SAMPLE DOCUMENTATION
TEMPLATES

UPHS – Department of Medicine
Subsequent Inpatient Visit Note
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Subsequent Inpatient Visit Note
(Requires 2 of 3 components: history, exam, or medical decision making)

Date: _____________       Time: ___________

MEDICATIONS:
□ unchanged from ______________________

(2) MULTI-SYSTEM EXAM:  (any 12 = Level 3; any 6 = Level 2; ≤any 5 = Level 1)  Elaborate Abnormal Findings

Constitutional:
☐ (Document 3)  T: ____ P: ____ BP: ____ RR: ____ WT: ____
☐ See Vital Sign Flow Sheet
☐ APPEARANCE: _______________________________________

Eyes:  ☐ no scleral icterus
☐ PERRLA

Ears/Nose/Mouth/Throat:  ☐ nl teeth, lips, gums
☐ clear oropharynx

Neck:  ☐ nl appearance and movements; nl JVP
☐ trachea midline
☐ no thyroid enlargement, masses

Respiratory:  ☐ symmetrical chest expansion and respiratory effort
☐ clear to auscultation and palpation

Cardiovascular:  ☐ nl sounds; no murmurs, gallops, rubs
☐ no edema

Abdominal:  ☐ no tenderness; nl sounds
☐ no hepatosplenomegaly
☐ no hernias present

Lymphatic:  no adenopathy (indicate at least two, if applicable)
☐ cervical  ☐ axillary  ☐ inguinal  ☐ supraclavicular

Musculoskeletal:  ☐ nl gait
☐ no clubbing, cyanosis
☐ nl muscle strength and tone

Skin:  ☐ no rash or ulcers
☐ no nodules

Neuro:  ☐ non-focal
☐ nl sensation

Psych:  ☐ alert, oriented to person, place, time
☐ nl affect

Other:

☐ unable to obtain (indicate reason)
ATTENDING SUPPLEMENT: (Minimum 1 element from 2 components: history, exam, or medical decision making)
I saw and evaluated the patient, and I agree with note by Dr. ________________________________.

Counseling and/or Coordination of Care (time______)
(>50% of Total Floor Time; Spent Face-to-Face with Patient/Family)

Discussion Points:

DNR Status:

Attending Signature/Print: ______________________________________Date: ________________Time: ______________

Total Attending Floor Time (min): _____________

Subsequent: □ 99231 (15 min) □ 99232 (25 min) □ 99233 (35 min) □ Prolonged Care: Time ________ (Face-to-Face with Patient Only)
□ Discharge Day: Time ________ □ Critical Care: Total Cumulative Time __________
□ -25 (Separately identifiable E/M service on procedure day)