

K. Jeffrey Miller, DC, FACO, MBA

Documentation-History, Examination, E & M, Medicare PART

Evaluation and Management Codes - Development

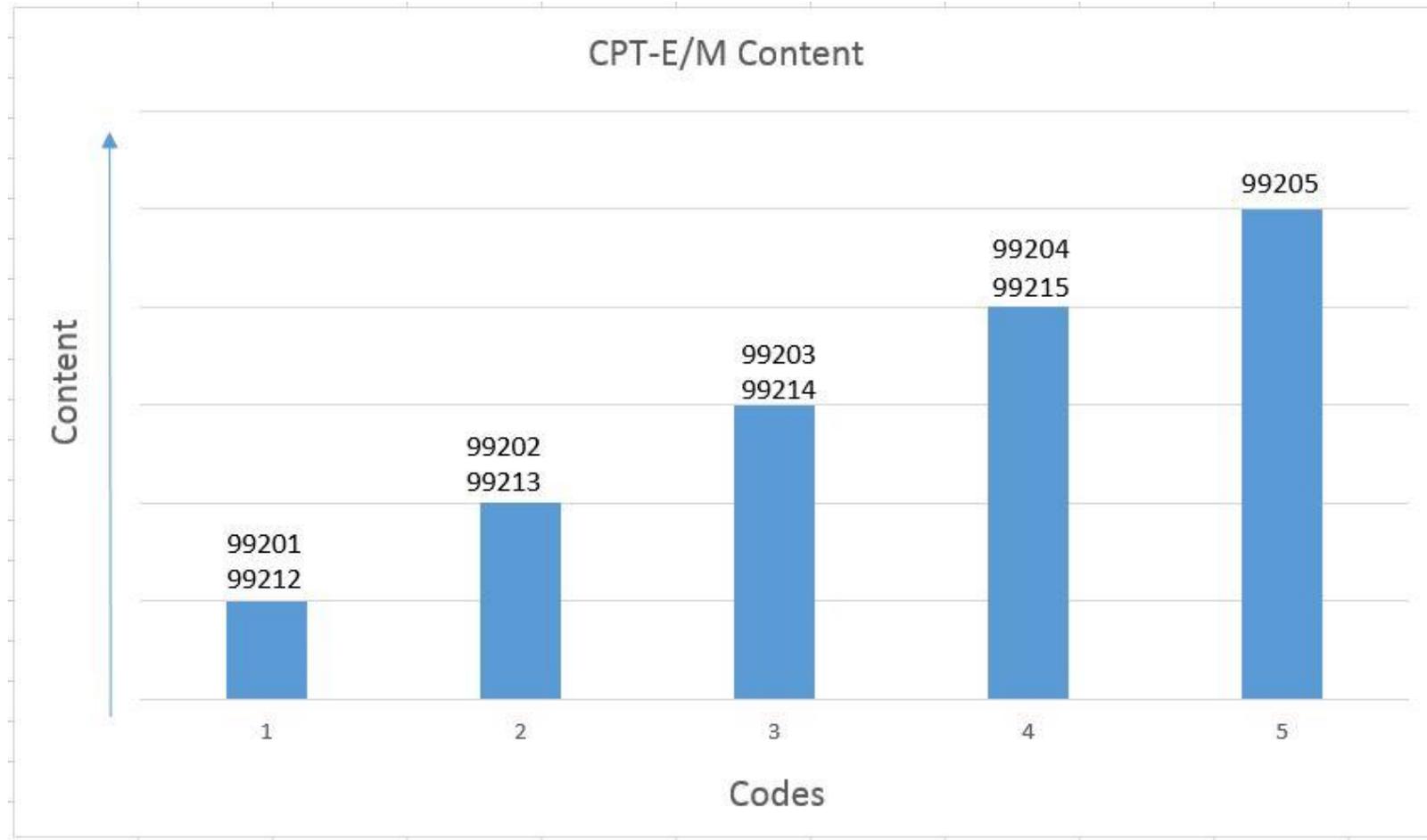
Level	New Patient	Exam Levels Bullets	Established Patient	Exam Levels Bullets
Highest				
	<i>99205</i>	<i>Comprehensive +</i>		
	99204	Comprehensive	<i>99215</i>	<i>Comprehensive +</i>
	99203	Detailed	99214	Comprehensive
	99202	Expanded Problem Focused	99213	Detailed
	99201	Problem Focused	*99212	Expanded Problem Focused
Lowest			<i>99211</i>	<i>Problem Focused</i>

Blue = Documentation Problems

+ = to fullest extent (example, vitals)

* = with adjustment

Evaluation and Management Codes - Development



What does it mean when you see this in the great outdoors?



