



1

PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY CARE PROVIDER

VISIT TYPE: CONSULTATION / ANNUAL PREVENTIVE VISIT / RISK ASSESSMENT / LIFESTYLE MEDICINE FOLLOW-UP /
TELEHEALTH

CARE SETTING: OUTPATIENT / PREVENTIVE MEDICINE CLINIC / PRIMARY CARE / OCCUPATIONAL HEALTH / TELEHEALTH

REFERRAL SOURCE, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC

CHIEF COMPLAINT

2

PRIMARY REASON FOR VISIT

Primary preventive medicine-related reason for the visit in the patient's own words — annual preventive care, health risk assessment, lifestyle counseling, weight management, cardiometabolic risk reduction, cancer screening, immunization review, occupational risk evaluation, chronic disease prevention, or wellness planning...

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SUBJECTIVE

3

HEALTH GOALS, RISK FACTORS & PREVENTIVE HISTORY

3a

GOALS & CURRENT STATUS

Reason for evaluation (annual preventive assessment / health maintenance review / chronic disease prevention / cardiometabolic risk assessment / obesity prevention / lifestyle counseling / occupational or environmental risk review / immunization review / cancer screening / risk-reduction planning):

Patient health goals (weight loss, improved energy, disease prevention, improved fitness, better nutrition, smoking cessation, alcohol reduction, stress reduction, improved sleep, metabolic health, prevention of recurrent illness):

Current health status (active symptoms, baseline health, known chronic conditions, perceived concerns, recent changes in weight, energy, activity tolerance, sleep, mood or functional capacity):

3b RISK FACTOR HISTORY

Chronic disease risk factors (hypertension, diabetes, prediabetes, hyperlipidemia, obesity, metabolic syndrome, tobacco/nicotine use, sedentary lifestyle, poor nutrition, sleep apnea, family history, CKD, cardiovascular or liver disease):

Cardiovascular risk history (blood pressure and lipid history, diabetes status, ASCVD risk factors, family history of premature cardiovascular disease, tobacco use, exercise tolerance, chest pain, dyspnea, palpitations, prior cardiac testing):

Cancer screening history (breast, cervical, colorectal, lung, prostate, skin; hereditary cancer risk, prior abnormal screenings, family history, due dates):

Immunization history (vaccines received, vaccines due, contraindications, prior reactions, hesitancy, travel and occupational vaccine needs, counseling provided):

Infectious disease risk (STI, HIV, hepatitis, TB, travel exposures, occupational exposure, needle exposure, immunocompromised status, indicated screening or prophylaxis):

3c LIFESTYLE, OCCUPATIONAL & SOCIAL HISTORY

Nutrition (dietary pattern, meal timing, fruit and vegetable intake, fiber, protein, saturated fat, sodium, processed foods, sugary beverages, hydration, supplements, allergies, food insecurity, readiness for change):

Physical activity (type, frequency, duration, intensity, sedentary time, resistance training, flexibility and balance, barriers, injury limitations, fitness goals):

Weight and metabolic health (weight trend, BMI, waist circumference, prior weight management attempts, metabolic labs, eating patterns, obesity-related complications, patient goals):

Sleep (duration, schedule, quality, insomnia, snoring, witnessed apnea, daytime sleepiness, shift work, sleep hygiene, barriers):

Mental health and stress (stress level, coping strategies, depression, anxiety, burnout, trauma-related symptoms, social isolation, resilience factors, interest in behavioral health support):

Substance use (tobacco, vaping, nicotine products, alcohol, cannabis, stimulants, opioids, sedatives — quantity, frequency, readiness to change, prior cessation attempts):

Occupational and environmental health (occupational exposures, ergonomic risks, chemical or toxin exposure, noise, heat, shift work, injury risk, air quality, home exposures, protective equipment use):

Safety and injury prevention (seatbelt and helmet use, fall risk, firearm safety, water safety, sun protection, IPV screening, driving safety, occupational and home safety):

Sexual and reproductive health (sexual health concerns, contraception, pregnancy intentions, STI prevention, menstrual or menopause concerns, fertility, sexual function, reproductive screening):

Family history (cardiovascular disease, diabetes, cancer, hypertension, stroke, kidney disease, autoimmune disease, mental health conditions, substance use disorder, genetic syndromes, sudden death, hereditary risk):

