

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

**Established Visit 99215 Augmented with Additional Information ⇒ Upgraded from a 99214 visit (Attached)**  
**L5: (≥4 HPI + ROS ≥10 + PFSHx3) + ≥9 PE areas 2-elements each area + Complex MDM<sup>2</sup> of 3 areas: Risk, Problem, Data**

**High Risk-L5:**  MSM, HGSIL, or High Risk HPV ⇒ New lesions detected and evaluated for treatment  
 Illness threat to life or organ function, e.g. BP=180/110 ⇒ Procedure stopped or delayed for reassessment!

**New Problem w/ workup-L5:**  See attached notes dated today, and or see notes below if applicable:

**4 Data Points-L5:**  See attached notes dated today, and or see notes below if applicable:

<b>PFSH &amp; ROS review of systems</b>	<b>See Questionnaire</b>	<b>Exam Notes:</b> <input type="checkbox"/> No change in PSFH or Review Of Systems from this date: except where indicated on this page:
PSFH 1: Med/Surg Hx	<input type="checkbox"/>	
PSFH 2: Family Hx	<input type="checkbox"/>	
PSFH 3: Social Hx	<input type="checkbox"/>	
1. Constitutional	<input type="checkbox"/>	
2. Eyes	<input type="checkbox"/>	
3. ENT & Mouth	<input type="checkbox"/>	
4. Cardiovascular	<input type="checkbox"/>	
5. Respiratory	<input type="checkbox"/>	
6. Gastrointestinal	<input type="checkbox"/>	
7. Genitourinary	<input type="checkbox"/>	
8. Musculoskeletal	<input type="checkbox"/>	
9. Skin	<input type="checkbox"/>	
10. Neurological	<input type="checkbox"/>	
11. Blood/Lymph	<input type="checkbox"/>	
12. Endocrine	<input type="checkbox"/>	
13 Allergy/Immun.	<input type="checkbox"/>	
14. Psychiatric	<input type="checkbox"/>	

Physical Exam Elements

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| <p><b>1. Constitutional:</b><br/> <input type="checkbox"/> Well developed, well nourished, NAD<br/> <input type="checkbox"/> Vitals</p> <p><b>2. Eyes:</b><br/> <input type="checkbox"/> Conjunctiva clear, no lid lag &amp; deformity<br/> <input type="checkbox"/> PERRLA, extra-ocular movements intact<br/> <input type="checkbox"/> Optic disks normal in size; normal cup to disk ratio; no arteriolar narrowing, AV nicking, exudates, or hemorrhages</p> <p><b>3. Ears, Nose, Mouth and Throat:</b><br/> <input type="checkbox"/> External ears &amp; nose w/out scars, lesions, or masses<br/> <input type="checkbox"/> Hearing grossly intact<br/> <input type="checkbox"/> Pharynx pink, tonsils present, tongue &amp; uvula are midline<br/> <input type="checkbox"/> Lips moist and pink; teeth in good repair; gums pink &amp; firm<br/> <input type="checkbox"/> Nasal mucosa moist &amp; pink; septum midline; turbinates intact<br/> <input type="checkbox"/> Ext canals clear, TMs intact &amp; pearly grey</p> <p><b>4. Neck:</b><br/> <input type="checkbox"/> Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus<br/> <input type="checkbox"/> Thyroid non-enlarged, non-tender, no masses</p> <p><b>5. Respiratory:</b><br/> <input type="checkbox"/> Respiration is diaphragmatic &amp; even; accessory muscles not used<br/> <input type="checkbox"/> Lungs clear to auscultation; no vesicular breather sounds; no adventitious sounds or rubs<br/> <input type="checkbox"/> Tactile fremitus equal bilaterally<br/> <input type="checkbox"/> Chest percussion; no dullness, flatness, hyperresonance</p> | <p><b>6. Cardiovascular:</b><br/> <input type="checkbox"/> RRR; no extra sounds, murmurs, rubs or gallop<br/> <input type="checkbox"/> No carotid bruits<br/> <input type="checkbox"/> Abdominal aorta – no bruits; normal in diameter<br/> <input type="checkbox"/> Extremities, no edema or varicosities<br/> <input type="checkbox"/> Pedal pulses – intact and equal bilaterally<br/> <input type="checkbox"/> Femoral arteries – pulses intact &amp; equal; no bruits<br/> <input type="checkbox"/> Palpation of heart WNL; (eg, location, size, thrills)</p> <p><b>7. Gastrointestinal:</b><br/> <input type="checkbox"/> No tenderness or masses on palpation<br/> <input type="checkbox"/> No splenomegaly or hepatomegaly<br/> <input type="checkbox"/> Negative stool occult blood test <input type="checkbox"/> Positive FOBT<br/> <input type="checkbox"/> Sphincter tone WNL, no hemorrhoids or masses<br/> <input type="checkbox"/> No hernias present</p> <p><b>8. Musculoskeletal:</b><br/> <input type="checkbox"/> Gait and station is symmetrical &amp; balanced<br/> <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)<br/> <input type="checkbox"/> ROM WNL, no pain, crepitation or contracture<br/> <input type="checkbox"/> Stability intact, no dislocation, subluxation, or laxity<br/> <input type="checkbox"/> No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions<br/> <input type="checkbox"/> Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements</p> <p><b>9. Psychiatric:</b><br/> <input type="checkbox"/> Alert and oriented to time, place, and person<br/> <input type="checkbox"/> Mood and affect appropriate<br/> <input type="checkbox"/> Judgment &amp; insight WNL<br/> <input type="checkbox"/> Recent and remote memory intact</p> <p><b>10. Skin:</b><br/> <input type="checkbox"/> No rashes, lesions, or ulcers on visual inspection</p> | <p><input type="checkbox"/> No induration, sub-Q nodules, or tight...on palpation</p> <p><b>11. Lymphatic (2 areas required):</b><br/> <input type="checkbox"/> No cervical lymphadenopathy<br/> <input type="checkbox"/> No axillary lymphadenopathy<br/> <input type="checkbox"/> No inguinal lymphadenopathy<br/> <input type="checkbox"/> Other Area:</p> <p><b>12. Neurologic:</b><br/> <input type="checkbox"/> All cranial nerves intact<br/> <input type="checkbox"/> DTR 2+/4+ and equal bilaterally<br/> <input type="checkbox"/> No sensory deficits by touch, pin, vibration, or proprioception</p> <p><b>13. Chest (Breasts):</b><br/> <input type="checkbox"/> Breasts appear symmetrical; no nipple discharge<br/> <input type="checkbox"/> No masses, lumps or tenderness on palpation in chest &amp; axillae</p> <p><b>14.a Male genitourinary:</b><br/> <input type="checkbox"/> No penile lesions or discharge<br/> <input type="checkbox"/> DRE of prostate – palpable, non-enlarged, non-tender, no nodules<br/> <input type="checkbox"/> No hydrocele, spermatocele, tenderness of cord, or testicular masses</p> <p><b>14.b Female genitourinary:</b><br/> <input type="checkbox"/> Bladder without masses or tenderness<br/> <input type="checkbox"/> External genitalia without lesions, masses, tenderness or swelling<br/> <input type="checkbox"/> Urethra without scarring, masses or tenderness<br/> <input type="checkbox"/> Cervix smooth, uniform in color, without lesions<br/> <input type="checkbox"/> Uterus firm, non-tender, no masses<br/> <input type="checkbox"/> Parametrial Adnexa non-tender, no masses or nodularity</p> |
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Diplomate American Osteopathic Board of Proctology, Rick Shackel, DO, MD(H) \_\_\_\_\_