

Patient Name: _____ DOB _____ Date _____ Age _____		
Height: _____ Weight: _____ lbs BP: _____ / _____ P: _____ bpm Temp: _____ RR: _____		
Second BP after 10 minutes: _____ / _____		
Consultation report to PCP or:		
Level 4 and 5: (≥ 4 HPI + ROS ≥ 10 + PFSHx3) + ≥ 9 PE areas 2-elements each area + MDM ^{2 of 3}		
HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated signs & symptoms		
PAIN: Severity: 0 _____ 5 _____ 10 Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, _____		
Problem Points: <input type="checkbox"/> L5-New w/work-up 3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:		
High Risk-L5: <input type="checkbox"/> PFSH: of ≤ 5 yr colon polyps, IBD, or colon cancer \Rightarrow Endoscopies, e.g., anoscopy (ordered below)		
<input type="checkbox"/> MSM, HGSIL, or High Risk HPV <input type="checkbox"/> Illness threat to life/organ function e.g. BP=180/120 <input type="checkbox"/> Not high Risk		
<input type="checkbox"/> Female sex started < 16 y/o, > 5 partners, Hx of STI, or \emptyset Pap in 7yrs \Rightarrow <input type="checkbox"/> Plan: Advised to have a yearly Pap exam		
Allergies:		
Medications/Supplements:		
PFSH 1: Personal Medical Hx:		
PFSH 1: Personal Surgical & Endoscopy Hx:		
PFSH & ROS review of systems	See Questionnaire	Exam Notes:
PFSH 2: Family Hx	<input type="checkbox"/>	
PFSH 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"/>	

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- ☐ - 57 Modifier: Initial decision for 90-day global same day surgery
- ☐ 46040 An abscessed area is noted in the deep perirectal tissues surrounding the anus. A small incision < 1cm is made over an area of pronounced fluctuance. A milking of the perirectal tissue is performed to drain as much pus as possible through the incision site, which relieves the pain. The area is then covered by a thick gauze pad and left to heal by secondary intention.
- ☐ 46200 A fissure, crack, or tear is noted in the distal anal canal, lined with grey fibrous tissue. With a palmar surface against the gluteal wall, the fissure was pulled outward. The entire pathologic tissue was vaporized and excised and the fissure base was cauterized.
- ☐ 46250 External hemorrhoidectomy ≥ 2 columns: A small excision of anoderm (about 5-10 mm round) is made with a scissors or CO2 laser. The hemorrhoid is then cored out sub-dermally (underneath the skin). The skin edges are trimmed to reduce skin tag formation. The area is then covered by a gauze pad and left to heal by secondary intention.
- ☐ 46255 Internal & external hemorrhoidectomy 1 column: ↓ see below
- ☐ 46260 Internal & external hemorrhoidectomy ≥ 2 columns:
 - In the hemorrhoid areas treated, a small excision of anoderm (about 5-10 mm round) is made with a scissors or a CO2 laser.
 - ☐ SUBDERMAL EXCISION: The hemorrhoid is then excised, cored out sub-dermally from underneath the skin and mucosa using a blunt dissection technique.
 - ☐ FULL EXCISION: The hemorrhoid is then excised completely, including the skin and mucosa using a blunt dissection technique.
 - Electro and or laser cautery is applied. A pressure dressing is then applied to compress dead space and prevent hematoma and seroma formation. The wound heals by secondary intention
- ☐ 46270 Fistulotomy Subcutaneous: A probe is inserted into an infected tunnel between the skin and the muscular opening at the end of the digestive tract (anus). A lengthwise incision is made along the top of the probe to open the anal fistula, draining any pus or other fluid, and merging the fistula tract with the anal canal to allow the fistula to heal. The area is then covered by a gauze pad and left to heal by secondary intention.
 - ☐ 46275 Fistulotomy Submuscular: Same as the above↑, with the difference being the depth of the probe insertion and incision, which included a small amount of sphincter muscle fibers.
- ☐ 46930 Destruction of internal hemorrhoid by thermal energy: CO2 infrared laser light is used as a heat source to quickly coagulate, or clot, vessels supplying blood to the hemorrhoid causing it to shrink and recede.
- ☐ 46945 Internal hemorrhoid vascular ligation through anoscope using 3-0 chromic, 1 column.
- ☐ 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s): Multiple trigger point injections to Sphincter muscle with taunt palpable band (Subcutaneous, Superficialis & Profundis) alleviated Myalgia by injection to area. 1cc*
- ☐ 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved: Physician applied Manual treatment to eliminate or alleviate somatic dysfunction. OMT to Pelvis with good results.

