

FEMALE GENITOURINARY EXAMINATION WORKSHEET

Patient History

<input type="checkbox"/> Chief Complaint		<input type="checkbox"/> New Patient		<input type="checkbox"/> Established Patient	
To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.					
HPI		ROS		PFSH	
<input type="checkbox"/> Location <input type="checkbox"/> Timing <input type="checkbox"/> Quality <input type="checkbox"/> Context <input type="checkbox"/> Severity <input type="checkbox"/> Mod Factor <input type="checkbox"/> Duration <input type="checkbox"/> Assoc S&S		<input type="checkbox"/> Allergic/Imm <input type="checkbox"/> Eyes <input type="checkbox"/> Musc/Skel <input type="checkbox"/> Constitutional <input type="checkbox"/> GI <input type="checkbox"/> Neurological <input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Psychiatric <input type="checkbox"/> ENMT <input type="checkbox"/> CV <input type="checkbox"/> Respiratory <input type="checkbox"/> Integument <input type="checkbox"/> Endocrine		<input type="checkbox"/> Past History <input type="checkbox"/> Family History <input type="checkbox"/> Social History	
<input type="checkbox"/> Brief HPI = 1-3				<input type="checkbox"/> Problem Focused	
<input type="checkbox"/> Brief HPI = 1-3		<input type="checkbox"/> Problem Pertinent ROS = Related System		<input type="checkbox"/> Expanded Problem Focused	
<input type="checkbox"/> Extended HPI = 4 or >/3 Chr		<input type="checkbox"/> Extended ROS = 2-9 Systems		<input type="checkbox"/> Pertinent PFSH = 1	
<input type="checkbox"/> Extended HPI = 4 or >/3 Chr		<input type="checkbox"/> Complete ROS = 10 or > Systems		<input type="checkbox"/> Complete = 2-3	
				<input type="checkbox"/> Comprehensive	

Female Genitourinary Examination

<p style="text-align: center;">Constitutional</p> <input type="checkbox"/> Vital Signs (3) BP ↑/↓ Temp BP → Height Pulse RR Weight Respiration <input type="checkbox"/> General Appearance	<p style="text-align: center;">GU Female</p> Includes at least 7 of the following 11 bulleted elements: <input type="checkbox"/> Inspect & Palpate Breasts <input type="checkbox"/> Digital Rectal Exam Pelvic Exam With/Without Specimen Collection: <input type="checkbox"/> External Genitalia <input type="checkbox"/> Urethral Meatus <input type="checkbox"/> Urethra <input type="checkbox"/> Bladder <input type="checkbox"/> Vagina <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Adnexa Parametria <input type="checkbox"/> Anus and Perineum	<p style="text-align: center;">Neck</p> <input type="checkbox"/> Neck Exam <input type="checkbox"/> Thyroid Exam	<p style="text-align: center;">Type of Examination</p> <p>Perform and Document:</p> <p><input type="checkbox"/> Problem Focused: 1-5 bulleted (□) elements</p> <p><input type="checkbox"/> Expanded Problem Focused: 6 or > bulleted (□) elements</p> <p><input type="checkbox"/> Detailed: 12 or > bulleted (□) elements</p> <p><input type="checkbox"/> Comprehensive: Perform all elements identified by a bullet (□), document all elements in a box with a border and 1 element in each box with no border</p>
<p style="text-align: center;">Gastrointestinal</p> <input type="checkbox"/> Abd Exam: Mass/Tenderness <input type="checkbox"/> Hernia Exam <input type="checkbox"/> Liver & Spleen Exam <input type="checkbox"/> Stool Occult (Indicated)	<p style="text-align: center;">Neuro/Psych</p> Brief MSE: <input type="checkbox"/> Orientation Time, Place & Person <input type="checkbox"/> Mood & Affect		
<p style="text-align: center;">Lymphatic</p> <input type="checkbox"/> Palpate Lymph Nodes • Neck • Groin • Axillae • Other	<p style="text-align: center;">Skin</p> <input type="checkbox"/> Inspect & Palpate Skin & Sub-q Tissue		

Medical Decision Making

To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.			
Number of Diagnoses ♦/Management Options --	Amount/Complexity Data to be Reviewed	Risk of Complications/Morbidity/Mortality	Type of Medical Decision Making
<input type="checkbox"/> Minimal ♦ One self-limited or minor problem -- Rest, gargles, superficial dressings	<input type="checkbox"/> Minimal or None Venipuncture labs, CXR, EKG, UA, Ultrasound	<input type="checkbox"/> Minimal	<input type="checkbox"/> Straightforward
<input type="checkbox"/> Limited ♦ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness -- Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives	<input type="checkbox"/> Limited Non-Stress tests/pulmonary function, superficial needle biopsy, labs arterial puncture, non-CV imaging	<input type="checkbox"/> Low	<input type="checkbox"/> Low Complexity
<input type="checkbox"/> Multiple ♦ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury -- Minor OR (risk identified), elective major OR, prescription drug mgmt, IV fluids with additives, closed tx of fractures, therapeutic nuclear medicine	<input type="checkbox"/> Moderate Stress studies, endoscopies (no risk), CV imaging (no risk) e.g., arteriogram, angiogram, fluid from body cavity e.g., thoracentesis	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate Complexity
<input type="checkbox"/> Extensive ♦ 1 or > chronic illnesses with severe exacerbation, acute/chronic illnesses/injuries with threat to life/bodily function e.g., multiple trauma, acute MI, pulmonary embolus -- Elective major OR, ER major surgery, parenteral controlled substances, DNR decision	<input type="checkbox"/> Extensive CV Imaging (risk), EPS, endoscopy (risk)	<input type="checkbox"/> High	<input type="checkbox"/> High Complexity

Represents boxes with shaded border in HCFA Guidelines.

E/M Code Assignment _____

