

# GENERAL MULTI-SYSTEM EXAMINATION WORKSHEET

## Patient History

|   |  |  |  |   |  |   |
|---|--|--|--|---|--|---|
| <input type="checkbox"/> Chief Complaint  |  | <input type="checkbox"/> New Patient   |  | <input type="checkbox"/> Established Patient  |  |   |
| <i>To qualify for a given type of history, all three elements (HPI, ROS, PFSH) in the table must be met.</i>  |  |  |  |   |  |   |
| <b>HPI</b>  |  | <b>ROS</b>   |  | <b>PFSH</b>   |  |   |
| <input type="checkbox"/> Location <input type="checkbox"/> Timing<br><input type="checkbox"/> Quality <input type="checkbox"/> Context<br><input type="checkbox"/> Severity <input type="checkbox"/> Mod Factor<br><input type="checkbox"/> Duration <input type="checkbox"/> Assoc S&S |  | <input type="checkbox"/> Allergic/Imm <input type="checkbox"/> Eyes <input type="checkbox"/> Musc/Skel<br><input type="checkbox"/> Constitutional <input type="checkbox"/> GI <input type="checkbox"/> Neurological<br><input type="checkbox"/> Hem/Lymph <input type="checkbox"/> GU <input type="checkbox"/> Psychiatric<br><input type="checkbox"/> ENMT <input type="checkbox"/> CV <input type="checkbox"/> Respiratory<br><input type="checkbox"/> Integument <input type="checkbox"/> Endocrine |  | <input type="checkbox"/> Past History<br><input type="checkbox"/> Family History<br><input type="checkbox"/> Social History |  | <b>Type of History</b><br>Documentation of history of present illness, review of systems, and past, family and/or social history establishes the type of history. |
| <input type="checkbox"/> Brief HPI = 1-3  |  |  |  |   |  |   |
| <input type="checkbox"/> Brief HPI = 1-3  |  | <input type="checkbox"/> Problem Pertinent ROS = Related System  |  |   |  |   |
| <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   |  |   |

