

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

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			Pruritus		
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:		

Chief Complaint:

HPI Brief: 1 - 3 HPI elements* Extended: 4 HPI elements* or status of 3 problems

HPI: _____

*HPI Elements: History, Quality, Timing, Severity, Duration, Context, Modifying Factors, Associated Signs and Symptoms

Relevant Past Medical, Family and Social History

PMH _____
 FH _____
 SH _____

Levels of History Documented

Problem Focused: Brief HPI, 1 ROS, no PFSH
 Detailed: Ext HPI, 2 - 9 ROS, 1-4 PFSH
 Comprehensive: 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 medical test (PFTs, EKG, echo, cath)	Discuss test with MD	Review any image, tracing, specimen	Order old records	Summarize old records
1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Yes	No	Constitutional*
		Document three vital signs
		Well-nourished, NAD, conversant
Yes	No	Cardiovascular
		No peripheral edema, distal pulses intact
Yes	No	Lymphatic
		No neck/axillary/inguinal lymphadenopathy
Inspection/Palpation/Percussion*		
yes	no	No misalignment,, crepitation, defects, tenderness, masses or effusions
		Head and neck
		Right upper extremity
		Left upper extremity
		Spine, ribs and pelvis
		Right lower extremity
		Left lower extremity
Range of Motion*		
yes	no	Full ROM, no crepitation or contractures
		Head and neck
		Right upper extremity
		Left upper extremity
		Spine, ribs and pelvis
		Right lower extremity
		Left lower extremity
Joint Stability*		
yes	no	No dislocation or subluxation
		Head and neck
		Right upper extremity
		Left upper extremity
		Spine, ribs and pelvis
		Right lower extremity
		Left lower extremity
muscle strength and tone*		
yes	no	Normal muscle strength and tone
		Head and neck
		Right upper extremity
		Left upper extremity
		Spine, ribs and pelvis
		Right lower extremity
		Left lower extremity
Inspection of the skin*		
Yes	No	No scars, rash, lesions or ulcers
		Head and neck
		Trunk
		Right upper extremity
		Left upper extremity
		Right lower extremity
		Left lower extremity
Yes	No	Neuro/Psychiatric
		Normal coordination in the upper and lower extremities
		Deep tendon reflexes are intact
		No sensory deficits
		Oriented to time, place and person
		Appropriate affect

Assessment (Assign problem points on the left.)

Plan

	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

New, further w/u is planned
 New, no w/u planned (max 1)
 Self-limited or minor (max 2)
 Established, not controlled
 Established, stable

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

Level of Exam Recorded
(Each check box above is a bullet)

- PF: 1 - 5 bullets
- EPF: 6 - 11 bullets
- Detailed: 12 bullets
- Comp: All bullets in systems with an asterisk and at least one bullet from each system without an asterisk.

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