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.

Couns/coord time: _____ min.

Physician's Signature: _____

AAFP FPM

***FPM* Toolbox** To find more practice resources, visit https://www.aafp.org/fpm/toolbox.

 Related article: https://www.aafp.org/fpm/2003/1000/p51.html.