## General Multi-System Examination

|   |  |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|---|--|--|--|
| <b>Constitutional</b>   |  | <b>Cardiovascular</b>  |  | <b>Neurological</b>  |  | <b>Eyes</b>   |  | <b>Type of Examination Perform and Document:</b> |  |
| <input type="checkbox"/> Vital Signs (3)<br>BP ↑/↓      Temp<br>BP →        Height<br>Pulse RR     Weight<br>Respiration<br><input type="checkbox"/> General Appearance   |  | <input type="checkbox"/> Palpation Heart<br><input type="checkbox"/> Auscultation Heart<br><input type="checkbox"/> Carotid Arteries<br><input type="checkbox"/> Abdominal Aorta<br><input type="checkbox"/> Femoral Arteries<br><input type="checkbox"/> Pedal Pulses<br><input type="checkbox"/> Extremities |  | <input type="checkbox"/> Test Cranial Nerves<br><input type="checkbox"/> DTR Exam<br><input type="checkbox"/> Sensation Exam   |  | <input type="checkbox"/> Insp Conjunc & Lids<br><input type="checkbox"/> Pupil & Iris Exam<br><input type="checkbox"/> Optic Disc Exam  |  |  | <input type="checkbox"/> Problem Focused: 1-5 bulleted (□) elements<br><br><input type="checkbox"/> Expanded Problem Focused: 6 or > bulleted (□) elements<br><br><input type="checkbox"/> Detailed: 2 or > bulleted (□) elements of 6 systems or 12 or > bulleted (□) elements in 2 or > systems<br><br><input type="checkbox"/> Comprehensive: Perform all elements identified by a bullet (□) in at least 9 organ systems/body areas and document at least 2 bulleted (□) elements from each of 9 systems/areas |
| <b>Gastrointestinal</b>   |  | <b>Respiratory</b>   |  | <b>Genitourinary</b>   |  |   |  |  |  |
| <input type="checkbox"/> Abd Exam: Mass/Tenderness<br><input type="checkbox"/> Liver & Spleen Exam<br><input type="checkbox"/> Hernia Exam<br><input type="checkbox"/> Anus, Perineum & Rectum Exam<br><input type="checkbox"/> Stool Occult (Indicated)  |  | <input type="checkbox"/> Respiratory Effort<br><input type="checkbox"/> Percussion Chest<br><input type="checkbox"/> Palpation Chest<br><input type="checkbox"/> Auscultation Lungs  |  | <b>Male</b><br><input type="checkbox"/> Scrotum<br><input type="checkbox"/> Penis<br><input type="checkbox"/> Prostate   |  | <b>Female</b><br><input type="checkbox"/> Genitalia <input type="checkbox"/> Cervix<br><input type="checkbox"/> Urethra <input type="checkbox"/> Uterus<br><input type="checkbox"/> Bladder <input type="checkbox"/> Adnexa |  |  |  |
| <b>ENMT</b>   |  | <b>Skin</b>  |  | <b>Musculoskeletal</b>   |  |   |  |  |  |
| <input type="checkbox"/> Inspect External Ears & Nose<br><input type="checkbox"/> Aud Canal & Tymp Membr Exam<br><input type="checkbox"/> Assess Hearing<br><input type="checkbox"/> Inspect Nasal Mucosa, Sept & Turb<br><input type="checkbox"/> Inspect Lips, Teeth & Gums<br><input type="checkbox"/> Oropharynx Exam |  | <input type="checkbox"/> Inspect Skin & Sub-q Tiss<br><input type="checkbox"/> Palpate Skin & Sub-q Tiss   |  | <input type="checkbox"/> Gait & Station <input type="checkbox"/> Inpect/Palp Digits & Nails<br><input type="checkbox"/> Joints, Bones & Muscles 1 or > of 6 areas<br>• Inspect/Palpate      • Stability<br>• ROM                      • Musc Strength & Tone |  |   |  |  |  |
|   |  | <b>Lymphatic</b>   |  | <b>Psychiatric</b>   |  |   |  |  |  |
|   |  | <input type="checkbox"/> Palp Lymph Nodes 2 or ><br>• Neck                      • Groin<br>• Axillae                    • Other  |  | <input type="checkbox"/> Judgement & Insight <input type="checkbox"/> Memory<br><input type="checkbox"/> Orientation TPP <input type="checkbox"/> Mood & Affect  |  | <b>Chest/Breast</b>   |  |  |  |
|   |  |  |  | <input type="checkbox"/> Neck Exam<br><input type="checkbox"/> Thyroid Exam  |  | <input type="checkbox"/> Inspect Breasts<br><input type="checkbox"/> Palp Breast & Axilla   |  |  |  |

## Medical Decision Making

|   |   |  |  |
|---|---|--|--|
| <i>To qualify for a given type of decision making, two of the three elements in the table must be either met or exceeded.</i>   |   |  |  |
| <b>Number of Diagnoses/Management Options</b>   | <b>Amount/Complexity Data to be Reviewed</b>  | <b>Risk of Complications/Morbidity/Mortality</b> | <b>Type of Medical Decision Making</b>       |
| <input type="checkbox"/> Minimal<br>❖ One self-limited or minor problem<br>~ Rest, gargles, superficial dressings   | <input type="checkbox"/> Minimal or None<br>Venipuncture labs, CXR, EKG, UA, Ultrasound   | <input type="checkbox"/> Minimal                 | <input type="checkbox"/> Straightforward     |
| <input type="checkbox"/> Limited<br>❖ 2 or > self-limited/minor problems, 1 stable chronic illness/acute uncomplicated illness<br>~ Over the counter drugs, minor OR (no identified risk), OT/PT, IV fluids without additives   | <input type="checkbox"/> Limited<br>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<br>❖ 1 or > chronic illnesses with mild exacerbation, 2 or > stable chronic illnesses, new problem (uncertain prognosis), acute illness with systemic symptoms, acute complicated injury<br>~ 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<br>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<br>❖ 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<br>~ Elective major OR, ER major surgery, parenteral controlled substances, DNR decision   | <input type="checkbox"/> Extensive<br>CV Imaging (risk), EPS, endoscopy (risk)  | <input type="checkbox"/> High                    | <input type="checkbox"/> High Complexity     |

EM Code Assignment \_\_\_\_\_

