

ID	Patient Name	Date of Service	E/M Start :	Ptx Start :
	Chief Complaint <input type="checkbox"/> Scheduled Follow-Up	Medical Rec. No.	E/M Stop :	Ptx Stop :
History	HPI "Elements" Count:	Review of Systems Count: Document pertinent positives <input type="checkbox"/> Otherwise negative		
	<input type="checkbox"/> Quality (eg, down, anxious, forgetful)	<input type="checkbox"/> Psychiatric		
	<input type="checkbox"/> Severity			
	<input type="checkbox"/> Timing (eg, intermittent, increasing)	<input type="checkbox"/> Constitutional (weight, hypotension)		
	<input type="checkbox"/> Duration	<input type="checkbox"/> GU (sexual function, urinary frequency, retention)		
	<input type="checkbox"/> Context	<input type="checkbox"/> GI (constipation, n/v/d)		
	<input type="checkbox"/> Modifying factors	<input type="checkbox"/> Neuro (headaches, tremor)		
	<input type="checkbox"/> Associated signs/symptoms	<input type="checkbox"/> Musculoskeletal (pain)		
	<input type="checkbox"/> (Physical location)	<input type="checkbox"/> Cardiovascular (tachycardia)		
	Status of Chronic Conditions Count:	<input type="checkbox"/> Respiratory (dyspnea, snoring)		
	Condition 1	<input type="checkbox"/> Endocrine (thyroid)		
	Condition 2	<input type="checkbox"/> Integumentary: Skin/Breast (rash)		
	Condition 3	<input type="checkbox"/> Eyes (blurry vision)		
	Past Med., Family Med., Social Hx Count:	<input type="checkbox"/> Ears, Nose, Mouth, Throat (tinnitus)		
	<input type="checkbox"/> Family Medical/Psychiatric History	<input type="checkbox"/> Hematologic/Lymphatic		
		<input type="checkbox"/> Allergic/Immunologic		
	<input type="checkbox"/> Past Medical/Psychiatric History (Allergies)	<input type="checkbox"/> Social History		
<input type="checkbox"/> PF: 1-3 elements or 1-2 chronic conditions	<input type="checkbox"/> DET: 4 elts or 3 chron conds; pert PFSH (1 element); extended ROS (2-9 systems)			
<input type="checkbox"/> EPF: 1-3 elements or 1-2 chronic conditions; problem- pertinent ROS (1 system)	<input type="checkbox"/> COMP: 4 elts or 3 chron conds; complete PFSH (3 elts for new, 2 for f/u); complete ROS (10-14 systems)			

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	Psychiatric <ul style="list-style-type: none"> Mood and affect Speech (rate, volume, articulation, coherence, spont.) Thought Process (rate, logical?, abstract, computation) Associations (loose, tangential, circumstantial, intact) Abnormal/psychotic thoughts (halluc., del., SI/II, preocc.) Constitutional: • General appearance • 3 of: sitng/stdg BP; supine BP; P/regularity; T; RR; ht; wt Additional information <input type="checkbox"/> PF: 1-5 bullets <input type="checkbox"/> EPF: 6+ bullets				• Judgment and insight			
• Orientation								
• Attention and concentration								
• Recent and remote memory								
• Language (naming, repetition)								
• Fund of knowledge								
Musculoskeletal: • Strength and tone								
• Gait and station								
Examination								
	<input type="checkbox"/> PF: 1-5 bullets				<input type="checkbox"/> DET: 9+ bullets			
	<input type="checkbox"/> EPF: 6+ bullets				<input type="checkbox"/> COMP: all bullets except for 1 from musculoskeletal			
	Problem Points Total Points:				Data Points Total Points:			
	Category of problems/major new symptoms				Categories of data to be reviewed, max 1 for each (circle)			
	Self-limiting or minor, max 2 1				Review and/or order of clinical lab tests 1			
	Established problem*, stable or improved 1				Review and/or order of radiology tests 1			
	Established problem*, worsening 2				Review and/or order of tests in medicine sect. of CPT 1			
New problem*, no additional w/u ordered, max 1 3				Discussion of test results with performing physician 1				
New problem*, addl w/u planned (other than referral) 4				Decision to obtain old recs or history from another 1				
* means "to the examining physician"				Review of records; hx from another; disc w/other prvdr 2				
Complexity of Medical Decision Making Needs 2/3				Independent exam of image, tracing, or specimen 2				
<input type="checkbox"/> Straightforward: 0-1 prob; 0-1 data; rec like "rest"				<input type="checkbox"/> Low: 2 prob; 2 data; 1 stable chronic illness or rec OTCs				
<input type="checkbox"/> Mod: 3 prob; 3 data; prescription drug mgmt or exacerbation of chron illness or 2 stable chron illnesses				<input type="checkbox"/> High: 4 prob; 4 data; drug tx w/intensive monitoring or severe exac of chron illness, high suspicion SI/II eval				
Sign	Provider Name			Date Signed		Provider Signature		
Coding	New Patient Office (Requires 3/3)				Established Patient Office (Requires 2/3)			
	CPT	History	Exam	MDM	CPT	History	Exam	MDM
	<input type="checkbox"/> 99201	PF	PF	Straightforward	<input type="checkbox"/> 99211	N/A	N/A	N/A
	<input type="checkbox"/> 99202	EPF	EPF	Straightforward	<input type="checkbox"/> 99212	PF	PF	Straightforward
	<input type="checkbox"/> 99203	DET	DET	Low	<input type="checkbox"/> 99213	EPF	EPF	Low
	<input type="checkbox"/> 99204	COMP	COMP	Moderate	<input type="checkbox"/> 99214	DET	DET	Moderate
	<input type="checkbox"/> 99205	COMP	COMP	High	<input type="checkbox"/> 99215	COMP	COMP	High
	Initial Hospital/PHP (Requires 3/3)				Subsequent Hospital/PHP (Requires 2/3)			
	CPT	History	Exam	MDM	CPT	History	Exam	MDM
	<input type="checkbox"/> 99221	DET	DET	Straightforward	<input type="checkbox"/> 99231	PF	PF	Straightforward
	<input type="checkbox"/> 99222	COMP	COMP	Moderate	<input type="checkbox"/> 99232	EPF	EPF	Moderate
	<input type="checkbox"/> 99223	COMP	COMP	High	<input type="checkbox"/> 99233	DET	DET	High