

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 (manic sx, delusions, halluc, panic, SI)		
	<input type="checkbox"/> Severity			
	<input type="checkbox"/> Timing (eg, intermittent, increasing)	<input type="checkbox"/> Constitutional (weight, sleep, fatigue, 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, seizure)		
	<input type="checkbox"/> Associated signs/symptoms	<input type="checkbox"/> Musculoskeletal (pain)		
	<input type="checkbox"/> (Physical location)	<input type="checkbox"/> Cardiovascular (tachycardia, chest pain)		
	Status of Chronic Conditions Count:	<input type="checkbox"/> Respiratory (dyspnea, hyperventilation, snoring)		
	Condition 1	<input type="checkbox"/> Endocrine (thyroid)		
	Condition 2	<input type="checkbox"/> Integumentary: Skin/Breast (rash)		
	Condition 3	<input type="checkbox"/> Eyes (blurry/tunnel vision)		
	Past Med., Family Med., Social Hx Count:	<input type="checkbox"/> Ears, Nose, Mouth, Throat (tinnitus, dry mouth)		
	<input type="checkbox"/> Family Medical/Psychiatric History	<input type="checkbox"/> Hematologic/Lymphatic (anemia)		
		<input type="checkbox"/> Allergic/Immunologic (other allergies)		
<input type="checkbox"/> Past Medical/Psychiatric History (meds, med 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)			

ID	Patient Name			Date of Service	Medical Rec. No.			
	Examination	<b>Psychiatric</b>			• Judgment and insight			
• Mood and affect			• Orientation					
• Speech (rate, volume, articulation, coherence, spont.)			• Attention and concentration					
• Thought Process (rate, logical?, abstract, computation)			• Recent and remote memory					
• Associations (loose, tangential, circumstantial, intact)			• Language (naming, repetition)					
• Abnormal/psychotic thoughts (halluc., del., SI/HI, preocc.)			• Fund of knowledge					
<b>Constitutional:</b> • General appearance			<b>Musculoskeletal:</b> • Strength and tone					
• 3 of: sitng/stdg BP; supine BP; P/regularity; T; RR; ht; wt			• Gait and station					
Additional information								
<input type="checkbox"/> PF: 1-5 bullets				<input type="checkbox"/> DET: 9+ bullets				
<input type="checkbox"/> EPF: 6+ bullets				<input type="checkbox"/> COMP: <b>all</b> bullets except for 1 from musculoskeletal				
Med Dec Making	<b>Problem Points</b>			Total Points:		<b>Data Points</b>		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	
<b>Complexity of Medical Decision Making</b>			<b>Needs 2/3</b>		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/HI eval			
Sign	Provider Name			Date Signed		Provider Signature		
	<b>New Patient Office</b> (Requires 3/3)				<b>Established Patient Office</b> (Requires 2/3)			
Coding	CPT (f2f ")	History	Exam	MDM	CPT (f2f ")	History	Exam	MDM
	<input type="checkbox"/> 99201 (10")	PF	PF	Straightforward	<input type="checkbox"/> 99211 (5")	N/A	N/A	N/A
	<input type="checkbox"/> 99202 (20")	EPF	EPF	Straightforward	<input type="checkbox"/> 99212 (10")	PF	PF	Straightforward
	<input type="checkbox"/> 99203 (30")	DET	DET	Low	<input type="checkbox"/> 99213 (15")	EPF	EPF	Low
	<input type="checkbox"/> 99204 (45")	COMP	COMP	Moderate	<input type="checkbox"/> 99214 (25")	DET	DET	Moderate
	<input type="checkbox"/> 99205 (60")	COMP	COMP	High	<input type="checkbox"/> 99215 (40")	COMP	COMP	High
	<b>Initial Hospital/PHP</b> (Requires 3/3)				<b>Subsequent Hospital/PHP</b> (Requires 2/3)			
	CPT (flr/unit ")	History	Exam	MDM	CPT (flr/unit ")	History	Exam	MDM
	<input type="checkbox"/> 99221 (30")	DET	DET	Straightforward	<input type="checkbox"/> 99231 (15")	PF	PF	Straightforward
	<input type="checkbox"/> 99222 (50")	COMP	COMP	Moderate	<input type="checkbox"/> 99232 (25")	EPF	EPF	Moderate
<input type="checkbox"/> 99223 (70")	COMP	COMP	High	<input type="checkbox"/> 99233 (35")	DET	DET	High	