

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

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

Only 2 out of 3 MDM dimensions required

Physical Exam (Each check box = 1 bullet)			Abnormal Findings
CONSTITUTIONAL*			
Record three vital signs	yes	no	
Conversant/NAD			
NECK	yes	no	
Non-tender, no masses			
No thyromegaly or nodules			
RESPIRATORY	yes	no	
Normal respiratory effort			
Clear to auscultation			
CARDIOVASCULAR	yes	no	
RRR, no MRGs			
No peripheral edema			
GASTROINTESTINAL*	yes	no	
Abdomen soft, with no masses			
No hepatosplenomegaly			
No hernias			
Guiaic negative (if indicated)			
GENITOURINARY (MALE)*	yes	no	
Normal anus and perineum			
No scrotal lesions, cysts, rashes			
Normal epididymis			
Normal testes			
Normal urethral meatus			
No penile lesions or masses			
Normal prostate; no nodules			
Normal seminal vesicles			
Normal rectal tone; no masses			
SKIN	yes	no	
No rashes, ulcers or lesions			
LYMPHADENOPATHY?	yes	no	
Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin <input type="checkbox"/>			
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			

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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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

- 99201
- 99202
- 99203
- 99204
- 99205

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