1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

PRIMARY CARE PROVIDER, IF APPLICABLE

VISIT TYPE: PEDIATRIC ENT CONSULTATION / FOLLOW-UP / PROCEDURE FOLLOW-UP / POST-OPERATIVE VISIT / TELEHEALTH

CARE SETTING: OUTPATIENT / ENT CLINIC / INPATIENT / EMERGENCY / TELEHEALTH

PARENT / GUARDIAN PRESENT

INFORMANT / COLLATERAL SOURCE

REFERRAL SOURCE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY PEDIATRIC ENT CONCERN

Primary pediatric ENT-related reason for the visit in the patient's or caregiver's own words when possible — recurrent ear infections, hearing concern, speech delay, ear pain, ear drainage, nasal congestion, snoring, mouth breathing, recurrent tonsillitis, sore throat, sleep-disordered breathing, noisy breathing, hoarseness, neck mass, nosebleeds, sinus symptoms, or post-operative follow-up...

S SUBJECTIVE

3 PATIENT- AND CAREGIVER-REPORTED HISTORY

3a REASON FOR EVALUATION & EAR SYMPTOMS

Reason for Pediatric ENT Evaluation (initial evaluation / follow-up / recurrent otitis media / chronic ear fluid / hearing loss / speech delay / recurrent tonsillitis / sleep-disordered breathing / nasal obstruction / chronic rhinitis or sinusitis / epistaxis / airway concern / voice concern / neck mass / foreign body concern / post-operative follow-up):

Ear Symptoms (ear pain, ear pulling, drainage, hearing difficulty, ear fullness, tinnitus if age-appropriate, balance concerns, recurrent infections, fever with ear symptoms, tympanostomy tube history, response to prior antibiotics or ear drops):

Recurrent Otitis Media / Middle Ear Effusion History (number of infections, time frame, laterality, antibiotic courses, persistent effusion, hearing concerns, speech and language concerns, daycare exposure, smoke exposure, prior audiology or tympanometry results):

Hearing and Speech / Language Concerns (caregiver concerns about hearing, response to name, speech delay, articulation, school performance, newborn hearing screen status, audiology results, speech therapy involvement, educational accommodations):

3b NASAL, SLEEP & THROAT SYMPTOMS

Nasal / Sinus Symptoms (congestion, obstruction, rhinorrhea, postnasal drip, sneezing, itching, mouth breathing, hyponasal speech, facial pressure, headache, recurrent sinus infections, purulent drainage, smell changes when age-appropriate, seasonal or environmental triggers):

Sleep / Airway Symptoms (snoring, witnessed apneas, gasping, restless sleep, mouth breathing, daytime sleepiness, behavioral concerns, hyperactivity, morning headaches, bedwetting, poor school performance, sleep study history):

Throat / Tonsil Symptoms (sore throat, recurrent tonsillitis, strep throat history, tonsil stones, dysphagia, odynophagia, drooling, muffled voice, fever, neck swelling, antibiotic courses, school or daycare absences):

3c VOICE, AIRWAY, BLEEDING & NECK

Voice / Swallowing Symptoms (hoarseness, weak cry, voice fatigue, chronic cough, choking, coughing with feeds, aspiration concern, feeding difficulty, reflux symptoms, poor weight gain, prior feeding therapy):

Breathing / Noisy Breathing Symptoms (stridor, stertor, wheezing, retractions, cyanosis, apnea, feeding-related breathing difficulty, positional changes, exertional symptoms, intubation history, airway procedures):

Epistaxis / Nasal Trauma (frequency, duration, laterality, triggers, trauma, nose picking, dryness, anticoagulant exposure, easy bruising, family bleeding history, prior treatments):

Neck Mass / Lymph Node Concerns (location, duration, size change, pain, redness, drainage, fever, URI symptoms, weight loss, night sweats, cat exposure, travel, TB exposure, prior imaging or antibiotics):

3d ATOPY, DEVELOPMENT & BACKGROUND

Allergy / Atopy History (allergic rhinitis, asthma, eczema, food allergies, environmental allergies, allergy testing, immunotherapy, medication response):

Birth and Developmental History (prematurity, NICU stay, intubation history, congenital anomalies, syndromic conditions, craniofacial differences, developmental delay, speech and language milestones, feeding history):

Past ENT History (prior ear tubes, adenoidectomy, tonsillectomy, sinus surgery, airway surgery, hearing aids, cochlear implant, nasal trauma, recurrent infections, congenital ENT conditions):

Medication History and Treatment Response (antibiotics, ear drops, nasal sprays, antihistamines, saline, reflux medications, asthma medications, pain relievers, adherence, response, side effects, access issues):

Family / Social History (daycare or school exposure, siblings, smoke exposure, pets, home environment, family history of hearing loss, recurrent ear infections, tonsillectomy or adenoidectomy, bleeding disorders, allergies, asthma, anesthesia complications):

Pertinent Negatives (denies severe respiratory distress, cyanosis, drooling, neck stiffness, mastoid swelling, facial weakness, severe dehydration, unilateral nasal obstruction with bleeding, progressive neck mass, weight loss, night sweats, rapidly worsening symptoms):

ROS PEDIATRIC ENT REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Ear pain, drainage, hearing difficulty, recurrent ear infections, balance concerns, or tinnitus when age-appropriate

Nasal congestion, rhinorrhea, mouth breathing, sneezing, epistaxis, sinus pressure, or recurrent sinus infections

Snoring, witnessed apneas, restless sleep, daytime sleepiness, behavioral concerns, or sleep-disordered breathing symptoms

Sore throat, recurrent tonsillitis, dysphagia, odynophagia, drooling, or voice change

Hoarseness, chronic cough, choking with feeds, noisy breathing, stridor, or aspiration concern

Neck mass, lymph node swelling, fever, weight loss, night sweats, or infectious symptoms

Rash, allergies, asthma symptoms, eczema, or medication reactions

Speech delay, developmental concerns, school impact, or caregiver concerns

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT / LENGTH

WEIGHT

BMI

GROWTH PERCENTILES, IF APPLICABLE

PAIN SCORE, IF APPLICABLE

5a AGE-APPROPRIATE EXAMINATION

General Appearance (alertness, distress level, age-appropriate behavior, interaction with caregiver, work of breathing, voice quality, mouth breathing, hydration status, overall clinical condition):

Head / Face (craniofacial symmetry, dysmorphic features, facial tenderness, swelling, trauma findings, sinus tenderness, salivary gland findings, facial nerve function):

Eyes (conjunctiva, periorbital swelling, allergic shiners, extraocular movements, drainage, orbital findings):

Ears / Otoscopy (external ear, canals, cerumen, foreign body, otorrhea, tympanic membrane appearance, middle ear effusion, erythema, bulging, retraction, perforation, tube status, cholesteatoma concern, mastoid tenderness or swelling):

Nose / Anterior Rhinoscopy (external nose, septum, turbinate hypertrophy, mucosal edema, erythema or pallor, rhinorrhea, purulence, crusting, bleeding source, foreign body, polyps, obstruction, airflow):

Mouth / Oral Cavity (lips, mucosa, tongue, palate, dentition, tonsils, tonsil size, exudate, erythema, uvula position, drooling, trismus, lesions, hydration status):

Oropharynx / Throat (posterior pharynx, cobblestoning, postnasal drip, tonsillar asymmetry, peritonsillar fullness, voice quality, swallowing ability, airway visibility):

Neck (lymphadenopathy, masses, tenderness, range of motion, thyroid findings, salivary gland findings, midline lesions, branchial cleft region, erythema, fluctuance, drainage):

Pulmonary / