

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type: Sinusitis / Sinonasal Evaluation	_____		_____
Reason for Visit:	_____		_____

CC Chief Complaint

2 PRIMARY SINONASAL CONCERN

Primary sinonasal concern in patient's own words — duration and severity: nasal congestion, facial pressure, drainage, recurrent infections, or impaired smell...

S Subjective

3 PATIENT-REPORTED SINONASAL SYMPTOMS, HISTORY & TREATMENT

3a SYMPTOM ONSET & DURATION

Acute, subacute, chronic, or recurrent — improving, worsening, persistent, or episodic...

3b NASAL OBSTRUCTION / CONGESTION

Side (unilateral/bilateral/alternating):	_____	Pattern (constant/intermittent/positional):	_____
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3c NASAL DRAINAGE

Color / Consistency / Amount:	_____	Direction (anterior/posterior/both):	_____
Odor:	_____		

3d FACIAL PAIN / PRESSURE

Location / Laterality:	_____	Severity / Relationship to bending / illness:	_____
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3e SMELL DISTURBANCE

Type (anosmia/hyposmia/parosmia):	_____	Onset / Course:	_____
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3f ASSOCIATED SYMPTOMS

Headache, cough, sore throat, ear pressure, dental pain, fever, fatigue, halitosis, sneezing, itchy eyes, allergy symptoms...

3g RECURRENT / CHRONIC HISTORY

Number of sinus infections, antibiotic courses, symptom-free intervals, prior sinus surgery, nasal polyps, asthma, allergies, immune deficiency, environmental exposures...

3h PRIOR TREATMENTS

Saline irrigation, intranasal steroids, antihistamines, decongestants, antibiotics, oral steroids, allergy therapy, prior ENT evaluation...

3i PERTINENT NEGATIVES

Denial of periorbital swelling, vision changes, severe frontal headache, altered mental status, high fever, facial numbness, severe unilateral symptoms, epistaxis, or neurologic deficits...

ROS ENT Review of Systems

4 PERTINENT POSITIVES & NEGATIVES

- Nasal obstruction or congestion
- Facial pressure or sinus pain
- Headache or dental pain
- Cough or throat clearing
- Allergy symptoms
- Vision changes or periorbital swelling
- Rhinorrhea or postnasal drip
- Smell disturbance
- Fever / chills / fatigue
- Ear pressure or aural fullness
- Epistaxis

O Objective

5 MEASURABLE & OBSERVED SINONASAL FINDINGS

V VITAL SIGNS

Temperature: _____ Blood Pressure: _____
 Heart Rate: _____ Respiratory Rate: _____
 Oxygen Saturation: _____ Height / Weight: _____
 Pain Score: _____

5a GENERAL APPEARANCE

Appearance, distress, breathing pattern, voice/nasal quality...

5b HEAD / FACE

Facial symmetry, sinus tenderness, swelling, scars...

5c EYES

EOMs, conjunctiva, sclera, periorbital edema, or visual concerns...

5d EAR EXAM

External ears, canal, TM — effusion, erythema, bulging, retraction...

5e NASAL EXAM

External nose, septum, turbinates, discharge, obstruction, mucosa, anterior rhinoscopy findings...

5f ORAL CAVITY / OROPHARYNX

Posterior pharyngeal drainage, cobblestoning, tonsils, erythema, exudate...

5g NECK & RESPIRATORY

Neck (lymphadenopathy, masses): _____ Respiratory (cough, wheeze): _____

PP Procedures Performed

6 SINONASAL / ENT PROCEDURES THIS VISIT

Procedure name, indication, technique, location, laterality, instruments/scopes, topical anesthesia, findings, tolerance, complications. Examples: nasal endoscopy, culture collection, debridement, nasal cautery, flexible laryngoscopy...

L Lab & Diagnostic Results

7 REVIEWED DATA

7a IMAGING

CT sinus, MRI face/brain, prior or post-op sinus imaging...

7b LABORATORY STUDIES

CBC, inflammatory markers, allergy testing, immune workup, or infection-related labs...

7c CULTURES & PRIOR RECORDS

Nasal/sinus culture — organism and sensitivities. Prior ENT notes, operative reports, allergy records, antibiotic history...

A Assessment

8 SINUSITIS CLINICAL INTERPRETATION

Primary diagnosis: acute bacterial rhinosinusitis, CRS, recurrent acute sinusitis, allergic rhinitis, nasal polyposis, or septal deviation. Duration/severity. Laterality. Complication risk. Contributing factors: allergies, asthma, anatomic obstruction, immune dysfunction, dental source...

P Plan

9 SINONASAL MANAGEMENT

9a MEDICAL THERAPY

Saline irrigation, intranasal steroid, antihistamines, antibiotics, oral steroids, decongestants, allergy treatment...

9b DIAGNOSTIC TESTING ORDERED

CT sinus, nasal endoscopy, culture, allergy testing, or immune evaluation...

9c PROCEDURE / SURGICAL PLANNING

Nasal endoscopy, sinus surgery discussion, polypectomy, or septoplasty/turbinate evaluation...

9d PATIENT EDUCATION & REFERRALS

Nasal spray technique, saline irrigation, medication adherence, allergy avoidance, humidification, warning signs. Referrals...

F Follow-Up

10 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Symptom reassessment, response to medical therapy, imaging/culture results, endoscopy follow-up, or surgical planning...

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
_____	_____	_____	_____

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