

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 \_\_\_\_\_

Level of History Documented

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

Intact judgment and insight

PF = 1 - 5 bullets

EPF = 6 - 11 bullets

Detailed = 12 bullets

Comprehensive = 2 bullets from EACH of NINE systems

Physical Exam (Each check box = 1 bullet)			Abnormal Findings
CONSTITUTIONAL	yes	no	
Record three vital signs			
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			

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**

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>