

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: _____

New Office Patient

3 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Det	Det	Low	30
99204	Comp	Comp	Mod	45
99205	Comp	Comp	High	60

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

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

Assessment (Assign problem points on the left.)

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

99201

99202

99203

99204

99205

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

New, further w/u is planned

New, no further w/u planned

Self-limited or minor (max 2)

Established, not controlled

Established, stable

Physical Exam (Each check box = 1 bullet)			Abnormal Findings
CONSTITUTIONAL*			
Record three vital signs	yes	no	
Conversant/NAD/well-nourished			
EYES	yes	no	
Normal conjunctivae and lids			
ENMT*	yes	no	
Canals patent; TMs intact and pearly			
Normal nasal mucosa and turbinates			
Normal teeth and gums			
Oropharynx clear without erythema			
HEAD and FACE	yes	no	
No sinus tenderness			
NECK	yes	no	
FROM; no masses; trachea midline			
No thyromegaly, nodules or masses			
RESPIRATORY*	yes	no	
Normal respiratory effort			
Clear to auscultation			
CARDIOVASCULAR*	yes	no	
RRR, no MRGs			
No peripheral edema, pulses intact			
GASTROINTESTINAL*	yes	no	
Abdomen soft, with no masses			
No hepatosplenomegaly			
EXTREMITIES	yes	no	
No digital cyanosis or clubbing			
LYMPHADENOPATHY?	yes	no	
Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin <input type="checkbox"/>			
SKIN	yes	no	
No rashes, lesions, ulcers or bruising			
NEURO/PSYCHIATRIC	yes	no	
Appropriate affect			
A&OX3			
<input type="checkbox"/> Problem Focused Exam: 1 - 5 bullets <input type="checkbox"/> Expanded Problem Focused Exam : 6 - 11 bullets <input type="checkbox"/> Detailed Exam: 12 bullets <input type="checkbox"/> Comprehensive Exam: All bullets from starred systems plus one bullet from EVERY other system			

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

Signature _____