1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: ELECTROPHYSIOLOGY CONSULTATION / FOLLOW-UP / DEVICE CHECK / POST-PROCEDURE VISIT

CARE SETTING: OUTPATIENT / INPATIENT / TELEHEALTH / DEVICE CLINIC / EP LAB FOLLOW-UP

PRIMARY CARE PROVIDER, IF APPLICABLE

PRIMARY CARDIOLOGIST, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY ELECTROPHYSIOLOGY CONCERN

Primary electrophysiology-related reason for the visit in the patient's own words when possible — palpitations, atrial fibrillation, atrial flutter, SVT, ventricular arrhythmia, bradycardia, syncope, presyncope, pacemaker / ICD follow-up, device alert, ablation evaluation, post-ablation follow-up, or antiarrhythmic medication management...

S SUBJECTIVE

3 PATIENT-REPORTED RHYTHM SYMPTOMS, ARRHYTHMIA & DEVICE HISTORY

3a INDICATION & RHYTHM SYMPTOMS

Reason for Electrophysiology Evaluation (arrhythmia evaluation, palpitations, syncope, atrial fibrillation / flutter management, SVT, ventricular tachycardia, bradycardia, conduction disease, device implantation evaluation, device follow-up, ablation planning, post-ablation follow-up, antiarrhythmic medication review):

Palpitations / Rhythm Symptoms (onset, frequency, duration, triggers, rhythm sensation, sudden or gradual onset / offset,

associated dizziness, chest pain, dyspnea, syncope, fatigue, anxiety, symptom progression):

3b ARRHYTHMIA-SPECIFIC HISTORY

Atrial Fibrillation / Atrial Flutter History (diagnosis date, paroxysmal / persistent / permanent pattern, symptom burden, episode frequency, prior cardioversion, prior ablation, triggers, rate control, rhythm control, anticoagulation status, prior monitoring results):

SVT / Tachyarrhythmia History (suspected or confirmed SVT type, episode characteristics, triggers, termination maneuvers, emergency visits, adenosine response, prior ablation, impact on daily activities):

Ventricular Arrhythmia History (PVCs, NSVT, sustained VT, VF, ICD shocks, syncope, cardiomyopathy, scar history, ischemic disease, inherited arrhythmia concern, family history of sudden cardiac death, prior EP evaluation):

Bradycardia / Conduction Symptoms (dizziness, presyncope, syncope, fatigue, exertional intolerance, pauses, AV block, sinus node dysfunction, chronotropic incompetence, medication-related bradycardia):

Syncope / Presyncope History (event description, prodrome, posture, exertional association, duration, injuries, recurrence, recovery, seizure-like activity, dehydration, medication contributors, associated cardiac symptoms):

3c DEVICE, PROCEDURE & MEDICATION HISTORY

Device History, if applicable (pacemaker, ICD, CRT-P, CRT-D, loop recorder, wearable defibrillator; implant date, indication, manufacturer, lead history, prior device complications, shocks, alerts, remote monitoring status, battery status):

Post-Procedure Course, if applicable (recovery after ablation, cardioversion, device implant, lead revision, generator change, or loop recorder placement; access-site pain, swelling, bruising, bleeding, infection signs, recurrent symptoms, medication adherence, activity restriction adherence):

Medication History and Treatment Response (beta blockers, calcium channel blockers, antiarrhythmics, anticoagulants,

antiplatelets, rate / rhythm control medications, adherence, missed doses, side effects, bleeding concerns, QT-prolonging medications, medication access issues):

Anticoagulation / Stroke Risk History (anticoagulant use, adherence, bleeding events, falls, prior stroke / TIA, CHA_2DS_2-VASc factors, HAS-BLED factors if discussed, peri-procedural anticoagulation concerns):

3d MEDICAL HISTORY, TRIGGERS & INTERVAL EVENTS

Cardiac and Medical History (CAD, MI, PCI / CABG, heart failure, cardiomyopathy, valvular disease, congenital heart disease, hypertension, diabetes, CKD, thyroid disease, sleep apnea, electrolyte disorders, prior stroke / TIA, inherited arrhythmia syndrome):

