Signature

Minimal Risk ☐	Low Risk ☐	Moderate Risk ☐	High Risk ☐
•One self limited problem (e.g., cold, insect bite)	•Two self-limited problems •One stable chronic illness •Acute uncomplicated illness (e.g., cystitis/rhinitis) •OTC drugs	•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	•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