

1 PATIENT INFORMATION**1 PATIENT DETAILS**

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY CARE PROVIDER

VISIT TYPE: CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT / LAB REVIEW / TELEHEALTH

CARE SETTING: OUTPATIENT / PRIMARY CARE / ENDOCRINOLOGY / GYNECOLOGY / MENOPAUSE CLINIC / GENDER-AFFIRMING CARE CLINIC / TELEHEALTH

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT**2 PRIMARY REASON FOR VISIT**

Primary hormone therapy-related reason for the visit in the patient's own words — menopausal or perimenopausal symptoms, hypogonadal symptoms, thyroid hormone follow-up, gender-affirming hormone therapy, hormone replacement therapy follow-up, medication monitoring, lab review, side effects, dose adjustment, or hormone-related symptom management...

S SUBJECTIVE**3 SYMPTOMS, GOALS, TREATMENT HISTORY & RISK REVIEW****3a GOALS & HORMONE-RELATED SYMPTOMS**

Reason for hormone therapy evaluation (initial consultation / medication initiation / dose adjustment / lab review / symptom follow-up / side effect evaluation / risk-benefit discussion / menopause or perimenopause management / hypogonadism management / thyroid hormone management / gender-affirming hormone therapy / discontinuation or taper planning):

Patient goals and priorities (symptom relief, improved quality of life, improved sleep, energy, libido, menstrual regulation, relief of vasomotor symptoms, bone health support, gender affirmation, fertility planning, medication optimization):

Hormone-related symptoms (hot flashes, night sweats, sleep disturbance, fatigue, mood changes, irritability, anxiety, depression, brain fog, libido changes, vaginal dryness, dyspareunia, erectile symptoms, menstrual changes, breast tenderness, acne, hair changes, weight change, temperature intolerance, palpitations, fluid retention):

3b REPRODUCTIVE, ENDOCRINE & THERAPY-SPECIFIC HISTORY

Menstrual / reproductive history, if applicable (cycle pattern, last menstrual period, bleeding frequency, abnormal uterine bleeding, dysmenorrhea, PMS/PMDD, pregnancy status, contraception, fertility goals, pregnancy history, menopause status, hysterectomy or oophorectomy history, lactation status):

Menopause / perimenopause history, if applicable (onset and severity of vasomotor symptoms, genitourinary symptoms, sleep disruption, mood symptoms, cognitive concerns, menstrual transition pattern, prior menopause treatment, non-hormonal attempts, quality-of-life impact):

Hypogonadism / androgen-related symptoms, if applicable (low libido, erectile dysfunction, fatigue, reduced muscle mass, mood changes, decreased shaving frequency, infertility concern, gynecomastia, testicular symptoms, prior testosterone therapy, symptom response):

Gender-affirming hormone therapy context, if applicable (treatment goals, desired physical changes, current or prior regimen, duration, response, side effects, fertility preservation discussion, social support, mental health support, care coordination needs):

Thyroid hormone context, if applicable (hypothyroid or hyperthyroid symptoms, adherence, timing relative to meals and supplements, missed doses, dose changes, palpitations, tremor, weight change, fatigue, cold or heat intolerance, constipation, diarrhea, prior thyroid labs):

Current hormone therapy regimen (medication name, route, dose, frequency, duration, adherence, missed doses, timing, pharmacy and access issues, perceived benefit, side effects — estrogen, progesterone/progestin, testosterone, antiandrogens, thyroid hormone, DHEA, other):

Prior hormone therapy / treatment history (prior medications, route, dose, duration, response, side effects, reasons for discontinuation, non-hormonal therapies tried, supplements, compounded hormone use, prior monitoring):

Medication and supplement history (prescription and OTC medications, supplements, herbal products, anticoagulants, steroids, thyroid-interacting supplements, drug interactions, adherence, side effects, patient-initiated therapies):

3c RISK FACTORS, SCREENING & BACKGROUND

Risk factor review (personal history of breast, endometrial or prostate cancer, thromboembolism, stroke, myocardial infarction, coronary disease, migraine with aura, liver disease, uncontrolled hypertension, sleep apnea, erythrocytosis, smoking, clotting disorder, osteoporosis):

Family history (breast, ovarian, endometrial or prostate cancer, thromboembolism, premature cardiovascular disease, osteoporosis, thyroid disease, endocrine disorders, hereditary cancer syndromes):

Bone health (osteoporosis, osteopenia, fracture history, DEXA history, calcium and vitamin D intake, weight-bearing exercise, fall risk, steroid exposure, early menopause, hypogonadism):

Cardiometabolic health (blood pressure history, lipid history, diabetes or prediabetes, weight trend, cardiovascular disease, smoking or nicotine use, exercise, diet, sleep apnea, ASCVD risk factors):

Cancer screening / preventive care (mammogram, Pap/HPV testing, endometrial evaluation, prostate screening if discussed, colon cancer screening, DEXA, other screening relevant to hormone therapy safety):

