E/M VISIT ENCOUNTER FORM

HPI
Location, quality, severity, duration, timing, context, modifying factors, associated signs and symptoms.

ROS	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
CV	☐	☐
Resp	☐	☐
GI	☐	☐
GU	☐	☐
Musc	☐	☐
Skin/breasts	☐	☐
Neuro	☐	☐
Psych	☐	☐
Endo	☐	☐
Hem/lymph	☐	☐
Allerg/immun	☐	☐

No noteworthy changes since last visit. See note dated: / /

PFSH	No chng	See note
Past	☐	☐
Family	☐	☐
Social	☐	☐

No noteworthy changes since last visit. See note dated: / /

Exam	WNL	See note
Const	☐	☐
Eyes	☐	☐
ENT/mouth	☐	☐
Neck	☐	☐
Resp	☐	☐
CV	☐	☐
Chest (breasts)	☐	☐
GI (abdomen)	☐	☐
Lymph	☐	☐
GU	☐	☐
Musc	☐	☐
Skin	☐	☐
Neuro	☐	☐
Psych	☐	☐

No ✔: no review/exam

Name: _____ Date: _____

DOB: _____ H: _____ W: _____ T: _____ P: _____ BP: _____ R: _____

Nurse's Note: _____

_____

CC:

HPI:

Couns/coord > 50% ☐

Total time: _____ min.

Physician's Signature: _____ Couns/coord time: _____ min.

Family Practice Management®