E/M VISIT ENCOUNTER FORM

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

No noteworthy changes since last visit. See note dated: / /

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

No noteworthy changes since last visit. See note dated: / /

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No II': no review/exam

New:
- ☐ 99202
- ☐ 99203
- ☐ 99204
- ☐ 99205

Estab:
- ☐ 99212
- ☐ 99213
- ☐ 99214
- ☐ 99215

Duration of Exam:

First Name_____ **Middle:** _____ **Last:**_____

Today's Date:_____ **Email:**

DOB:_____**H:**_____**W:**_____**T:**_____**P:**_____**BP:**_____**R:** _____

Chief Complaint:

History of Present Illness (HPI):

Review of Symptoms (ROS):

Past, Family & Social History (PFSH):

Exam Notes:

Diagnosis:

Click here to search ICD-10 Code by code or description. ***PLEASE copy the code exactly the way it appears to prevent any delays in billing.

1.
2.
3.
4.

Plan: