1 Patient Information

Name:

DOB:

Age / Sex:

MRN:

Date of Admission:

Date of Discharge:

Attending Provider:

Discharging Provider (if different):

2 Reason for Hospitalization

Document the primary admitting diagnosis and clinical indication for hospitalization. Include presenting symptoms, severity, and factors necessitating inpatient care...

3 History of Present Illness

Provide a brief summary of the patient's presentation leading to admission. Include onset, duration, key symptoms, relevant comorbidities, and initial clinical concerns...

4 Hospital Course

Provide a concise, chronological summary of the inpatient course. Include initial findings on admission (vitals, exam, key labs/imaging), diagnostic evaluations, treatments and interventions, consultations obtained, clinical progression, and any significant events...

5 Procedures Performed

List all procedures performed during hospitalization, including dates and indications...

6 Discharge Diagnoses

6a PRIMARY DIAGNOSIS

Condition chiefly responsible for admission...

6b SECONDARY DIAGNOSES

Comorbidities or conditions treated or impacting care...

7 Condition at Discharge

Describe the patient's status at discharge — hemodynamic stability, symptom resolution or persistence, functional status and mobility, mental status if relevant...

8 Medications at Discharge

NEW MEDICATIONS

Medications initiated during hospitalization — name, dose, frequency, indication...

CONTINUED MEDICATIONS

Home medications to continue — name, dose, frequency...

DISCONTINUED MEDICATIONS

Medications stopped and rationale...

9 Allergies

Known drug, food, or environmental allergies and reactions...

10 Discharge Instructions

Activity level and restrictions. Diet recommendations. Wound or device care if applicable. Medication adherence instructions. Warning signs and symptoms requiring urgent evaluation...

11 Follow-Up

Scheduled appointments (provider, specialty, timeframe). Pending labs, imaging, or results requiring follow-up. Referrals to specialists or services...

Disposition (discharge location / level of care): ____________________

12 Time & Billing

Total Time Spent: ____________________

Counseling / Coordination of Care Time: ____________________

E/M CODING

E/M Level (e.g., 99238 / 99239): ____________________

Basis for Billing (Time-based / MDM): ____________________

ICD-10 CODES

Primary Diagnosis Code + Description: ____________________

Secondary Diagnosis Code(s): ____________________

Physician Name, MD: ____________________

Specialty: ____________________

Date: ____________________

Time: ____________________