

**1 Patient Information**

**Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Age / Sex:** \_\_\_\_\_  
**MRN:** \_\_\_\_\_  
**Date of Service:** \_\_\_\_\_  
**Provider:** \_\_\_\_\_  
**Arrival Mode (e.g., walk-in, EMS):** \_\_\_\_\_

**2 Chief Complaint**

Primary presenting symptom in the patient's own words, including duration...

**3 History of Present Illness****| ONSET & CONTEXT**

**Circumstances at symptom onset:** \_\_\_\_\_

**| DURATION & COURSE**

**Time course and progression:** \_\_\_\_\_

**| LOCATION & CHARACTER**

**Anatomical location / radiation:** \_\_\_\_\_

**Character / quality:** \_\_\_\_\_

**Severity:** \_\_\_\_\_

**| TIMING, MODIFYING FACTORS & ASSOCIATED SYMPTOMS**

**Timing / pattern:** \_\_\_\_\_

**Aggravating and relieving factors:** \_\_\_\_\_

**Associated symptoms:** \_\_\_\_\_

**Pertinent negatives (red-flag symptoms denied):** \_\_\_\_\_

**4 Review of Systems**

**Constitutional:** \_\_\_\_\_  
**Cardiovascular:** \_\_\_\_\_  
**Respiratory:** \_\_\_\_\_  
**Gastrointestinal:** \_\_\_\_\_  
**Neurological:** \_\_\_\_\_  
**Psychiatric:** \_\_\_\_\_

Other systems as clinically indicated: \_\_\_\_\_

## 5 Vitals

### INITIAL

Temperature: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Oxygen Saturation: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

### REPEAT (IF APPLICABLE)

Temperature: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Oxygen Saturation: \_\_\_\_\_  
Blood Pressure: \_\_\_\_\_ Respiratory Rate: \_\_\_\_\_

## 6 Physical Examination

General Appearance: \_\_\_\_\_  
HEENT: \_\_\_\_\_  
Cardiovascular: \_\_\_\_\_  
Respiratory: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Musculoskeletal: \_\_\_\_\_  
Neurological: \_\_\_\_\_  
Skin: \_\_\_\_\_  
Psychiatric (if relevant): \_\_\_\_\_

## 7 Lab & Imaging Results

Laboratory Studies (key abnormal and clinically relevant normals): \_\_\_\_\_  
Imaging Studies (X-ray, CT, MRI, ultrasound findings): \_\_\_\_\_  
Other Diagnostics (ECG, bedside tests): \_\_\_\_\_

## 8 ED Course

Time-sequenced summary of care in the ED. Interventions performed (medications, procedures). Patient response to treatment. Reassessments and clinical changes. Consultations obtained. Decision-making milestones...

## 9 Assessment

Differential diagnoses considered: \_\_\_\_\_  
Most likely / working diagnosis: \_\_\_\_\_  
Severity and acuity: \_\_\_\_\_  
Risk stratification (low / moderate / high): \_\_\_\_\_

**10 Plan**

Treatments administered. Additional diagnostics ordered. Consultations or referrals. Patient counseling and education...

**11 Disposition**

**Disposition (Discharge / Admission / Observation / Transfer):** \_\_\_\_\_  
**Clinical justification:** \_\_\_\_\_  
**Patient condition at disposition:** \_\_\_\_\_

**12 Follow-Up**

**Return precautions (specific red-flag symptoms):** \_\_\_\_\_  
**Outpatient follow-up (provider, timeframe):** \_\_\_\_\_

**13 Time & Billing**

**Total Time Spent:** \_\_\_\_\_  
**Counseling / Coordination of Care Time:** \_\_\_\_\_

**E/M CODING**

**E/M Level (e.g., 99281-99285):** \_\_\_\_\_  
**Basis for Billing (Time-based / MDM):** \_\_\_\_\_

**ICD-10 CODES**

**Primary Diagnosis Code + Description:** \_\_\_\_\_  
**Secondary Diagnosis Code(s):** \_\_\_\_\_

**Physician Name, MD:** \_\_\_\_\_  
**Specialty: Emergency Medicine** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_