Recent testing / specialist care (recent labs, imaging, gynecology, endocrinology, urology, oncology, fertility, behavioral health or primary care evaluations):

Pertinent negatives (chest pain, severe shortness of breath, unilateral leg swelling, severe headache, focal neurologic deficit, vision loss, abnormal uterine bleeding, breast mass, severe mood instability, suicidal ideation, signs of hormone excess):

ROS HORMONE THERAPY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Hot flashes, night sweats, temperature intolerance, sleep disturbance or fatigue

mood changes, anxiety, depression, irritability, brain fog or concentration changes

Libido change, sexual dysfunction, vaginal dryness, dyspareunia, erectile symptoms or genital symptoms

Menstrual changes, abnormal uterine bleeding, pelvic pain, breast tenderness or breast mass

Weight change, appetite change, acne, hair loss, hirsutism or skin changes

Palpitations, chest pain, dyspnea, edema, unilateral leg swelling, dizziness or syncope

Headache, migraine with aura, vision changes, weakness, numbness or neurologic symptoms

Medication side effects, adherence issues, injection site reactions, patch irritation or access barriers

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF OBTAINED

PAIN SCORE, IF APPLICABLE

General appearance (alertness, distress level, body habitus, nutritional appearance, energy level, hygiene, overall condition):

Head / eyes / ears / nose / throat (conjunctiva, sclera, facial hair pattern if relevant, acne, oral mucosa, hydration status):

Neck / thyroid (enlargement, nodules, tenderness, lymphadenopathy, neck masses, signs of thyroid dysfunction):

Cardiovascular (rate, rhythm, murmurs, edema, pulses, perfusion, findings relevant to cardiovascular or thromboembolic risk):

Pulmonary (respiratory effort, breath sounds, wheezing, crackles, cough, oxygen requirement, dyspnea-related findings):

Breast / chest, if assessed (masses, tenderness, skin changes, nipple discharge, gynecomastia, chest tissue changes,

surgical scars, exam limitations, chaperone use):

Abdomen (tenderness, distension, masses, hepatomegaly, surgical scars, liver-related findings):

Genitourinary / pelvic / prostate, if assessed (findings, atrophy, discharge, bleeding, pelvic tenderness, prostate findings, exam limitations, patient tolerance, chaperone use):

Skin / hair (acne, hirsutism, hair thinning, androgenic changes, injection site findings, patch irritation, bruising, striae, dryness, pigmentation changes):

Musculoskeletal (muscle mass, strength, gait, joint findings, fracture risk, mobility, bone health-related findings):

Neurologic (mental status, tremor, reflexes, strength, sensation, focal deficits, gait, findings related to hormone imbalance or treatment risk):

Psychiatric (mood, affect, behavior, speech, thought process, insight, judgment, cognition, safety concerns):

RA

HORMONE THERAPY SAFETY / RISK ASSESSMENT

6

INDIVIDUALIZED TREATMENT SAFETY REVIEW

INDICATION FOR HORMONE THERAPY

CONTRAINDICATIONS REVIEWED

PERSONAL CANCER HISTORY

FAMILY CANCER HISTORY

CARDIOVASCULAR RISK FACTORS

THROMBOEMBOLIC RISK FACTORS

MIGRAINE WITH AURA OR NEUROLOGIC RISK

LIVER DISEASE RISK

BLOOD PRESSURE STATUS

SMOKING / NICOTINE STATUS

SLEEP APNEA RISK, IF RELEVANT

FERTILITY OR PREGNANCY CONSIDERATIONS

BONE HEALTH CONSIDERATIONS

MEDICATION INTERACTIONS

ROUTE-SPECIFIC RISKS AND BENEFITS

Shared decision-making and informed consent discussion:

TS

THERAPY-SPECIFIC MONITORING, IF APPLICABLE

7 BY THERAPY TYPE

Estrogen therapy (route, dose, symptom response, side effects, blood pressure, breast symptoms, abnormal bleeding, thromboembolic risk, need for progesterone if uterus present):

Progesterone / progestin therapy (indication, dose, bleeding pattern, sedation, mood effects, breast tenderness, endometrial protection role, tolerance):

Testosterone therapy (route, dose, symptom response, acne, hair changes, mood changes, sleep apnea symptoms, fertility considerations, erythrocytosis monitoring, prostate-related concerns, cardiovascular risk review):

Antiandrogen therapy (medication, dose, blood pressure effects, potassium monitoring, dizziness, sexual side effects, breast tenderness, treatment goals):

Thyroid hormone therapy (medication, dose, adherence, timing, TSH and free T4 trends, symptoms of under- or over-replacement, cardiac symptoms, bone risk, interacting medications and supplements):

Gender-affirming hormone therapy (desired effects, achieved effects, side effects, lab monitoring, fertility discussion, preventive screening needs, mental health support, shared decision-making):

Compounded / non-standard hormone use (formulation, source, patient understanding of evidence and safety limitations, monitoring plan, counseling provided):