You Have Good Signal Strength (four bars)



History Component

- History of the Presenting Illness
 - Often referred to by the abbreviation OPQRST
 - Onset/mechanism, palliative/provoking, quality, radiation/referral, severity, timing
 - CPT-E&M HPI = location, quality, severity, duration, timing, context, modifying factors and associated s/s

History Component

■ Review of Systems

- 14 Total systems
 - Constitutional symptoms,
 - Eyes,
 - Ears, Nose, Mouth and Throat
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Integumentary
 - Neurological
 - Psychiatric
 - Endocrine
 - Hematological/lymphatic
 - Allergic/Immunologic

History Component

- Past Family, Social Histories
 - Surgeries/Procedures
 - Hospitalizations,
 - Immunizations,
 - Injuries,
 - Illness (short/long term)
 - Pregnancies
 - Allergies
 - Occupational history is included in Social History

SPECIALTY EXAM: MUSCULOSKELETAL

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination within the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
All bullets	Comprehensive

(Circle the bullets that are documented.)

NOTE: For the descriptions of the elements of examination containing the words "and", "and/or", only one (1) of those elements must be documented.

System/Body Area	Elements of Examination
Cardiovascular	<ul style="list-style-type: none"> Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)
Lymphatic	<ul style="list-style-type: none"> Palpation of lymph nodes in neck, axillae, groin, and/or other location
Extremities	(See Musculoskeletal and Skin)

Skin	<ul style="list-style-type: none"> Inspection and/or palpation of skin and subcutaneous tissue (e.g., scars, rashes, lesions, cafe-au-lait spots, ulcers) in four of the following six areas: 1) head and neck, 2) trunk, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity, and 6) left lower extremity <p>Note: For the comprehensive level, the examination of all four anatomic areas must be performed and documented. For the three lower levels of examination, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of two extremities constitutes two elements.</p>
Neurological/ Psychiatric	<ul style="list-style-type: none"> Test coordination (e.g., finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children) Examination of deep tendon reflexes and/or nerve stretch test with notation of pathological reflexes (e.g., Babinski) Examination of sensation (e.g., by touch, pin, vibration, proprioception) <p>Brief assessment of mental status including:</p> <ul style="list-style-type: none"> Orientation to time, place and person Mood and affect (e.g., depression, anxiety, agitation)

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System/Body Area	Elements of Examination
Constitutional	<ul style="list-style-type: none"> Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Musculoskeletal	<ul style="list-style-type: none"> Examination of gait and station *(if circled, add to total at bottom of column to the left) <p>NOTE: Determine the number of body areas addressed within each bullet. Enter that number on the line beside each bullet. Total at the bottom of this box.</p> <p>Inspection, percussion and/or palpation: _____</p> <p>Assessment of range of motion: _____</p> <p>Assessment of stability: _____</p> <p>Assessment of muscle strength and tone: _____</p> <p>* Total Bullets: _____ (including gait and station)</p> <p>Examination of joint(s), bone(s), and muscle(s)/tendon(s) of four of the following six areas: 1) head and neck; 2) spine, ribs, and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes:</p> <ul style="list-style-type: none"> Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions Assessment of range of motion with notation of any pain (e.g., straight leg raising), crepitation or contracture Assessment of stability with notation of any dislocation (luxation), subluxation or laxity Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements <p>Note: For the comprehensive level of examination, all four elements identified by a bullet must be performed and documented for each of four anatomic areas. For the three lower levels of examination, each element is counted separately for each body area. For example, assessing range of motion in two extremities constitutes two elements.</p>

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

EXAM	One to Five Bullets	Six to Eleven Bullets	Twelve or more Bullets	All Bullets
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Note: The Chest (Breasts); Gastrointestinal (Abdomen); Genitourinary; Head/Face; Eyes; Ears, Nose, Mouth and Throat; Neck and Respiratory systems/body areas are not considered to be part of this Musculoskeletal exam.

Medicare - PART

<p>Musculoskeletal</p> <p>NOTE: Determine the number of body areas addressed within each bullet. Enter that number on the line beside each bullet. Total at the bottom of this box.</p> <p>Inspection, percussion and/or palpation: _____</p> <p>Assessment of range of motion: _____</p> <p>Assessment of stability: _____</p> <p>Assessment of muscle strength and tone: _____</p> <p>* Total Bullets: _____ (including gait and station)</p>	<ul style="list-style-type: none">● Examination of gait and station *(if circled, add to total at bottom of column to the left) <p>Examination of joint(s), bone(s), and muscle(s)/tendon(s) of four of the following six areas: 1) head and neck; 2) spine, ribs, and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes:</p> <ul style="list-style-type: none">● Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions● Assessment of range of motion with notation of any pain (e.g., straight leg raising), crepitation or contracture● Assessment of stability with notation of any dislocation (luxation), subluxation or laxity● Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements <p>Note: For the comprehensive level of examination, all four elements identified by a bullet must be performed and documented for each of four anatomic areas. For the three lower levels of examination, each element is counted separately for each body area. For example, assessing range of motion in two extremities constitutes two elements.</p>
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Objective Chiropractic Documentation for Medicare

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Introduction

Chiropractic services became eligible for reimbursement in the Medicare program with the amendment of the Social Security Act in 1972. Initially, federal regulations limited chiropractic reimbursement to manual manipulation (including the use of adjusting instruments) of the spine for the correction of subluxations. Subluxations were defined as neuromusculoskeletal conditions and had to be demonstrated on spinal x-rays in order to be considered medically necessary for reimbursement of the chiropractic adjustment.¹

In January 2000, the provision requiring demonstration of subluxations by x-ray was amended to allow demonstration by x-ray and/or physical examination findings. The physical examination requirements were termed PART, an acronym for pain, asymmetry, range of motion and tissue tone.

In an effort to limit vulnerabilities in the Medicare program, the Department of Health and Human Services (HHS) conducted a study of 400 chiropractic services for the year 2001. An overall error rate of 67 percent was identified. The loss to Medicare for that year was estimated to be \$285 million. The HHS study found that documentation for 94 percent of chiropractic services were lacking at least one of the supporting PART elements.¹

The demonstration of subluxation by physical examination must include documentation of at least two of the four PART components. One of the two minimum components must be asymmetry or range of motion.² Most other third-party payers adopted the PART system for chiropractic documentation to remain consistent with Medicare. PART documentation falls under the objective portion of another acronym, SOAP (subjective, objective, assessment, plan), which is standard for documentation of a patient's care in most fields of healthcare.^{3,4}

The authors of this study believe that the documentation deficiencies highlighted by the 2001 HHS study were and remain the result of incomplete understanding by doctors of chiropractic of the PART system and the placement of physical examination findings and their results in the proper PART documentation category. The intent of this poster is to define Medicare's documentation requirements and explain how the most commonly used procedures in chiropractic assessment fit into the PART documentation format.

Method

The Medicare Benefit Policy Manual was used as a guideline to define the elements of PART documentation. Commonly used textbooks and teaching materials were used to identify the most frequently utilized assessment methods performed by doctors of chiropractic. After defining the PART requirements and the assessment procedures commonly utilized by chiropractors, a table was constructed to serve as a ready reference for chiropractors to use as a self-auditing tool for gauging the effectiveness of their documentation.

Results

The following table describes the elements of chiropractic assessment that apply to the Medicare PART documentation system and the category each should be placed under for proper documentation.

Table 1: Elements of PART Documentation and Common Procedures Used in Chiropractic^{1,2,3,4,5,6,7,8}

Examination Finding	Description	Commonly Used Procedures
P = Pain or tenderness	Pain elicited during the course of the examination, described in terms of location, quality and intensity.	<ul style="list-style-type: none"> Observed facial expressions of pain/discomfort Antalgic postures and movements Grooming deficiencies that could be due to pain limitations Mood Overt pain behaviors Pain scales Pain diagrams and drawings Functional questionnaires Pain resulting from static palpation Pain resulting from motion palpation Pain reported during regional and/or segmental ROM Pain reported during physical, orthopedic, neurological and/or chiropractic examination procedures Algometry
A = Asymmetry or misalignment	Asymmetry or misalignment may be described at the regional and/or segmental level.	<ul style="list-style-type: none"> Observable regional asymmetry (posture/scoliosis screening) Observed local asymmetry (static palpation) Antalgic posture Gait abnormalities Functional or anatomical leg length discrepancies Muscle atrophy and asymmetry
R = Range of motion abnormality	Abnormal range of motion, either hypermobility or hypomobility may be described at the segmental or regional level. Instruments that quantify range of motion or estimates are allowable.	<ul style="list-style-type: none"> Active ROM Passive ROM Resisted ROM Segmental motion palpation Joint fixation (hypomobility) Joint laxity (hypermobility) Joint crepitus ROM measuring devices
T = Tissue tone changes	Describe changes in the tone of soft tissues such as muscles, tendons, fascia, skin and ligaments.	<ul style="list-style-type: none"> Observable hypertonicity, spasm hypotonicity and atrophy Fasciculations Edema Bruising, discoloration Heat Muscle-tendon crepitus Muscle weakness Heat-measuring instruments

Summary

Chiropractors, regardless of their technique of choice, perform examination procedures to identify subluxations and determine where to adjust the patient. Despite performing these procedures, poor documentation habits led to the Department of Health and Human Services claims that 94 percent of chiropractic claims lacked the documentation to demonstrate subluxations and prove medical necessity for the care rendered. Providing a more complete understanding of PART requirements and listing the common examination procedures under their appropriate PART categories will enhance the establishment of medical necessity and reimbursement of Medicare patients and patients of all third-party payers. Better record-keeping will also provide further proof of the necessity of chiropractic care in the American healthcare system and possibly lead to the expansion of the number of services reimbursed by Medicare and the other third party payers.

References

- Department of Health and Human Services Office of the Inspector General. *Chiropractic Services in the Medicare Program: Payment Vulnerability Analysis*. Washington, D.C.; 2005.
- Center for Medicare and Medicaid Services. *Medicare Benefit Policy Manual*. Washington, D.C.; 2008.
- Seidel H, et al. *Mosby's Guide to Physical Examination* (6th Ed.). Philadelphia: Elsevier; 2006.
- Souza T. *Differential Diagnosis for the Chiropractor* (3rd Ed.). Boston: Jones and Bartlett Publishers; 2003.
- Plaugher G. *Textbook of Clinical Chiropractic*. Maryland: Williams & Wilkins; 1993.
- Kendall F, et al. *Muscles: Testing and Function with Posture and Pain* (5th Ed.). Baltimore: Lippincott, Williams and Wilkins; 2005.
- Magee D. *Orthopedic Physical Assessment* (4th Ed.). Philadelphia: Elsevier; 2002.
- Evans R. *Illustrated Orthopedic Physical Assessment* (3rd Ed.). Philadelphia: Elsevier; 2009.

SPECIALTY EXAM: NEUROLOGY

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination with the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
At least one bullet in the box with the unshaded border AND every bullet in each box with the shaded borders.	Comprehensive

(Circle the bullets that are documented.)

NOTE: For the descriptions of the elements of examination containing the words "and", "and/or", only one (1) of those elements must be documented.

System/Body Area	Elements of Examination
Cardiovascular	<ul style="list-style-type: none"> Examination of carotid arteries (e.g., pulse amplitude, bruits) Auscultation of heart with notation of abnormal sounds and murmurs Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)
Constitutional	<ul style="list-style-type: none"> Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Eyes	<ul style="list-style-type: none"> Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)
Musculoskeletal (Includes Extremities)	<ul style="list-style-type: none"> Examination of gait and station Assessment of motor function including: <ul style="list-style-type: none"> Muscle strength in upper and lower extremities Muscle tone in upper and lower extremities (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (e.g., fasciculation, tardive dyskinesia)

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System/Body Area	Elements of Examination
Neurological	<p>Evaluation of higher integrative functions including:</p> <ul style="list-style-type: none"> Orientation to time, place and person Recent and remote memory Attention span and concentration Language (e.g., naming objects, repeating phrases, spontaneous speech) Fund of knowledge (e.g., awareness of current events, past history, vocabulary) <p>Test the following cranial nerves:</p> <ul style="list-style-type: none"> 2nd cranial nerve (e.g., visual acuity, visual fields, fundi) 3rd, 4th, and 6th cranial nerves (e.g., pupils, eye movements) 5th cranial nerve (e.g., facial sensation, corneal reflexes) 7th cranial nerve (e.g., facial symmetry, strength) 8th cranial nerve (e.g., hearing with tuning fork, whispered voice and/or finger rub) 9th cranial nerve (e.g., spontaneous or reflex palate movement) 11th cranial nerve (e.g., shoulder shrug strength) 12th cranial nerve (e.g., tongue protrusion) Examination of sensation (e.g., by touch pin, vibration, proprioception) Examination of deep tendon reflexes in upper and lower extremities with notation of pathological reflexes (e.g., Babinski) Test coordination (e.g., finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children)

Note: The Head/Face; Ears, Nose, Mouth and Throat; Neck; Respiratory; Chest (Breasts); GI (Abdomen); GU; Lymphatic; Sk and Psychiatric systems/body areas are not integral parts of this Neurological exam.

