

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	Allrgic/Immun	no	yes
Hematuria			Allergic rhinitis		
Dysuria			Hay fever		
Hesitancy			Asthma		
Incontinence			Positive PPD		
UTIs			Hives		
Other:			Other:		

Patient: _____ Date: _____

New Office Patient

3 out of 3 Key Components Required				
E/M	Hx	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Det	Det	Low	30
99204	Comp	Comp	Mod	45
99205	Comp	Comp	High	60

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

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, 3/3 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 | 1 | 1 | 1 | 2 | 1 | 2

Physical Exam (Each check box = 1 bullet)			Abnormal Findings
CONSTITUTIONAL*			
Record three vital signs	yes	no	
Well developed, well nourished			
ENMT*	yes	no	
Normal lips, teeth and gums			
Normal oropharynx			
SKIN*	yes	no	
Normal scalp and body hair			
Normal eccrine and apocrine glands			
SKIN EXAM	Inspection and/or palpation of skin and subcutaneous tissue (e.g. rash, lesions, ulcers, susceptibility to and presence of photo damage). Need EIGHT out of TEN for comprehensive exam.		
Head and face are normal			
Neck is normal			
Chest, breasts, axillae are normal			
Abdomen is normal			
Genitalia, groin, buttocks are normal			
Back is normal			
Right upper extremity is normal			
Left upper extremity is normal			
Right lower extremity is normal			
Left lower extremity is normal			
EYES	yes	no	
Normal conjunctivae and lids			
NECK	yes	no	
No thyromegaly, nodules or masses			
CARDIOVASCULAR	yes	no	
No peripheral edema, pulses intact			
GASTROINTESTINAL	yes	no	
No hepatosplenomegaly			
No anal condylomata or lesions			
EXTREMITIES	yes	no	
No digital cyanosis or clubbing			
LYMPHADENOPATHY?	yes	no	
Neck <input type="checkbox"/> Axillae <input type="checkbox"/> Groin <input type="checkbox"/>			
NEURO/PSYCHIATRIC	yes	no	
Appropriate affect			
A&OX3			

- Problem Focused Exam: 1 - 5 bullets
- Expanded Problem Focused Exam : 6 - 11 bullets
- Detailed Exam: 12 bullets
- Comprehensive Exam: All bullets from starred systems, plus one bullet from EVERY other system

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"/>

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

99201	<input type="checkbox"/>
99202	<input type="checkbox"/>
99203	<input type="checkbox"/>
99204	<input type="checkbox"/>
99205	<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