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SCREENING / ASSESSMENT TOOLS

8 SCORES, INTERPRETATION & COMPARISON

MENOPAUSE SYMPTOM SCALE

HOT FLASH DIARY

MENSTRUAL BLEEDING DIARY

PHQ-9

GAD-7

SEXUAL FUNCTION QUESTIONNAIRE

ANDROGEN DEFICIENCY SYMPTOM SCALE

GENDER DYSPHORIA / AFFIRMATION GOALS ASSESSMENT

ASCVD RISK ESTIMATE

FRAX SCORE

STOP-BANG, IF SLEEP APNEA RISK RELEVANT

MEDICATION ADHERENCE ASSESSMENT

L

LABORATORY AND DIAGNOSTIC RESULTS

9 REVIEWED OR ORDERED

Sex hormone testing (estradiol, progesterone, total testosterone, free testosterone, SHBG, LH, FSH, prolactin, DHEA-S, other relevant hormone testing):

Thyroid testing (TSH, free T4, free T3 if used, thyroid antibodies, prior thyroid imaging):

Safety monitoring labs (CBC, hematocrit and hemoglobin, CMP, liver function, renal function, potassium, lipid panel, HbA1c, fasting glucose, pregnancy test when clinically appropriate, medication-specific labs):

Cancer / preventive screening (mammogram, Pap/HPV testing, pelvic ultrasound, endometrial biopsy, prostate-specific testing if discussed, DEXA, other screening results):

Cardiometabolic testing (blood pressure trends, lipid trends, ASCVD risk estimate, coronary risk testing, sleep study, metabolic labs):

Imaging (pelvic ultrasound, thyroid ultrasound, DEXA, mammography, MRI, other relevant imaging):

Prior records reviewed (primary care, gynecology, endocrinology, urology, oncology, fertility, behavioral health notes, medication history, lab trends, imaging reports, prior hormone therapy records):

A**ASSESSMENT****10 HORMONE THERAPY CLINICAL INTERPRETATION**

Primary hormone-related diagnosis or working diagnosis. Indication for hormone therapy. Current symptom severity and functional impact. Response to current or prior hormone therapy. Side effects, adverse effects or safety concerns. Adequacy of dosing, route, adherence and monitoring. Lab interpretation in the context of symptoms, timing and therapy route. Cardiovascular, thromboembolic, cancer, hepatic, bone, sleep apnea, fertility or mood-related risk considerations. Preventive screening needs relevant to hormone therapy. Shared decision-making considerations and patient goals. Need for initiation, continuation, dose adjustment, route change, taper or discontinuation, non-hormonal alternatives, referral, additional testing or urgent evaluation...

P**PLAN****11 HORMONE THERAPY MANAGEMENT BY PROBLEM**

Hormone therapy plan (initiation, continuation, dose adjustment, route change, taper, discontinuation, refill, adherence counseling, expected response timeline). Non-hormonal or adjunctive symptom management (lifestyle measures, sleep support, vaginal moisturizers and lubricants, non-hormonal vasomotor treatments, sexual health support, mood support). Monitoring plan (timing of follow-up labs, blood pressure monitoring, symptom tracking, bleeding monitoring, CBC and hematocrit, CMP, lipids, HbA1c, thyroid labs, potassium, therapy-specific monitoring). Preventive screening plan. Safety plan (counseling on warning signs of thromboembolism, stroke, myocardial infarction, severe headache, vision changes, abnormal bleeding, breast changes, mood crisis, over-suppression or over-replacement). Fertility, pregnancy or contraception plan. Lifestyle and risk reduction plan. Medication and supplement review plan. Referral and coordination. Patient education on risks, benefits, alternatives, route-specific considerations, expected changes, monitoring schedule, adherence and when to seek urgent or emergency care...

F**FOLLOW-UP****12 REASSESSMENT PLAN**

Follow-up timeframe and purpose (symptom reassessment, side effect review, lab monitoring, dose adjustment, preventive screening completion, risk review, fertility or contraception follow-up, medication adherence review, referral follow-through):

TB

TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

MEDICATION MANAGEMENT TIME

RISK-BENEFIT COUNSELING TIME

SHARED DECISION-MAKING TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME

LAB REVIEW TIME

E/M LEVEL: 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215

PREVENTIVE COUNSELING CODE(S), IF APPLICABLE

MEDICATION MANAGEMENT CODE(S), IF APPLICABLE

GENDER-AFFIRMING CARE / ENDOCRINE CARE CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / MEDICATION MANAGEMENT / RISK-BENEFIT COUNSELING / PREVENTIVE CARE

PRIMARY HORMONE THERAPY / ENDOCRINE ICD-10 CODE

SYMPTOM / MONITORING / PREVENTIVE ICD-10 CODE(S)

SO

PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: HORMONE
THERAPY / ENDOCRINOLOGY /
GYNECOLOGY / PRIMARY
CARE / GENDER-AFFIRMING
CARE

DATE

TIME