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

EXAM	One to Five Bullets	Six to Eleven Bullets	Twelve or more Bullets	Answer the following two questions. If both answers are "yes," the appropriate level of exam is comprehensive. Was at least one bullet documented in the unshaded box? <input type="checkbox"/> Yes <input type="checkbox"/> No Was each bullet in each shaded box documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Resources

- Bullet Listings: emuniversity.com
- Medicare PART Documentation Chart: examdoc.com

New Patient E & M Codes

Code	99203
History	HPI = Expanded at least 4 elements of the HPI or the status of at least 3 chronic or inactive conditions
	ROS = Extended; systems related to the problem and a limited number of additional systems (2-9 systems)
	PSF = Problem pertinent; family and/or social history related to the problem from the HPI (one specific item from least one of the three categories)
Examination	Single = At least 12 bullets whether in a shade or unshaded box (eye and psychiatric only 9)
	Multi = At least two bullets from six organ systems or body areas (12)
Medical Decision Making	Low complexity
Counseling/Coordination	Consistent with the nature of the problem-as needed
Nature of the Problems	Moderate severity
Time	30 minutes

Established Patient E & M Codes

Code	99214
History	HPI = Expanded at least 4 elements of the HPI or the status of at least 3 chronic or inactive conditions
	ROS = Extended; systems related to the problem and a limited number of additional systems (2-9 systems)
	PSF = Problem pertinent; family and/or social history related to the problem from the HPI (one specific item from least one of the three categories)
Examination	Single = At least 12 bullets whether in a shade or unshaded box (eye and psychiatric only 9)
	Multi = At least two bullets from six organ systems or body areas (12)
Medical Decision Making	Moderate complexity
Counseling/Coordination	Consistent with the nature of the problem-as needed
Nature of the Problems	Moderate to high severity
Time	25 minutes

Established Patient E & M Codes

Code	99213
History	HPI = Brief 1-3 elements (location, quality and severity)
	ROS = Problem pertinent-system(s) related to problem
	PSF = N/A
Examination	Single = At least 6 bullets from shaded or un-shaded boxes from a single organ system or body area
	Multi = At least 6 bullets from one or more organ systems or body areas
Medical Decision Making	Low complexity
Counseling/Coordination	Consistent with the nature of the problem-as needed
Nature of the Problems	Low to moderate severity
Time	15 minutes

Question

- There are 6-7 components of the examination process listed in the E & M portion of the CPT system.
 - History, examination, medical decision making, counseling/coordination, nature of the problem and time
- Why did I focus primarily on the History and Physical Examination components?

Moving Beyond Standard History Components

- Patient Health Survey
 - Ten Foot Pole Patients
- 20 Questions
 - Prompting Information/Cooperation
- Daily Questions
 - Checklist Manifesto
- Questions with new emphasis
 - Suicide, abuse

Patient Health Survey

“Ten Foot Pole Patients”

- Signs and symptoms of all the stuff that could turn out terrible
- Designed so “Yes” sticks out
- Also designed to catch the patients trying to cheat

Case # _____

PATIENT HEALTH SURVEY

FULL NAME _____ AGE _____ DATE _____

Have you ever (at any time) experienced any of the following?

Difficulty urinating	Y	N	Claustrophobia (fear of small spaces)	Y	N
Loss of bladder control	Y	N	Spinal surgery	Y	N
Loss of bowel control	Y	N	Common cold/flu	Y	N
Temporary loss of vision, one eye	Y	N	Carotid artery surgery	Y	N
Blood in urine	Y	N	Breast removal	Y	N

Have you ever been diagnosed with or told you have one of the following?

Detached retina	Y	N	Rheumatoid Arthritis	Y	N
Stroke	Y	N	Fractured/broken vertebra	Y	N
Slipped disc	Y	N	Bleeding disorders	Y	N
Herniated disc	Y	N	High blood pressure	Y	N
Osteoporosis	Y	N	Blood in stool	Y	N
TIA's (pin or mini strokes)	Y	N	Cancer	Y	N
Drop attacks (collapsing, but not fainting)	Y	N	AIDS	Y	N
Hardening of the arteries	Y	N	Kidney disease	Y	N
Partial or complete paralysis	Y	N	Prostate disease	Y	N

Do you currently have, or could you be, any of the following?