Lifestyle and Triggers (caffeine, alcohol, nicotine, stimulant use, recreational drug use, sleep deprivation, dehydration, exercise, stress, illness, sleep apnea treatment adherence):

Recent Testing / Hospitalizations (EKG, rhythm monitor, device interrogation, echocardiogram, stress test, cardiac MRI, cardiac catheterization, labs, emergency visits, hospitalizations, cardioversions, ablations, medication changes):

Pertinent Negatives (syncope, active chest pain, severe dyspnea, ICD shock, sustained palpitations with instability, neurologic deficit, major bleeding, device pocket infection signs, recurrent post-procedure symptoms):

ROS ELECTROPHYSIOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Palpitations, skipped beats, racing heartbeat, or irregular rhythm

Dizziness, presyncope, syncope, or falls

Chest pain, dyspnea, fatigue, exercise intolerance, or diaphoresis

ICD shocks, device alerts, device vibration / beeping, or remote monitoring issues

Bradycardia symptoms or tachyarrhythmia symptoms

Bleeding, bruising, anticoagulation issues, or medication side effects

Device pocket pain, swelling, erythema, drainage, or fever

Sleep apnea symptoms, stimulant use, alcohol use, caffeine use, or dehydration triggers

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

WEIGHT

BMI

ORTHOSTATIC VITALS, IF OBTAINED

5a GENERAL, CARDIOVASCULAR & PULMONARY

General Appearance (distress level, alertness, work of breathing, functional appearance, overall clinical condition):

Cardiovascular (rate, rhythm, murmurs, rubs, gallops, JVP, peripheral pulses, capillary refill, edema, signs of poor perfusion or volume overload):

Pulmonary (breath sounds, crackles, wheezing, work of breathing, oxygen requirement, pulmonary edema findings):

5b EXTREMITIES, SKIN & NEUROLOGIC

Extremities / Vascular (edema, pulses, access-site findings, bruising, hematoma, peripheral perfusion):

Skin (device pocket findings, scars, bruising, infection signs, rash, surgical incision status):

Neurologic (mentation, focal deficits, gait concerns, findings relevant to syncope, stroke risk, anticoagulation, or arrhythmia-related events):

DS DEVICE / PROCEDURE SITE EXAMINATION, IF APPLICABLE

6 DEVICE POCKET & ACCESS SITE

DEVICE TYPE AND LOCATION

INCISION HEALING STATUS

LOOP RECORDER SITE FINDINGS

FEMORAL OR RADIAL ACCESS SITE FINDINGS AFTER ABLATION OR EP STUDY

Pacemaker / ICD / CRT pocket tenderness, swelling, erythema, warmth, drainage, erosion, hematoma, or wound dehiscence:

Bruising, hematoma, bleeding, bruit, pseudoaneurysm concern, or distal perfusion:

Signs of infection, lead erosion, or post-procedure complication:

DI DEVICE INTERROGATION / RHYTHM DATA

7 DEVICE & RHYTHM FINDINGS

DEVICE TYPE, MANUFACTURER, AND INDICATION

BATTERY STATUS / ESTIMATED LONGEVITY

LEAD IMPEDANCE, SENSING, AND CAPTURE THRESHOLDS

ATRIAL PACING PERCENTAGE

VENTRICULAR PACING PERCENTAGE

BIVENTRICULAR PACING PERCENTAGE, IF APPLICABLE

MODE SWITCHES

ATRIAL FIBRILLATION / FLUTTER BURDEN

PVC BURDEN OR VENTRICULAR ARRHYTHMIA EPISODES

REMOTE MONITORING STATUS

DEVICE ALERTS

Arrhythmia episodes detected:

ICD therapies delivered, including ATP or shocks:

Programming changes made:

Patient symptoms correlated with rhythm data, if available:

L ELECTROPHYSIOLOGY TESTING / DIAGNOSTIC RESULTS

8 RESULTS REVIEWED OR ORDERED

EKG (rhythm, rate, PR interval, QRS duration, QT / QTc, conduction abnormalities, pre-excitation, ischemic changes, ectopy, comparison to prior EKG):

Rhythm Monitoring (Holter, event monitor, patch monitor, mobile telemetry, loop recorder, atrial fibrillation burden, PVC burden, pauses, SVT / VT episodes, symptom-rhythm correlation):

Device Interrogation (battery status, lead function, arrhythmia burden, pacing burden, device therapies, alerts, programming changes):

Echocardiogram (EF, chamber size, wall motion, valvular disease, pulmonary pressures, structural abnormalities relevant to arrhythmia management):

Stress Testing / Ischemia Evaluation (exercise capacity, ischemia findings, arrhythmia provocation, symptoms, risk interpretation):

Cardiac MRI / CT (scar, infiltrative disease, cardiomyopathy evaluation, pulmonary vein anatomy, congenital anatomy, pre-ablation planning):

EP Study / Ablation Reports (arrhythmia mechanism, inducibility, mapping findings, ablation sites, acute procedural success, complications, recurrence risk):

Laboratory Studies (electrolytes, magnesium, renal function, thyroid studies, CBC, anticoagulation labs, drug levels, medication-monitoring labs):

Prior Records Reviewed (cardiology notes, EP notes, device reports, ablation reports, cardioversion reports, hospitalization records, imaging reports, lab trends, medication history):

A ASSESSMENT

9 ELECTROPHYSIOLOGY CLINICAL INTERPRETATION

Primary arrhythmia diagnosis or working diagnosis. Arrhythmia type, frequency, burden, symptom correlation, and hemodynamic significance. Rate control or rhythm control status. Stroke risk and anticoagulation appropriateness. Device function and device-related concerns. Post-ablation or post-device procedure status. Bradycardia, conduction disease, or pacing indication. Ventricular arrhythmia risk, sudden cardiac death risk, or ICD indication. Antiarrhythmic medication response, side effects, and monitoring needs. Reversible contributors including thyroid, electrolytes, sleep apnea, ischemia, stimulant use, alcohol, or medication effects. Need for additional monitoring, medication adjustment, cardioversion, ablation, device implantation, device reprogramming, hospitalization, or referral...

P PLAN

10 ELECTROPHYSIOLOGY MANAGEMENT BY PROBLEM

Arrhythmia management plan (rate control, rhythm control, cardioversion, ablation, monitoring, observation). Medication plan (beta blocker, calcium channel blocker, antiarrhythmic therapy, anticoagulation, dose changes, discontinuation, side effect monitoring, medication education). Anticoagulation plan (indication, agent, dose, adherence, bleeding precautions, renal dosing, peri-procedural instructions, stroke risk counseling). Device plan (interrogation schedule, programming changes, remote monitoring, generator replacement planning, lead evaluation, device upgrade, implant planning, wound / pocket management). Ablation or EP procedure plan (indication, risks / benefits, pre-procedure testing, anticoagulation instructions, imaging, anesthesia considerations, post-procedure follow-up). Syncope or bradycardia plan. Ventricular arrhythmia plan. Diagnostic testing ordered. Risk-factor and trigger management. Referral and coordination plan. Patient education...

F FOLLOW-UP

11 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, rhythm monitoring review, device interrogation, medication response, anticoagulation review, post-procedure check, ablation planning, test result review):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

DEVICE INTERROGATION REVIEW TIME, IF APPLICABLE

PROCEDURE PLANNING TIME, IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MDM / DEVICE INTERROGATION / PROCEDURE-BASED / TEST INTERPRETATION

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

DEVICE INTERROGATION CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

PRIMARY ICD-10 DIAGNOSIS CODE + DESCRIPTION

SECONDARY ICD-10 DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: CARDIAC ELECTROPHYSIOLOGY

DATE

TIME