

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

Height: \_\_\_\_\_ | Weight: \_\_\_\_\_ | BP: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | P: \_\_\_\_\_ bpm | Temp: \_\_\_\_\_ | RR: \_\_\_\_\_ bpm

L3: (1-ROS + 1HPI) + 6 elements total + MDM <sup>2 of 3</sup> or L4: (2-ROS + 4-HPI + 1-PFSH) + 12 elements total] + MDM <sup>2 of 3</sup>

High Risk-L5: i.e., threat to organ function, polyp-adenoma, Lithium, Gabapentin, or BP180/110; then 99215 Upgrade

HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated symptoms

PAIN: Severity: 0 \_\_\_\_\_ 5 \_\_\_\_\_ 10 | Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, \_\_\_\_\_

Date of earlier PSFH: \_\_\_\_\_ | Family history update:  None  Yes

ROS 1: Allergies Reviewed:  Unchanged  New Allergies (if so, prepare sticker for chart):

ROS 2: Proctology/GI history reviewed:  No Updates  Updated Below:

Problem Points:  L5-New w/work-up, then 2-page H&P |  L4-New |  L3-Worse |  L2 Same or Improved

Data Points-2pts: Summary of old records/diagnoses or EMR:  Hemorrhoids  Prolapse  GI/Rectal Bleeding

Fissure  Tags/Papillae  Stenosis/Spasm  Pruritus Ani  Constipation  Warts/Lesions  Fistula  Abscess

Heartburn  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Exam Elements

7. Gastrointestinal:  Negative stool occult blood test  Positive FOBT  Sphincter tone WNL, no hemorrhoids or masses  Anoscopy findings recorded below

1. Musculoskeletal:  Gait and station is symmetrical & balanced  Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)

2. Constitutional:  Well developed, well nourished, NAD  Vitals

3. Eyes:  Conjunctiva clear, no lid lag & deformity

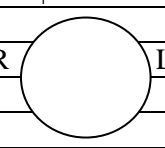
4. Ears, Nose, Mouth and Throat:  External ears & nose w/out scars, lesions, or masses  Hearing grossly intact

5. Respiratory:  Respiration is diaphragmatic & even; accessory muscles not used

6. Psychiatric:  Alert and oriented to time, place, and person  Mood and affect appropriate  Judgment & insight WNL  Recent and remote memory intact

Diagnostic Endoscopies, e.g. anoscopy: Moderate Risk-L4 |  Pap  HRA  OMT-somatic dysfunction | A

Hemorrhoid Treated ⇨  Internal  External  Full Excision  Small incision technique

PO5 Sclerosant 1cc  Band Ligation  Destruction  Excoriations/Stippling R  L

Hemorrhoids - areas  Grade -  Symptomatic, e.g., erythematous

Anesthesia for pain-discomfort w/exam  Marcaine 0.25% wEpi + Lidocaine 2% wEpi \_\_\_\_\_ cc

Collection of dx specimen, e.g., FOBT  Biopsy/Excision  TPI Ext Sphincter-Myalgia P

Data Points-2pts: Review of Image/Specimen ⇨  FOBT + -  Path-image

\_\_\_\_\_

\_\_\_\_\_

Assessment:  Hemorrhoids  GI/Rectal Bleeding (date: \_\_\_\_\_)  Anal Tags/Papillae  Anal Fissure

Prolapse  Stenosis/Spasm  Pruritus Ani  Constipation  Anal Fistula  Anal Abscess  Warts/Lesions

Heartburn  Colon Cancer Screening > Age 45B/50

Moderate Risk-L4:  HC Cream 2.5%  HC Suppositories  Anal Hygiene Brochure  Tylenol#3  Fiber Sup.

Dilaudid  Metronidazole  NuLYTELY  MiraLAX Prep  Anti-Itch/Fissure Protocol  High Fiber Diet

Preoperative Rx(s)  Postoperative Rx(s)  Calmoseptine  Cipro  Bactrim DS  Align  Fodmap Diet

Plan:  RTO: \_\_\_\_\_ D Wk M 100-days  Sooner if Sx stall or worsen  Office Tx  Surgery  Colonoscopy

1)  FOBT  Path Report  Second Opinion: \_\_\_\_\_  99215

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

8 Water Street, Oakland, Maine, 04963 [TopRateDoctor.com](http://TopRateDoctor.com), 207.465.3003

Diplomate American Osteopathic Board of Proctology - Brian Gillis, DO \_\_\_\_\_