

Include Practice Identification here→

HISTORY on: _____

DOB: ____/____/____

MR#: _____

Identify Person Soliciting Data: _____

Date of onset for this

Characteristics of the Complaint(s) are identified for each region and assigned numbers to sequence order of importance. Location and any related areas are identified:

Location	*Region	*Area	→	<input type="checkbox"/> CS	<input type="checkbox"/> TS	<input type="checkbox"/> LS	<input type="checkbox"/> P	Hip	Shld/
Arm	Ankle	Knees							
Severity									
Character									
Quality									
Palliative									
Provocative									
Timing									
Setting									
Radiation / Referred									
Effect on ADL's % Rating									
Symptoms assoc.									

History of Events Leading to **PRESENT ILLNESS**: Accident Injury Incident (date if different than accident)
____/____/____

- Mechanism of onset
- without obvious cause
- How long has problem existed
- Timing (previous episodes)
- Previous measures taken
- Results of other treatment

Document **all Characteristics of the Complaint**, + **3 of the above elements of the History of the Present Illness**, and review **1 body System** listed below to report a new patient Expanded Problem Focused History (Level 2) for Evaluation and Management Code

Systems Reviewed:

CONS: weight loss or gain
 EYES: Size and symmetry -pupils, iris, reaction to light, dry painful, discharge
 POS

NEG POS
 NEG

CARD: Chest pn, claudication, edema, irreg. heartbeat/palpitations. NRG
 POS
 GAST Abdominal pn urinary frequency -vomiting. nausea decreased appetite, constipation, blood in stool
 NEG POS NEG POS
 ENDO: Polyphagia Chills, Fatigue, night sweats, NEG POS
 NEUR: Dizziness, headache, numbness in extremities, seizures pupils & eye movement, NEG POS
 POS
 PSYC: Oriented to time, place & person, situation, mood and affect, memory intact, insomnia, anxiety
 NEG POS NEG
 DERM: Brittle hair, nails, change in shape /size of moles, hair loss, hives, pruritus, rash, skin lesions
 POS NEG
 MUSC: Back pain, joint pain, swelling, muscle weakness, neck pain, NEG
 POS NEG
 HEMA: Easy bleeding, easy bruising POS NEG
 IMMU: DRUG ALLERGIES Contact allergy, environmental allergies, food allergies, seasonal allergies
 NEG POS

Document **all Characteristics of the Complaint**, + **5 of the above elements of the History of the Present Illness**, and review **2 body Systems** along with one element from any of the **3 PSF History's**, and you have completed a new patient Detailed History (Level 3)

PAST History of Illnesses:

Allergies:

Seasonal N/A

Disabilities, falls, injuries, or other trauma suffered:

N/A

Broken bones, fractures, or dislocations: {Where and when}

N/A

Diagnosed as having: Rheumatoid Arthritis Osteo Arthritis Tumors
 Diabetes Heart Attack Cerebral Vascular Cancer

Contraindication:

N/A

Treatment for past injuries/ illnesses:

Unusual childhood diseases:

None Reported

SOCIAL History pertinent to current condition: non-contributory contributory 

Marital Habits:

Unremarkable

Patient's exercise regime:

none

Patient's Hobbies:

none

Patient's work type and schedule:

Patient's social habits:

Unremarkable

Alcoholism or other addictions patient suffers:

none

FAMILY History

Psychiatric:

Level of education: Patient _____ yrs. Father _____ yrs. Mother _____ yrs.

Family's social habits:

N/A



Addictions suffered by family members:

None

Reported

Genetic Considerations:

N/A

Document all Characteristics of the Complaint, + 5 elements of the History of the Present Illness, and review 11 body Systems along with one element from each of the 3 PSF History's, and you have completed a new patient Comprehensive History (Level 4)

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Evaluation and Management Coding Cheat Sheet

NEW Patient (Meet 3 of 3)		99201	99202	99203	99204/05
ESTABLISHED Patient (Meet 2 of 3)	99211	99212	99213	99214	99215
Consultation (Meet 3 of 3)		99241	99242	99243	99244/45
COMPLAINT	Required	Required	Required	Required	Required
HISTORY OF PRESENT ILLNESS: E Location L Quality E Severity M Duration E Timing N Context T Modifying Factors S Associated Signs/Symptoms	N/A	Brief 1-3 Elements	Brief 1-3 Elements	Extended 4+ Elements	Extended 4+ Elements
REVIEW OF SYSTEMS: Constitutional Eyes Ears, Nose, Mouth, Throat Cardiovascular Respiratory Gastrointestinal Genitourinary Musculoskeletal Integumentary Neurological Psychiatric Endocrine Hematologic/Lymphatic Allergic/Immunologic	N/A	N/A	1 System	2-9 Systems	10+ Systems

PAST, FAMILY & SOCIAL: 1 Past (Illness, operations, etc.) 2 Family 3 Social (review of past & current activities)	N/A	N/A	N/A	1 from any Of 3 PFSH	99204, 99205+ 1 from each of 3 PFSH 99215+ 2 from any of 3 PFSH
				<i>Prob. Focused</i>	<i>Exp. Prob. Foc.</i>
PHYSICAL EXAMINAITON 1995	N/A	0-3	4-6	7-11	12+
PHYSICAL EXAMINATION 1997 see exam for bulleted Elements & items in each body area	N/A	1-5 Elements noted	At least 6 Elements	At least 2 items from 6 areas or at least 12 items in 2 or more areas	At least 2 items from each of 9 areas/systems
		<i>Prob. Focused</i>	<i>Exp. Prob. Foc.</i>	<i>Detailed</i>	<i>Comprehensive</i>
CLINICAL DECISION MAKING (3 of 3 for all new patients) (2 of 3 for all estb patients) Dx and/or Management Options Complexity – Data Review <i>{Use CPT Table of Risks to translate}</i>	N/A	99201, 99202 99212, 99242 Minimal Minimal/None Minimal	99203, 99213, 99243 Limited Limited Low	99204, 99214, 99244 Multiple Moderate Moderate	99205, 99215, 99245 Extensive Extensive High