

New Patient Visit

PATIENT NAME: _____ DOB: _____ DATE: _____

REFERRING MD: _____

CHIEF COMPLAINT: _____

HPI: _____

PFSH: _____

ROS: HISTORY QUESTIONNAIRE REVIEWED W/ PATIENT: YES _____ NO _____

EXAMINATION

Constitutional

Vital Signs

BP ___/___, P ___, R ___

T ___ Ht ___, W ___

General Appearance

___ Well developed ___ Well nourished ___ Slender ___ Obese

movements

Remarks: _____

Musculoskeletal

* ___ Gait is coordinated and smooth

* *Head / Neck*

___ No tenderness, misalignment, defects or deformities

___ Joints w/full ROM, no pain, crepitus or contracture

___ Joints intact, w/o dislocation, subluxation or laxity

___ No muscle atrophy or abnormal

Remarks: _____

Cardiovascular (Check One)

___ No peripheral edema

___ No varicosities

deformities

___ Pedal pulses wnl bilaterally

___ Skin is warm and dry

laxity

Remarks: _____

* *Spine, Ribs & Pelvis*

___ No tenderness, misalignment, defects or

___ Joints w/ full ROM, no pain, crepitus or contracture

___ Joints intact, w/o dislocation, subluxation or

Remarks: _____

Lymphatic (Check One)

___ No tenderness or enlargement noted in:

neck axillae groin

Remarks: _____

* *Upper Extremity - RIGHT LEFT (circle)*

___ No tenderness, misalignment, defects or deformities

___ Joints w/full ROM, no pain, crepitus or contracture

___ Joints intact, w/o dislocation, subluxation or laxity

___ No muscle atrophy or abnormal movements

Skin (4-6 areas)

Head & Neck Trunk RUE LUE RLE LLE Remarks: _____

___ No scars ___ No rashes, lesions or ulcers

Remarks: _____

* *Lower Extremity - RIGHT LEFT (circle)*

___ No tenderness, misalignment, defects or deformities

___ Joints w/full ROM, no pain, crepitus or contracture

___ Joints intact, w/o dislocation, subluxation or laxity

___ No muscle atrophy or abnormal movements

Neuro/ Psychiatric

___ Coordination smooth & accurate in both upper & lower extremity

___ Deep tendon reflexes 2 + bilaterally

___ Superficial touch and pain sensation intact bilaterally

___ Alert & Oriented to time, place, person

___ No evidence of mood disorders ___ Calm affect

Remarks: _____

Remarks: _____

I. Type of History

9 History Questionnaire reviewed w/ pt

9 Problem Focused

9 Expanded Problem Focused

9 Comprehensive

II. Exam Level

9 Problem Focused (1-5 bullets)

9 Expanded Prob Focused (6 bullets)

9 Detailed (at least 12 bullets)

9 Comprehensive (complete template)

NEW PATIENT VISIT

PATIENT NAME: _____ DOB: _____ DATE: _____

DIAGNOSES (List pertinent co-morbidities)

1. _____
2. _____
3. _____
4. _____

TREATMENT PLAN / OPTIONS:

1. _____
2. _____
3. _____
4. _____

MANAGEMENT OPTIONS

1. _____
2. _____
3. _____

CURRENT MEDS:

DATA REVIEWED by Physician:

- X-rays
- Lab tests
- Other diagnostic tests(EMG, FCE, NCS, etc) _____
- Old medical records, etc. _____

NEW MEDS

DATA/ TESTS ORDERED/ PERFORMED:

- X-rays _____
- Diagnostic Tests _____
- Labs _____
- OTHER _____

PROCEDURE NOTE:

RISKS / COMPLICATIONS: _____

RETURN: _____

 Signature and Date

Medical Decision Making	Data Reviewed by Physician				Risk
* New Prob/ No add' work up (3 pts) * Est Prob/ Stable, improved (1 pt) * New Prob / Additional work up (4 pts) * Est. Prob / Worsening (2 pts)	X-Rays (1 pt) Labs (1 pt) Independent Visualization Image / Xrays (2 pts)	Dx Tests, EMG, etc (1 pt) Other Records (1 pt)			Straightforward (1 pt) Low Complexity (2 pts) Moderate (3 pts) High Comolexity (4 pts)
A. Dx / TX	1	2	3	4	
B. DATA	1	2	3	4	
C. RISK	1	2	3	4	
LEVEL MDM	Straightforward	Low	Moderate	Highly Complex	

(2 out of 3 MUST BE MET)