Rick Shacket, DO MD (H) _____

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Physical Exam Elements

1. Constitutional:

☐ Well developed, well nourished, NAD

☐ Vitals

2. Eyes:

☐ Conjunctiva clear, no lid lag & deformity

☐ PERRLA, extra-ocular movements intact

☐ Optic disks normal in size; normal cup to disk ratio;
no arteriolar narrowing, AV nicking, exudates, or hemorrhages

3. Ears, Nose, Mouth and Throat:

☐ External ears & nose w/out scars, lesions, or masses

☐ Hearing grossly intact

☐ Pharynx pink, tonsils present, tongue & uvula are midline

☐ Lips moist and pink; teeth in good repair; gums pink & firm

☐ Nasal mucosa moist & pink; septum midline; turbinates intact

☐ Ext canals clear, TMs intact & pearly grey

4. Neck:

☐ Symmetric and supple; trachea is midline; no masses, lymphadenopathy, crepitus

☐ Thyroid non-enlarged, non-tender, no masses

5. Respiratory:

☐ Respiration is diaphragmatic & even; accessory muscles not used

☐ Lungs clear to auscultation; no vesicular breather sounds; no adventitious sounds or rubs

☐ Tactile fremitus equal bilaterally

☐ Chest percussion; no dullness, flatness, hyperresonance

6. Cardiovascular:

☐ RRR; no extra sounds, murmurs, rubs or gallop

☐ No carotid bruits

☐ Abdominal aorta – no bruits; normal in diameter

☐ Extremities, no edema or varicosities

☐ Pedal pulses – intact and equal bilaterally

☐ Femoral arteries – pulses intact & equal; no bruits

☐ Palpation of heart WNL; (eg, location, size, thrills)

7. Gastrointestinal:

☐ No tenderness or masses on palpation

☐ No splenomegaly or hepatomegaly

☐ Negative stool occult blood test ☐ Positive FOBT

☐ Sphincter tone WNL ☐ Sphincter Hypertone

☐ No hemorrhoids or masses ☐ No hernias present

8. Musculoskeletal:

☐ Gait and station is symmetrical & balanced

☐ Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes)

☐ ROM WNL, no pain, crepitation or contracture

☐ Stability intact, no dislocation, subluxation, or laxity

☐ No misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions

☐ Muscle strength 5/5; normal tone, no flaccidity, cog-wheel or spasticity; no atrophy or abnormal movements

9. Psychiatric:

☐ Alert and oriented to time, place, and person

☐ Mood and affect appropriate

☐ Judgment & insight WNL

☐ Anal TPI for Myalgia: Pain complaint, sphincter muscle with taunt palpable band, alleviated by lidocaine injected* area

☐ Anoscopy Dx ⇒ ☐ HRA enhanced w/chem agnts ⇒ ☐ w/Identified Risk Factors: **High Risk-L5** **A**

☐ Hemorrhoid Treated ⇒ ☐ Internal ☐ External ☐ Full excision ☐ Subdermal/mucosal excision

☐ PO5 Sclerosant ☐ Banding ☐ Ligature ☐ IRC | ☐ OMT pelvic rgn - Somatic dysfunc/spasm ○ **R**  **L**

☐ Hemorrhoids - areas ☐ Grade - | ☐ Thrombosed, strangulated, tender ►

☐ Laser destruction anal lesion (s): ☐ extensive | ☐ Transanal Destruction Rectal Tumor/polyp ►

☐ Dilation Anoscopy for Stenosis: ☐ 26.7mm ☐ _____mm ☐ 31mm | ☐ Anal Pap **P**

☐ BIOPSIES: ☐ Anorectal-wall no scope, and ☐ w/Anoscope, and ☐ HRA w/enhanced w/chem agnts

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

Data Points-2pts: Review of Image/Specimen ⇒ ☐ FOBT + - ☐ Path-image = / /

Assessment: ☐ Hemorrhoids ☐ GI/Rectal Bleeding (date _____) ☐ Anal Tags/Papillae ☐ Anal Fissure

☐ Prolapse ☐ Stenosis/hypertone ☐ Pruritus Ani ☐ Constipation ☐ Warts/lesions ☐ Anal Fistula ☐ Anal Abscess

☐ High Risk HPV, HGSIL or MSM ☐ ☐

Rx **Moderate Risk-L4:** HC 2.5% ☐ Cream or ☐ Suppositories or ☐ Dressing ☐ Anal Hygiene Brochure ☐ Vicodin

☐ Percocet ☐ Metronidazole ☐ MiraLAX Prep ☐ Anti-Itch/Fissure Protocol ☐ High Fiber Diet ☐ Fiber Sup. ☐ Align

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

☐ Rx Mupirocin Dressing ☐ 3x Antibiotic oint. ☐

Plan: ☐ RTO: ☐ D Wk M 100-days ☐ Sooner if Sx stall or worsen ☐ Consider colonoscopy, surgery, or Tx

Reevaluate for: ☐ Track/follow bleeding w/ FOBT to R/O **comorbidity** that is **not incidental** to a primary procedure

☐ Hypertone ☐ Myalgia ☐ Somatic dys. ☐ Hem in other areas ☐ New lesions/abscess/papilla ☐ Granulation Tis.

☐ After a reevaluation treat only if necessary ☐ Discuss today's path report: ☐ Second Opinion: