

Include Practice Identification here→

HISTORY on: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

MR#: \_\_\_\_\_

Identify Person Soliciting Data: \_\_\_\_\_

Date of onset for this

episode: \_\_\_\_\_

**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 | <input type="checkbox"/> Ext S | <input type="checkbox"/> Hip | <input type="checkbox"/> 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
- ☐ ENDO: Polyphagia Chills, Fatigue, night sweats, ☐ NEG ☐ POS
- ☐ NEUR: Dizziness, headache, numbness in extremities, seizures pupils & eye movement, ☐ NEG
- ☐ POS
- ☐ PSYC: Oriented to time, place & person, situation, mood and affect, memory intact, insomnia, anxiety
- ☐ NEG ☐ POS
- ☐ DERM: Brittle hair, nails, change in shape /size of moles, hair loss, hives, pruritus, rash, skin lesions ☐ NEG
- ☐ POS
- ☐ MUSC: Back pain, joint pain, swelling, muscle weakness, neck pain, ☐ NEG
- ☐ POS
- ☐ HEMA: Easy bleeding, easy bruising ☐ NEG
- ☐ POS
- ☐ 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:  
Reported

☐ None

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                              |
| <b><u>COMPLAINT</u></b>   | Required | Required                            | Required                            | Required                              | Required                              |
| <b>HISTORY OF PRESENT ILLNESS:</b><br><b>E</b> Location<br><b>L</b> Quality<br><b>E</b> Severity<br><b>M</b> Duration<br><b>E</b> Timing<br><b>N</b> Context<br><b>T</b> Modifying Factors<br><b>S</b> Associated Signs/Symptoms  | N/A      | <b>Brief</b><br><b>1-3 Elements</b> | <b>Brief</b><br><b>1-3 Elements</b> | <b>Extended</b><br><b>4+ Elements</b> | <b>Extended</b><br><b>4+ Elements</b> |
| <b>REVIEW OF SYSTEMS:</b><br>Constitutional<br>Eyes<br>Ears, Nose, Mouth, Throat<br>Cardiovascular<br>Respiratory<br>Gastrointestinal<br>Genitourinary<br>Musculoskeletal<br>Integumentary<br>Neurological<br>Psychiatric<br>Endocrine<br>Hematologic/Lymphatic<br>Allergic/Immunologic | N/A      | N/A                                 | <b>1 System</b>                     | <b>2-9 Systems</b>                    | <b>10+ Systems</b>                    |

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