

1 Patient Information

1 PATIENT DETAILS

| | | | |
|--|-------|------------------------------|-------|
| Name: | _____ | Date of Service: | _____ |
| DOB: | _____ | Provider: | _____ |
| Age / Sex: | _____ | MRN: | _____ |
| Visit Type: ENT / Otolaryngology Follow-Up | _____ | | _____ |
| Reason for Follow-Up: | _____ | Prior Diagnosis / Condition: | _____ |

CC Chief Complaint

2 PRIMARY ENT FOLLOW-UP CONCERN

ENT concern being followed up — symptom status, laterality, duration, or reason for reassessment...

S Subjective

3 INTERVAL HISTORY & PATIENT-REPORTED RESPONSE SINCE PRIOR VISIT

3a INTERVAL CHANGES

Symptoms improved, worsened, resolved, or stable since last evaluation...

3b CURRENT ENT SYMPTOMS

Ongoing or new ear, nasal, sinus, throat, voice, swallowing, airway, thyroid, neck, or salivary complaints...

3c TREATMENT RESPONSE

Response to medications, nasal sprays, otic drops, antibiotics, steroids, reflux therapy, hearing devices, or vestibular therapy...

3d MEDICATION / TREATMENT ADHERENCE

Completed or discontinued treatment, missed doses, side effects, or barriers to adherence...

3e PROCEDURES / SURGERY SINCE LAST VISIT

Interval procedures, operative recovery, wound concerns, complications, or pathology results...

3f FUNCTIONAL IMPACT

Effects on hearing, balance, breathing, sleep, voice, swallowing, eating, work, school, daily activities, and QOL...

3g PERTINENT NEGATIVES

Denial of sudden hearing loss, severe vertigo with neuro symptoms, airway compromise, progressive dysphagia, hemoptysis, fever, facial swelling, weight loss, or enlarging neck mass...

ROS ENT Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

Hearing loss / tinnitus / otalgia / otorrhea / aural fullness

Dizziness / vertigo / imbalance

Nasal obstruction / congestion / rhinorrhea / epistaxis

Facial pain / pressure / smell disturbance

Sore throat / dysphagia / odynophagia

Hoarseness / voice change / chronic cough

Neck mass / thyroid enlargement / salivary swelling

Fever / weight loss / night sweats / fatigue

O Objective

5 INTERVAL ENT FINDINGS

V VITAL SIGNS

Temperature: _____

Blood Pressure: _____

Heart Rate: _____

Respiratory Rate: _____

Oxygen Saturation: _____

Height / Weight: _____

Pain Score: _____

5a GENERAL APPEARANCE

Appearance, distress, communication, voice quality, breathing...

5b HEAD / FACE / EYES

Head & Face: _____

Eyes: _____

5c EAR EXAM

External ears, mastoid, canal, TM — erythema, effusion, perforation, retraction, post-treatment changes...

5d NASAL EXAM

Septum, turbinates, discharge, obstruction, mucosa, anterior rhinoscopy findings...

5e ORAL CAVITY / OROPHARYNX

Mucosa, tonsils, posterior pharynx, lesions, masses...

5f NECK & RESPIRATORY / NEUROLOGICAL

Neck: _____

Respiratory / Airway: _____

Neurological: _____

PP Procedures Performed

6 ENT PROCEDURES THIS VISIT

Procedure name, indication, technique, location, laterality, instruments, findings, tolerance, complications. Examples: nasal endoscopy, flexible laryngoscopy, cerumen removal, debridement, tympanometry...

L Lab & Diagnostic Results

7 INTERVAL OR REVIEWED DATA

7a AUDIOLOGY

Audiogram, tympanometry, vestibular testing, hearing aid evaluation...

7b IMAGING

CT sinus, CT neck, MRI, ultrasound, PET/CT, or other relevant imaging...

7c LABORATORY STUDIES / PATHOLOGY

Labs, cultures, FNA/biopsy results, allergy testing, prior records reviewed...

A Assessment

8 INTERVAL ENT CLINICAL INTERPRETATION

Active ENT diagnosis. Clinical status since last visit (improving/stable/worsening/resolved). Response to prior treatment. Relationship to exam, procedures, audiology, imaging, or pathology. Complications, persistent symptoms, recurrence, or need for escalation...

P Plan

9 FOLLOW-UP MANAGEMENT

9a MEDICATIONS & SUPPORTIVE CARE

Continue, modify, discontinue, or initiate medications...

9b DIAGNOSTIC TESTING & PROCEDURES

Audiology, imaging, labs, cultures, biopsy, endoscopy, or procedures ordered/planned...

9c SURGICAL PLANNING & POST-OP MANAGEMENT

Surgical planning or post-operative management if applicable...

9d PATIENT EDUCATION & REFERRALS

Warning signs, symptom management, nasal/ear care, referrals or coordination...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Symptom reassessment, treatment response, imaging/audiology review, surgical planning, or surveillance...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN NAME, MD

SPECIALTY: OTOLARYNGOLOGY / HEAD AND
NECK SURGERY

DATE

TIME