Pregnant	Y	N
Taking birth control pills	Y	N
Receiving hormone therapy	Y	N
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Receiving chemotherapy	Y	N
Receiving radiation therapy	Y	N
Taking blood thinners	Y	N
A heavy smoker (1 or more packs/day)	Y	N
Surgical/medical implanted devices:		
Aortic clips	Y	N
Brain clips	Y	N
Artificial heart valves	Y	N
Rods, pins, screws	Y	N
IUD	Y	N
Surgical clips/wires	Y	N
Shunt	Y	N
Neurostimulator	Y	N
Dentures	Y	N
Pacemaker	Y	N
Hearing aid	Y	N
Insulin pump	Y	N
Joint replacement	Y	N
Cochlear implants (ear)	Y	N
Other implanted devices:		
Metal fragments (head, eye, skin)	Y	N
Bullets/shrapnel	Y	N
Body piercing	Y	N
Tattoos	Y	N

In the past 14 days (2 weeks), have you experienced any of the following?

Nausea	Y	N
Vomiting	Y	N
Vertigo (spinning)	Y	N
Difficulty walking	Y	N
Incoordination	Y	N
Numbness or other sensory complaints	Y	N
Loss of consciousness	Y	N
Double vision	Y	N
Blurred vision	Y	N
Tinnitus (ringing in ears)	Y	N
Speech problems	Y	N
Clumsiness	Y	N
Memory loss	Y	N
Travel by car/truck	Y	N
Personality changes	Y	N
Fever	Y	N
Recurrent headaches	Y	N
Diarrhea	Y	N
Used a tanning bed/booth	Y	N
Skin rash/infection	Y	N
A major fall	Y	N
A minor fall	Y	N
An auto accident	Y	N
A work injury	Y	N
Loss of strength	Y	N
Pain moving bowels	Y	N
Head trauma	Y	N
Abnormal period	Y	N

Case # _____

PATIENT HEALTH SURVEY

FULL NAME Bill Cutter AGE 56 DATE 9/14/2018

Have you ever (at any time) experienced any of the following?

Difficulty urinating	Y	<input checked="" type="radio"/> N	Claustrophobia (fear of small spaces)	Y	<input checked="" type="radio"/> N
Loss of bladder control	Y	<input checked="" type="radio"/> N	Spinal surgery	Y	<input checked="" type="radio"/> N
Loss of bowel control	Y	<input checked="" type="radio"/> N	Common cold/flu	Y	<input checked="" type="radio"/> N
Temporary loss of vision, one eye	Y	<input checked="" type="radio"/> N	Carotid artery surgery	Y	<input checked="" type="radio"/> N
Blood in urine	Y	<input checked="" type="radio"/> N	Breast removal	Y	<input checked="" type="radio"/> N

Have you ever been diagnosed with or told you have one of the following?

Detached retina	Y	<input checked="" type="radio"/> N	Rheumatoid Arthritis	Y	<input checked="" type="radio"/> N
Stroke	Y	<input checked="" type="radio"/> N	Fractured/broken vertebra	Y	<input checked="" type="radio"/> N
Slipped disc	Y	<input checked="" type="radio"/> N	Bleeding disorders	Y	<input checked="" type="radio"/> N
Herniated disc	Y	<input checked="" type="radio"/> N	High blood pressure	Y	<input checked="" type="radio"/> N
Osteoporosis	Y	<input checked="" type="radio"/> N	Blood in stool	Y	<input checked="" type="radio"/> N
TIA's (pin or mini strokes)	Y	<input checked="" type="radio"/> N	Cancer	Y	<input checked="" type="radio"/> N
Drop attacks (collapsing, but not fainting)	Y	<input checked="" type="radio"/> N	AIDS	Y	<input checked="" type="radio"/> N
Hardening of the arteries	Y	<input checked="" type="radio"/> N	Kidney disease	Y	<input checked="" type="radio"/> N
Partial or complete paralysis	Y	<input checked="" type="radio"/> N	Prostate disease	Y	<input checked="" type="radio"/> N

Do you currently have, or could you be, any of the following?

