

# H o s p i t a l   P r o g r e s s   N o t e

<b>Patient:</b>  <b>Date:</b>		<b>2 out of 3 Key Components Required</b>					<b>ROS</b>	<b>(-)</b>	<b>Positive Findings</b>
		<b>E/M</b>	<b>Hx</b>	<b>Exam</b>	<b>MDM</b>	<b>Time</b>	Constitutional		
		99231	PF	PF	SF/Low	15	Eyes		
		99232	EPF	EPF	Mod	25	ENT		
<b>CC:</b> <b>Interval History:</b>		99233	Det	Det	High	35	Cardiovascular		
							Respiratory		
							Gastrointestinal		
							Genitourinary		
							Skin		
							Musculoskeletal		
							Psychiatric		
							Endocrine		
<b>PF:</b> 1 - 3 HPI elements or status of 1 - 3 problems (No ROS required) <input type="checkbox"/> (99231) <b>EPF:</b> 1 - 3 HPI elements or status of 1 - 3 problems plus 1 ROS <input type="checkbox"/> (99232) <b>Det:</b> ≥ 4 HPI elements or status of 3 problems, 2 - 9 ROS; <b>NO</b> PFSH required <input type="checkbox"/> (99233)							Hem/Lymphatic		
							Allergic/Immun		

  

<b>Constitutional:</b> NAD, conversant, pleasant <input type="checkbox"/> (appearance) BP      HR      RR      T <input type="checkbox"/> (three vital signs)		<b>Exam Findings &amp; Data Reviewed</b>			<b>Data Reviewed</b>	<b>Pts</b>
<b>Eyes:</b> Anicteric sclerae, moist conjunctiva, no lid-lag <input type="checkbox"/> PERRLA <input type="checkbox"/> fundi clear, disc margins sharp <input type="checkbox"/> <b>ENMT:</b> NC/AT <input type="checkbox"/> oropharynx clear; no erythema/exudate <input type="checkbox"/> <b>Neck:</b> Supple, FROM; no masses or JVD <input type="checkbox"/> no carotid bruits <input type="checkbox"/> <b>Lungs:</b> CTA <input type="checkbox"/> and percussion <input type="checkbox"/> normal respiratory effort <input type="checkbox"/> <b>CV:</b> RRR, no MRGs <input type="checkbox"/> normal PMI <input type="checkbox"/> no peripheral edema <input type="checkbox"/> <b>ABD:</b> Soft, NABS, no masses <input type="checkbox"/> no HSM <input type="checkbox"/> no hernias <input type="checkbox"/> <b>Skin:</b> Normal temperature, tone, texture and turgor; no induration or subcutaneous nodules <input type="checkbox"/> no rash, lesions or ulcers <input type="checkbox"/> <b>Ext:</b> No digital cyanosis/ischemia <input type="checkbox"/> Pedal <input type="checkbox"/> and femoral <input type="checkbox"/> pulses intact and symmetrical; Normal gait and station <input type="checkbox"/> <b>Psych:</b> A & O X 3 <input type="checkbox"/> appropriate affect <input type="checkbox"/> intact judgment <input type="checkbox"/> <b>Neuro:</b> CNs II - XII intact <input type="checkbox"/> no focal sensory deficits <input type="checkbox"/> <b>PF:</b> 1 - 5 bullets <input type="checkbox"/> <b>EPF:</b> 6 bullets <input type="checkbox"/> <b>Detailed:</b> 12 bullets <input type="checkbox"/>					Review and/or order clinical lab tests	1
					Review and/or order radiology tests	1
					Review and/or order medical test (PFTs, EKG, echo, cath)	1
					Discuss test with performing MD	1
					Review of image, tracing, specimen	2
					Decision to obtain old records	1
					Review and summarize old records	2

  

M D M	New, further w/u is planned New, no further w/u planned Self-limited or minor (max 2) Established, not controlled Established, stable	<b>Assessment &amp; Plan</b>					<b>MDM</b>	<b>Prob Pts</b>	<b>Data Pts</b>	<b>Risk</b>	<b>E/M</b>	
		4	3	1	2	1	Problem Points	<input type="checkbox"/>	≤ 1	1	Min	99231 99232 99233
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.	<input type="checkbox"/>	2	2	Low	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.	<input type="checkbox"/>	3	3	Mod	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.	<input type="checkbox"/>	≥ 4	4	High	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.	Only 2 out of 3 components required				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.							

  

<b>Signature</b>			
Minimal Risk <input type="checkbox"/>	Low Risk <input type="checkbox"/>	Moderate Risk <input type="checkbox"/>	High Risk <input type="checkbox"/>
<ul style="list-style-type: none"> <li>One self limited problem (e.g., cold, insect bite)</li> </ul>	<ul style="list-style-type: none"> <li>Two self-limited problems</li> <li>One stable chronic illness</li> <li>Acute uncomplicated illness (e.g., cystitis/rhinitis)</li> <li>OTC drugs</li> </ul>	<ul style="list-style-type: none"> <li>Mild exacerbation of one chronic illness</li> <li>Two stable chronic illnesses</li> <li>Undiagnosed new problem</li> <li>Acute illness with systemic symptoms (e.g., pyelonephritis, colitis)</li> <li>Prescription drug management</li> </ul>	<ul style="list-style-type: none"> <li>Severe exacerbation of chronic illness</li> <li>Illness with threat to life or bodily function</li> <li>Abrupt change in neurological status (e.g., TIA/weakness)</li> <li>Parenteral controlled substances</li> <li>Decision for DNR or to de-escalate care</li> <li>Drugs requiring intensive monitoring for toxicity</li> </ul>