

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: _____

Hospital Progress Note

2 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99231	PF	PF	SF/Low	15
99232	EPF	EPF	Mod	25
99233	Det	Det	High	35

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

Level of History Documented

Problem Focused: Brief HPI only EPF: Brief HPI and 1 ROS

Detailed: Extended HPI and 2 - 9 ROS Comp: Never needed for these encounters

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

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 (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			
Guaiac 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 <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			

4 3 1 2 1

<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

99231

99232

99233

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