

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: \_\_\_\_\_

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 \_\_\_\_\_

Levels of History

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, 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 <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"/>

Physical Exam

CONSTITUTIONAL	Abnormal Findings
Record three vital signs	yes no
Conversant/NAD	
EYES	yes no
Pink conjunctivae; no ptosis	
PERRLA	
Fundi clear, no AV nicking	
ENMT	yes no
Nose and ears appear normal	
Good dentition	
No pharyngeal erythema	
NECK	yes no
Non-tender, no masses	
No thyromegaly or nodules	
RESPIRATORY	yes no
Normal respiratory effort	
Clear to auscultation	
Clear to percussion	
CARDIOVASCULAR	yes no
No carotid bruits	
RRR, no MRGs	
No peripheral edema	
GASTROINTESTINAL	yes no
Abdomen soft, with no masses	
No hepatosplenomegaly	
No hernias	
Heme occult negative	
MUSCULOSKELETAL	yes no
Normal gait and station	
No digital cyanosis or clubbing	
SKIN	yes no
No rashes, ulcers or lesions	
Normal turgor and temperature	
NEUROLOGIC	yes no
CNs intact	
No sensory deficits	
DTRs intact and symmetrical	
PSYCHIATRIC	yes no
Appropriate affect	
A&OX3	
Intact judgment and insight	

Assessment (Assign problem points)

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

New, further w/u is planned  
 New, no further w/u planned  
 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

Plan

99212

99213

99214

99215

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"> <li>One self limited problem (e.g., cold, insect bite)</li> </ul>	<ul style="list-style-type: none"> <li>Two self-limited problems</li> <li>One stable chronic illness</li> <li>Acute uncomplicated illness (e.g., cystitis/rhinitis)</li> <li>OTC drugs</li> </ul>	<ul style="list-style-type: none"> <li>Mild exacerbation of one chronic illness</li> <li>Two stable chronic illnesses</li> <li>Undiagnosed new problem</li> <li>Acute illness with systemic symptoms (e.g., pyelonephritis, colitis)</li> <li>Prescription drug management</li> </ul>	<ul style="list-style-type: none"> <li>Severe exacerbation of chronic illness</li> <li>Illness with threat to life or bodily function</li> <li>Abrupt change in neurological status (e.g., TIA/weakness)</li> <li>Parenteral controlled substances</li> <li>Decision for DNR or to de-escalate care</li> <li>Drugs requiring intensive monitoring for toxicity</li> </ul>