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

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:		

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 thryomegaly 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 (female)* (Need 7 for comprehensive)	yes	no	
No breast masses or tenderness			
Normal rectal tone, no masses			
Normal external genitalia			
Normal urethral meatus			
No urethral masses/tenderness			
No bladder fullness or masses			
No vaginal lesions or discharge			
No cervical lesions or discharge			
Normal uterine size, contour			
No adnexal tenderness/masses			
Normal anus and perineum			
SKIN	yes	no	
No rashes, ulcers or lesions			
LYMPHADENOPATHY?	yes	no	
Neck / Axillae / Groin			
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

99212	☐
99213	☐
99214	☐
99215	☐

_____
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