

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	
Well developed, well nourished			
NEUROLOGIC*	yes	no	
A & O X 3			
Recent and remote memory intact			
Attentive with normal concentration			
Normal spontaneous speech pattern			
Age-appropriate fund of knowledge			
Cranial nerve II intact			
Cranial nerves III, IV and VI intact			
Cranial nerve V intact			
Cranial nerve VII intact			
Cranial nerve VIII intact			
Cranial nerve IX intact			
Cranial nerve XI intact			
Cranial nerve XII intact			
No sensory deficits			
DTRs intact and symmetrical			
No dysidiadochokinesia or dysmetria			
EYES*	yes	no	
Normal optic discs			
Normal posterior segments			
CARDIOVASCULAR	yes	no	
Normal carotid pulses bilaterally			
Heart: RRR with no MRGs			
No peripheral edema, pulses intact			
MUSCULOSKELETAL*	yes	no	
Normal gait and station			
Normal muscle strength			
Normal muscle tone; no atrophy			
No abnormal movements			

- Problem Focused Exam: 1 - 5 bullets
- Expanded Problem Focused Exam : 6 - 11 bullets
- Detailed Exam: 12 bullets

Assessment (Assign problem points on the left.)

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"/>
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<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

99231	<input type="checkbox"/>
99232	<input type="checkbox"/>
99233	<input type="checkbox"/>

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