



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 / LIFESTYLE MEDICINE VISIT / MIND-BODY MEDICINE VISIT / TELEHEALTH

CARE SETTING: OUTPATIENT / INTEGRATIVE MEDICINE CLINIC / PRIMARY CARE / SPECIALTY CLINIC / TELEHEALTH

REFERRAL SOURCE, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC

CHIEF COMPLAINT

2 PRIMARY REASON FOR VISIT

Primary integrative medicine-related reason for the visit in the patient's own words — chronic pain, fatigue, stress, anxiety, sleep disturbance, digestive symptoms, cancer supportive care, headache, inflammatory symptoms, lifestyle counseling, supplement review, mind-body therapy, or complementary therapy guidance...

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SUBJECTIVE

3 SYMPTOMS, GOALS, CONVENTIONAL CARE & COMPLEMENTARY THERAPY USE

3a GOALS & PRESENTING CONCERNS

Reason for integrative medicine evaluation (initial consultation / chronic symptom management / supportive care during conventional treatment / lifestyle counseling / mind-body intervention / supplement review / nutrition guidance / stress reduction / pain management / sleep support / complementary therapy coordination):

Patient health goals and priorities (symptom relief, improved function, better sleep, reduced stress, improved energy,

fewer flares, improved quality of life, improved resilience, reduced medication burden when medically appropriate, safer use of complementary therapies):

Current symptom concerns (pain, fatigue, sleep disturbance, anxiety, depression, digestive symptoms, headaches, nausea, neuropathy, menopausal symptoms, inflammatory symptoms, treatment-related side effects):

Symptom timeline and triggers (onset, duration, progression, triggers, relieving factors, flares, prior episodes, stress-related patterns, dietary, sleep, activity and environmental triggers, treatment response):

3b CONVENTIONAL CARE & COMPLEMENTARY THERAPY USE

Conventional medical history and current care (active diagnoses, current conventional treatments, medications, specialist involvement, recent testing, surgeries, hospitalizations, and whether the patient is continuing recommended standard medical care):

Complementary and integrative therapy use (acupuncture, massage, chiropractic care, yoga, meditation, breathwork, tai chi, Ayurveda, naturopathy, herbal medicine, supplements, homeopathy, energy therapies, cannabis products if disclosed):

Supplement / herbal product history (product name, dose, frequency, duration, reason for use, perceived benefit, side effects, brand and quality concerns, drug-supplement interactions, perioperative risks, anticoagulant interactions, pregnancy or lactation considerations, cost and access):

3c LIFESTYLE, MIND-BODY & CONTEXT

Nutrition and eating pattern (dietary pattern, meal timing, protein, fiber, fruit and vegetable intake, processed foods, sugar, sugary beverages, caffeine, hydration, alcohol, elimination diets, cultural dietary practices, food access, readiness for change):

Physical activity and movement (aerobic activity, resistance training, stretching, mobility work, yoga, tai chi, sedentary time, activity limitations, pain with movement, fatigue limitations, recovery, movement goals):

Sleep and restorative practices (schedule, duration, quality, insomnia, nighttime awakenings, snoring, witnessed apnea, daytime sleepiness, naps, sleep hygiene, relaxation practices, restorative routines):

Stress / mind-body health (stress level, stressors, coping strategies, breathing practices, mindfulness, meditation, prayer

or spiritual practices if volunteered, therapy history, trauma-related symptoms, burnout, resilience factors, support systems):

Pain and functional impact (location, severity, quality, duration, functional limitations, activity impact, sleep impact, mood impact, prior pain treatments, response to integrative and conventional strategies):

Mental health and emotional well-being (depression, anxiety, panic symptoms, irritability, grief, coping difficulty, social isolation, suicidal ideation, self-harm thoughts, therapy, psychiatric care, medication use):

Cancer / chronic illness support, if applicable (diagnosis, treatment phase, treatment side effects, fatigue, nausea, neuropathy, pain, appetite change, sleep disturbance, emotional distress, oncology team involvement, supplement and complementary therapy safety concerns):

Women's / hormonal health, if applicable (menstrual symptoms, PMS, perimenopause or menopause symptoms, hot flashes, night sweats, libido, fertility, hormone therapy use, pregnancy or lactation status, gynecology involvement):

Environmental and social context (work schedule, caregiving responsibilities, home environment, exposure concerns, social support, transportation, financial barriers, food insecurity, cultural beliefs, ability to implement recommendations):

Pertinent negatives (chest pain, severe dyspnea, syncope, focal neurologic deficit, GI bleeding, unexplained weight loss, persistent fever, suicidal ideation, severe depression, medication toxicity symptoms, rapidly worsening symptoms):

