Height:\_\_\_\_\_\_\_ | Weight: \_\_\_\_\_ lbs. | BP: \_\_\_\_\_\_/\_\_­\_\_\_\_ | P:\_\_\_\_\_\_bpm | Temp:\_\_\_\_\_\_\_ | RR:\_\_\_\_\_\_\_

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| --- |
| **L3**: (1-ROS + 1HPI) + 6 elements total + MDM 2 of 3 or **L4**: (2-ROS + 4-HPI + 1-PFSH) + 12 elements total] + MDM 2 of 3  **High Risk**-L5:  MSM, HGSIL, or High Risk HPV |  Illness threat to life, e.g. BP=180/120 ; *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 ROS & PFSH: \_\_\_\_\_\_\_\_\_\_\_\_, and ❑ No change in the information, or ❑ Changes noted below ⇓ |
| **Problem Points**: ❑ L5-New lesion w/work-up, *then 99215 Upgrade* | ❑ L4-New | ❑ L3-Worse | ❑ L2 Same/Improved |
| **Data Points-2pts**: Summary of old records/diagnoses or EMR: ❑ Hemorrhoids ❑ Prolapse ❑ GI/Rectal Bleeding |
| ❑ Fissure ❑ Tags/Papillae ❑ Stenosis/hypertone ❑ Pruritus Ani ❑ Constipation ❑ Warts/Lesions ❑ Fistula ❑ Abscess |
| **3-Inactive or chronic (controlled or managed) conditions;** or **4 HPIs**: |
| Location: |
| Duration: |
| Context: |
| Modifying factors & Associated symptoms: |

❑ **Exam Elements**

**7. Gastrointestinal**:

❑ Negative stool occult blood test ❑ Positive FOBT

❑ Sphincter tone WNL ❑ Sphincter Hypertone

❑ No hemorrhoids or masses ❑ No hernias present

**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

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| ❑ 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 ❑ w/HRA 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 = / / |
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|  |
| 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: |
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Diplomate American Osteopathic Board of Proctology, Rick Shacket, DO, MD(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_