Pregnant	Y	<input checked="" type="radio"/> N
Taking birth control pills	Y	<input checked="" type="radio"/> N
Receiving hormone therapy	Y	<input checked="" type="radio"/> N
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Receiving chemotherapy	Y	<input checked="" type="radio"/> N
Receiving radiation therapy	Y	<input checked="" type="radio"/> N
Taking blood thinners	Y	<input checked="" type="radio"/> N
A heavy smoker (1 or more packs.day)	Y	<input checked="" type="radio"/> N
Surgical/medical implanted devices:		
Aortic clips	Y	<input checked="" type="radio"/> N
Brain clips	Y	<input checked="" type="radio"/> N
Artificial heart valves	Y	<input checked="" type="radio"/> N
Rods, pins, screws	Y	<input checked="" type="radio"/> N
IUD	Y	<input checked="" type="radio"/> N
Surgical clips/wires	Y	<input checked="" type="radio"/> N
Shunt	Y	<input checked="" type="radio"/> N
Neurostimulator	Y	<input checked="" type="radio"/> N
Dentures	Y	<input checked="" type="radio"/> N
Pacemaker	Y	<input checked="" type="radio"/> N
Hearing aid	Y	<input checked="" type="radio"/> N
Insulin pump	Y	<input checked="" type="radio"/> N
Joint replacement	Y	<input checked="" type="radio"/> N
Cochlear implants (ear)	Y	<input checked="" type="radio"/> N
Other implanted devices:		
Metal fragments (head, eye, skin)	Y	<input checked="" type="radio"/> N
Bullets/shrapnel	Y	<input checked="" type="radio"/> N
Body piercing	Y	<input checked="" type="radio"/> N
Tattoos	Y	<input checked="" type="radio"/> N

In the past 14 days (2 weeks), have you experienced any of the following?

Nausea	Y	<input checked="" type="radio"/> N
Vomiting	Y	<input checked="" type="radio"/> N
Vertigo (spinning)	Y	<input checked="" type="radio"/> N
Difficulty walking	Y	<input checked="" type="radio"/> N
Incoordination	Y	<input checked="" type="radio"/> N
Numbness or other sensory complaints	Y	<input checked="" type="radio"/> N
Loss of consciousness	Y	<input checked="" type="radio"/> N
Double vision	Y	<input checked="" type="radio"/> N
Blurred vision	Y	<input checked="" type="radio"/> N
Tinnitus (ringing in ears)	Y	<input checked="" type="radio"/> N
Speech problems	Y	<input checked="" type="radio"/> N
Clumsiness	Y	<input checked="" type="radio"/> N
Memory loss	Y	<input checked="" type="radio"/> N
Travel by car/truck	Y	<input checked="" type="radio"/> N
Personality changes	Y	<input checked="" type="radio"/> N
Fever	Y	<input checked="" type="radio"/> N
Recurrent headaches	Y	<input checked="" type="radio"/> N
Diarrhea	Y	<input checked="" type="radio"/> N
Used a tanning bed/booth	Y	<input checked="" type="radio"/> N
Skin rash/infection	Y	<input checked="" type="radio"/> N
A major fall	Y	<input checked="" type="radio"/> N
A minor fall	Y	<input checked="" type="radio"/> N
An auto accident	Y	<input checked="" type="radio"/> N
A work injury	Y	<input checked="" type="radio"/> N
Loss of strength	Y	<input checked="" type="radio"/> N
Pain moving bowels	Y	<input checked="" type="radio"/> N
Head trauma	Y	<input checked="" type="radio"/> N
Abnormal period	Y	<input checked="" type="radio"/> N

Case # _____

PATIENT HEALTH SURVEYFULL NAME Bill Cutter AGE 56 DATE 9/14/2018**Have you ever (at any time) experienced any of the following?**

Difficulty urinating	Y	N	Claustrophobia (fear of small spaces)	Y	N
Loss of bladder control	Y	N	Spinal surgery	Y	N
Loss of bowel control	Y	N	Common cold/flu	Y	<input checked="" type="checkbox"/> N
Temporary loss of vision, one eye	Y	N	Carotid artery surgery	Y	N
Blood in urine	Y	N	Breast removal	Y	N

Have you ever been diagnosed with or told you have one of the following?

Detached retina	Y	N	Rheumatoid Arthritis	Y	N
Stroke	Y	N	Fractured/broken vertebra	Y	N
Slipped disc	Y	N	Bleeding disorders	Y	N
Herniated disc	Y	N	High blood pressure	Y	N
Osteoporosis	Y	N	Blood in stool	Y	N
TIA's (pin or mini strokes)	Y	N	Cancer	Y	N
Drop attacks (collapsing, but not fainting)	Y	N	AIDS	Y	N
Hardening of the arteries	Y	N	Kidney disease	Y	N
Partial or complete paralysis	Y	N	Prostate disease	Y	N

Do you currently have, or could you be, any of the following?