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INTEGRATIVE MEDICINE REVIEW OF SYSTEMS

4

PERTINENT POSITIVES & NEGATIVES

Fatigue, low energy, fever, night sweats, appetite change or weight change

Pain, stiffness, headache, neuropathy symptoms, joint pain or muscle pain

Sleep disturbance, insomnia, snoring, daytime sleepiness or non-restorative sleep

Anxiety, depression, stress, grief, irritability, burnout or coping difficulty

Digestive symptoms, including bloating, reflux, nausea, diarrhea, constipation or food reactions

Skin symptoms, rashes, itching, flushing, hair or nail changes, or inflammatory symptoms

Hormonal symptoms, hot flashes, night sweats, menstrual changes, libido concerns or thyroid symptoms

Medication, supplement, herbal product or complementary therapy side effects

Functional limitations, exercise intolerance, activity restriction or quality-of-life concerns

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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, mobility, overall condition):

Head / eyes / ears / nose / throat (conjunctiva, sclera, oral mucosa, dentition, nasal findings, pharynx, hydration status, signs of nutrient deficiency):

Neck (thyroid enlargement or nodules, lymphadenopathy, tenderness, range of motion):

Cardiovascular (rate, rhythm, murmurs, pulses, edema, perfusion, cardiometabolic risk findings):

Pulmonary (respiratory effort, breath sounds, wheezing, crackles, cough, oxygen requirement):

Abdomen (bowel sounds, distension, tenderness, guarding, masses, hepatosplenomegaly, bloating, scars, digestive findings):

Musculoskeletal (joint tenderness, swelling, range of motion, muscle tenderness, trigger points, strength, posture, gait, mobility limitations):

Skin (rashes, eczema, acne, urticaria, flushing, dryness, bruising, wounds, pigmentation changes, hair thinning, nail changes, signs of inflammation):

Neurologic (mental status, strength, sensation, reflexes, coordination, gait, tremor, neuropathy findings, cognitive screening):

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

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INTEGRATIVE HEALTH ASSESSMENT

6

WHOLE-PERSON CONTRIBUTORS & TREATMENT DOMAINS

CONVENTIONAL DIAGNOSES & CURRENT STANDARD CARE PLAN

PATIENT GOALS AND VALUES	NUTRITION AND HYDRATION PATTERNS
PHYSICAL ACTIVITY, MOVEMENT, MOBILITY & RECOVERY	SLEEP AND CIRCADIAN RHYTHM
STRESS PHYSIOLOGY & MIND-BODY PRACTICES	PAIN, FUNCTION AND QUALITY OF LIFE
SOCIAL CONNECTION, SUPPORT & CAREGIVER CONTEXT	ENVIRONMENTAL OR OCCUPATIONAL CONTRIBUTORS
COMPLEMENTARY THERAPY USE AND SAFETY	MEDICATION, SUPPLEMENT & HERB INTERACTION RISKS
READINESS FOR CHANGE AND IMPLEMENTATION BARRIERS	

SS

SUPPLEMENT / HERBAL SAFETY REVIEW

7

NON-PRESCRIPTION THERAPY SAFETY

PRODUCT NAME AND INDICATION	DOSE, FREQUENCY AND DURATION
PERCEIVED BENEFIT OR LACK OF BENEFIT	SIDE EFFECTS OR ADVERSE REACTIONS
DRUG-SUPPLEMENT INTERACTIONS	PRODUCT QUALITY, THIRD-PARTY TESTING & CONTAMINATION CONCERNS
ANTICOAGULANT, ANTIPLATELET, SEDATIVE, SEROTONERGIC, HEPATOTOXIC, NEPHROTOXIC OR QT-PROLONGING RISKS	
PREGNANCY, LACTATION, PERIOPERATIVE, ONCOLOGY, RENAL, HEPATIC OR IMMUNOSUPPRESSION PRECAUTIONS	

COST BARRIERS

RECOMMENDATION: CONTINUE / STOP / MODIFY /
DISCUSS WITH TREATING SPECIALIST

Counseling provided and rationale documented:

MB

MIND-BODY / LIFESTYLE ASSESSMENT

8 PRACTICES & PREFERRED FIRST STEPS

Current relaxation or stress-reduction practices:

Breathing practices, mindfulness, meditation, prayer or spiritual practices if volunteered, yoga, tai chi, guided imagery:

Exercise and movement pattern, sleep routine and restorative practices:

Nutrition goals and dietary barriers:

Pain coping skills, emotional support and therapy involvement:

Patient confidence, readiness and preferred first steps:

ST

SCREENING / ASSESSMENT TOOLS

9 SCORES, INTERPRETATION & COMPARISON

NUMERIC PAIN RATING SCALE

PEG SCALE

PROMIS MEASURES

PHQ-9

GAD-7

PERCEIVED STRESS SCALE

INSOMNIA SEVERITY INDEX / SLEEP QUESTIONNAIRE

FATIGUE SEVERITY SCALE

FOOD AND SYMPTOM DIARY

BRISTOL STOOL SCALE

MENOPAUSE SYMPTOM SCALE

DISTRESS THERMOMETER

READINESS-TO-CHANGE ASSESSMENT

SOCIAL DETERMINANTS OF HEALTH SCREENING

L

LABORATORY AND DIAGNOSTIC RESULTS

10 REVIEWED OR ORDERED

Routine / conventional labs (CBC, CMP, lipid panel, HbA1c, fasting glucose, TSH, free T4, urinalysis, vitamin D, B12, folate, ferritin, iron studies, magnesium, renal and liver function):

Cardiometabolic markers (lipid trends, ApoB, Lp(a), hs-CRP, insulin resistance markers, blood pressure trends, waist circumference, ASCVD risk):

Inflammatory / autoimmune testing (ESR, CRP, ANA, rheumatoid markers, celiac serologies, thyroid antibodies, other autoimmune testing when clinically appropriate):

Hormonal / endocrine testing (thyroid labs, reproductive hormone testing, menopause-related labs, cortisol testing if used, other endocrine testing):

GI / nutrition testing (celiac testing, H. pylori testing, breath testing, stool studies, nutrient levels, allergy testing when clinically indicated, malabsorption evaluation):

Sleep / diagnostic testing (sleep study, home sleep apnea testing, imaging, EKG, pulmonary testing, other conventional diagnostic studies):

Prior records reviewed (primary care notes, specialist notes, oncology notes, hospital records, lab trends, imaging reports, medication history, supplement list, therapy notes, patient-provided logs):

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ASSESSMENT

11 INTEGRATIVE MEDICINE CLINICAL INTERPRETATION

Primary diagnosis, symptom cluster or working problem list. Current status of conventional medical conditions and alignment with standard care. Whole-person contributors considered, including nutrition, movement, sleep, stress, pain coping, social support, environment, medications and complementary therapy use. Severity, chronicity and functional

impact of symptoms. Red flags assessed and need for conventional diagnostic evaluation. Evidence-informed integrative options appropriate to the condition. Complementary therapy safety, contraindications, interaction risks and quality concerns. Medication and supplement response, side effects and monitoring needs. Lifestyle barriers, readiness for change, strengths and patient priorities. Need for further evaluation, lifestyle intervention, medication or supplement adjustment, referral, care coordination or a higher level of care...

P PLAN

12 MANAGEMENT BY PROBLEM & THERAPEUTIC DOMAIN

Conventional care coordination (continuation of standard medical care, communication with primary care and specialists, avoiding substitution of unproven therapies for indicated treatment). Nutrition plan. Movement plan (aerobic, resistance, mobility, yoga or tai chi, graded progression, recovery days, precautions). Sleep plan. Mind-body plan (breathing exercises, mindfulness, meditation, guided imagery, relaxation training, biofeedback, counseling, therapy referral). Pain management plan (physical therapy, acupuncture, massage, heat and ice, topical therapies, mind-body pain coping, medication review, procedure referral, safety monitoring). Supplement and herbal plan (continuation, initiation, discontinuation, interaction review, dosing when provider-selected, safety monitoring, product quality counseling, documented risks and benefits). Digestive health plan. Mental health support plan. Cancer or chronic illness supportive care plan. Diagnostic plan. Referral and care coordination. Patient education on expected timeline, realistic goals, evidence limitations, supplement safety, symptom tracking, red flags and when to seek urgent or emergency care...

F FOLLOW-UP

13 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, lifestyle goal progress, mind-body practice adherence, medication or supplement response, lab review, nutrition plan adjustment, sleep and stress progress, referral follow-through, chronic disease monitoring):

TB

TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

LIFESTYLE COUNSELING TIME

NUTRITION COUNSELING TIME

MIND-BODY COUNSELING TIME

SUPPLEMENT / MEDICATION REVIEW 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

CHRONIC CARE MANAGEMENT CODE(S), IF APPLICABLE

NUTRITION / LIFESTYLE COUNSELING CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / COUNSELING / PREVENTIVE CARE / CARE COORDINATION

PRIMARY DIAGNOSIS / SYMPTOM ICD-10 CODE

SECONDARY DIAGNOSIS / RISK FACTOR ICD-10 CODE(S)

SO

PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: INTEGRATIVE
MEDICINE

DATE

TIME