Social determinants of health (housing stability, food access, transportation, financial strain, health literacy, social support, discrimination concerns, care access barriers, community resource needs):

Pertinent negatives (chest pain, severe dyspnea, syncope, focal neurologic deficit, unexplained weight loss, GI bleeding, breast mass, abnormal bleeding, suicidal ideation, rapidly worsening symptoms):

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PREVENTIVE MEDICINE REVIEW OF SYSTEMS

4

PERTINENT POSITIVES & NEGATIVES

Weight change, fatigue, fever, night sweats, appetite change or exercise intolerance	
Chest pain, palpitations, dyspnea, edema, dizziness or syncope	
Cough, wheezing, sleep apnea symptoms or tobacco-related symptoms	
Abdominal pain, reflux, bowel changes, blood in stool or liver-related symptoms	
Urinary symptoms, sexual health concerns, menstrual or reproductive concerns	
Joint pain, back pain, injury risk, mobility limitation or fall risk	
Headache, weakness, numbness, memory concern or neurologic symptoms	
Depression, anxiety, stress, sleep disturbance, substance use or safety concerns	
Skin lesions, sun exposure concerns, wounds or changing moles	

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, hygiene, mobility, nutritional appearance, overall condition):

HEENT (conjunctiva, sclera, pupils, extraocular movements, hearing and vision aids, oral health, dentition, pharynx, nasal findings, hydration status):

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

Cardiovascular (rate, rhythm, murmurs, rubs, gallops, pulses, capillary refill, edema, perfusion, vascular risk findings):

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

Abdomen (bowel sounds, tenderness, distension, masses, hepatosplenomegaly, hernia, central adiposity, surgical scars):

Musculoskeletal (range of motion, strength, gait, balance, mobility, posture, injury risk, joint findings, functional limitations):

Skin (rashes, lesions, wounds, bruising, suspicious lesions, sun damage, acanthosis nigricans, xanthomas, risk-related findings):

Neurologic (mental status, strength, sensation, coordination, gait, focal deficits, cognitive screening findings):

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

HR

HEALTH RISK ASSESSMENT

6

PREVENTIVE RISK PROFILE & MODIFIABLE FACTORS

CARDIOVASCULAR RISK FACTORS

METABOLIC RISK FACTORS

CANCER SCREENING RISK FACTORS

INFECTIOUS DISEASE RISK FACTORS

OCCUPATIONAL OR ENVIRONMENTAL RISK FACTORS

NUTRITION AND PHYSICAL ACTIVITY RISK FACTORS

SLEEP AND STRESS RISK FACTORS

SUBSTANCE USE RISK FACTORS

INJURY AND SAFETY RISKS

FAMILY HISTORY AND GENETIC RISK FACTORS

SOCIAL DETERMINANTS AFFECTING PREVENTIVE CARE

READINESS FOR CHANGE AND BARRIERS TO IMPLEMENTATION

PC

PREVENTIVE CARE / HEALTH MAINTENANCE

7

NEEDS & COMPLETED ITEMS

BLOOD PRESSURE SCREENING

DIABETES SCREENING

LIPID SCREENING

ASCVD RISK ASSESSMENT

CANCER SCREENINGS DUE OR COMPLETED

OSTEOPOROSIS SCREENING, IF APPLICABLE

DEPRESSION & ANXIETY SCREENING

TOBACCO, ALCOHOL & SUBSTANCE USE SCREENING

INFECTIOUS DISEASE SCREENING

SEXUAL & REPRODUCTIVE HEALTH SCREENING

IMMUNIZATIONS DUE OR ADMINISTERED

DENTAL, VISION & HEARING CARE

SKIN CANCER PREVENTION AND SCREENING

FALL RISK SCREENING, IF APPLICABLE

ADVANCE CARE PLANNING, IF APPLICABLE

LIFESTYLE COUNSELING PROVIDED (NUTRITION / PHYSICAL ACTIVITY / SLEEP / STRESS MANAGEMENT / TOBACCO CESSATION / ALCOHOL MODERATION / SAFETY)

