Patient: _____ DOB ___/___/___   DOV ___/___/___

Chief Complaint(s):
_____

HPI: _____
_____
_____

Smoker: Y   N   Alcohol: Y   N   LMP ___/___/___   LAWV: ___/___/___

Vitals: Wt_____   Ht_____   BMI _____   BP _____   T_____   Age:_____   _____

Exam:_____
_____
_____

MDM: (2 of 3)   #/Complexity of Problems,   Amount/complexity of data,   Risk:

Problems Addressed: (C/A)_____
_____
_____

Data Reviewed/Ordered: _____
_____
_____

Risk: Minimum Risk of morbidity from additional testing or treatment   [_____]

Low: _____
_____
_____

Mod: (RX Mngmt) _____
_____
_____

High: _____
_____
_____

Time Pre: _____
Time During: _____
Time Post: _____

Signed: _____   Date:_____/_____/_____