Pregnant	Y	N
Taking birth control pills	Y	N
Receiving hormone therapy	Y	N
<input type="checkbox"/> Male <input type="checkbox"/> Female		
Receiving chemotherapy	Y	N
Receiving radiation therapy	Y	N
Taking blood thinners	Y	N
A heavy smoker (1 or more packs.day)	Y	N
Surgical/medical implanted devices:		
Aortic clips	Y	N
Brain clips	Y	N
Artificial heart valves	Y	N
Rods, pins, screws	Y	N
IUD	Y	N
Surgical clips/wires	Y	N
Shunt	Y	N
Neurostimulator	Y	N
Dentures	Y	N
Pacemaker	Y	N
Hearing aid	Y	N
Insulin pump	Y	N
Joint replacement	Y	N
Cochlear implants (ear)	Y	N
Other implanted devices:		
Metal fragments (head, eye, skin)	Y	N
Bullets/shrapnel	Y	N
Body piercing	Y	N
Tattoos	Y	N

In the past 14 days (2 weeks), have you experienced any of the following?

Nausea	Y	N
Vomiting	Y	N
Vertigo (spinning)	Y	N
Difficulty walking	Y	N
Incoordination	Y	N
Numbness or other sensory complaints	Y	N
Loss of consciousness	Y	N
Double vision	Y	N
Blurred vision	Y	N
Tinnitus (ringing in ears)	Y	N
Speech problems	Y	N
Clumsiness	Y	N
Memory loss	Y	N
Travel by car/truck	Y	<input checked="" type="checkbox"/> N
Personality changes	Y	N
Fever	Y	N
Recurrent headaches	Y	N
Diarrhea	Y	N
Used a tanning bed/booth	Y	N
Skin rash/infection	Y	N
A major fall	Y	N
A minor fall	Y	N
An auto accident	Y	N
A work injury	Y	N
Loss of strength	Y	N
Pain moving bowels	Y	N
Head trauma	Y	N
Abnormal period	Y	N

20 Questions

Prompting Information/Cooperation

- Designed to get information out of patients who are poor historians
- It focuses on situations and events instead of conditions.
- If I were to add to this I would ask, “Do you have any significant or unusual scars?”

20 Questions

- Have you ever been treated in an emergency room?
 - As an adult? Child?
- Have you ever been transported by ambulance?
- Have you ever called a doctor after hours?
- Have you ever had to see a doctor while out of town?
- Have you ever had emergency dental care?
- Have you ever had an allergic reaction?
 - Food, Drug, Insect, Substance

20 Questions

- Have you ever carried/do you carry medication in case of an emergency?
 - Nitroglycerin, Glucose, Insulin, An inhaler, Epi Pen
- Have you/do you wear any type of medical alert jewelry?
- Have you ever had to have a tetanus shot?
- Have you ever received stitches?
- Have you ever been fitted for a special brace, worn a brace or worn a cast?

20 Questions

- Have you ever been admitted to a hospital?
- Have you ever been anesthetized or had a body region numbed?
- Do you have any implanted medical devices or inbedded foreign objects from trauma (pace maker, bullets)
- Have you ever been x-rayed?
- Have you ever used a cane, crutches, walker, wheelchair?
- Have you ever undergone a series of injections?

20 Questions

- Have you ever been diagnosed as having a permanent condition?
- Have you ever been disqualified from any of the following:
 - A job
 - The military
 - Participation in a sport
- Have you ever been denied medical or life insurance?

Daily Questions

Checklist Manifesto

- The Checklist Manifesto
- Routine Safety Procedure
- Pregnancy, Implanted Devices, The Ds and Ns (stroke)

Daily Questions

Checklist Manifesto

- The Ds and Ns (NCMIC-stroke)
 - Diplopia
 - Dizziness
 - Drop Attacks
 - Dysarthria
 - Dysphagia
 - Ataxia
 - Nausea
 - Numbness
 - Nystagmus

Questions with New Emphasis

Suicide, Abuse...

- Suicide: (Thoughts and/or Attempts)
- Abuse: Mental, Physical and/or Sexual
- Smoking

Always Tell the Doctor if You

- **Have any concerns**
- **Have any implanted medical devices, especially any implanted device that is electrical, or uses a battery i.e., *pacemaker, stimulator or pump.***
- **Are or could be pregnant.**
- **Have pain (scored 0-10)**
 - 0 = No Pain
 - 10 = Terrible pain (you cannot drive, work or attend school etc.)
- **Have experienced changes in your symptoms**
 - No change
 - Symptoms have improved
 - Symptoms have moved
 - Symptoms have increased

Always Tell the Doctor if You

- Have limited your activities due to your condition (changed your work, job or household activities)
- Are having trouble following home instructions
- Have allergies to Latex, adhesives
- Are afraid of needles
- Have been injured since your last visit
- If you have seen another doctor since your last visit, and why
- Are having trouble with bladder or bowel functions
- **Are having thoughts of suicide**
- **Don't feel safe at home**
- **Are being verbally, physically or sexually abused.**