ST SCREENING / ASSESSMENT TOOLS

8 SCORES, INTERPRETATION & COMPARISON

PHQ-2 / PHQ-9

GAD-7

AUDIT-C

DAST / CAGE-AID

ASCVD RISK ESTIMATE

FRAMINGHAM RISK ESTIMATE, IF USED

STOP-BANG / SLEEP APNEA SCREENING

FALL RISK SCREENING

SOCIAL DETERMINANTS OF HEALTH SCREENING

INTIMATE PARTNER VIOLENCE SCREENING

NUTRITION OR PHYSICAL ACTIVITY QUESTIONNAIRE

READINESS-TO-CHANGE ASSESSMENT

CANCER SCREENING RISK TOOLS

GENETIC / HEREDITARY CANCER RISK SCREENING

L LABORATORY AND DIAGNOSTIC RESULTS

9 REVIEWED OR ORDERED

Routine preventive labs (CBC, CMP, lipid panel, HbA1c, fasting glucose, TSH, urinalysis, urine microalbumin, vitamin D, B12, iron studies, risk-based labs):

Cardiometabolic testing (A1c and lipid trends, ASCVD risk, renal and liver function, insulin resistance markers, EKG, coronary calcium score, vascular testing):

Cancer screening results (mammogram, Pap/HPV, colonoscopy, FIT/Cologuard, PSA if discussed, lung cancer screening CT, dermatology screening, genetic testing):

Infectious disease testing (HIV, hepatitis B and C, STI testing, TB screening, COVID-19, influenza, exposure-based testing):

Bone and fall risk testing (DEXA, vitamin D, calcium, fracture risk assessment, gait and balance testing):

Occupational / environmental testing (lead level, heavy metal testing, pulmonary function testing, audiometry, toxin exposure labs, workplace-related testing):

Prior records reviewed (primary care and specialist notes, hospital records, immunization records, preventive screening records, occupational health records, lab trends, imaging reports, outside records):

A

ASSESSMENT

10 PREVENTIVE MEDICINE CLINICAL INTERPRETATION

Primary preventive medicine diagnosis or working risk profile. Overall health risk status and risk category. Cardiometabolic risk and modifiable risk factors. Cancer screening status and risk-based screening needs. Immunization status and gaps. Infectious disease risk and screening needs. Lifestyle factors affecting current and future health. Occupational or environmental exposure risks. Mental health, sleep, substance use and stress-related prevention needs. Social determinants affecting preventive care access or implementation. Patient readiness for change, strengths, barriers and priorities. Need for labs, screening, vaccines, lifestyle intervention, referrals, care coordination or follow-up...

P

PLAN

11 PREVENTIVE MEDICINE MANAGEMENT BY RISK DOMAIN

Preventive screening plan (cancer screenings, cardiometabolic labs, infectious disease screening, osteoporosis screening, age and risk-based testing). Immunization plan (vaccines due or administered, catch-up schedule, travel or occupational vaccines, contraindications, counseling). Cardiometabolic prevention plan (blood pressure, lipids, diabetes prevention, weight management, ASCVD risk reduction, monitoring goals). Nutrition plan. Physical activity plan. Sleep and stress plan. Tobacco, alcohol and substance use plan. Weight management plan. Occupational and environmental risk plan (exposure reduction, protective equipment, ergonomics, workplace safety, testing, referral). Safety and injury prevention plan. Sexual and reproductive health plan. Referral and care coordination. Patient education on risk factors, screening rationale, vaccine benefits, lifestyle goals, self-monitoring and warning signs...

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FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (preventive screening completion, lab review, vaccine follow-up, lifestyle goal reassessment, risk-factor monitoring, weight or metabolic follow-up, tobacco cessation follow-up, annual preventive visit):

TB

TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

PREVENTIVE COUNSELING TIME

LIFESTYLE COUNSELING TIME

RISK ASSESSMENT TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME

ADVANCE CARE PLANNING TIME

PREVENTIVE VISIT CODE: AGE-APPROPRIATE PREVENTIVE MEDICINE CODE

E/M LEVEL, IF SEPARATELY APPLICABLE: 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215

SCREENING CODE(S), IF APPLICABLE

IMMUNIZATION ADMINISTRATION CODE(S)

PREVENTIVE COUNSELING CODE(S)

ADVANCE CARE PLANNING CODE(S)

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

PRIMARY PREVENTIVE / SCREENING ICD-10 CODE

RISK FACTOR / CHRONIC CONDITION ICD-10 CODE(S)

SO

PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: PREVENTIVE MEDICINE	DATE	TIME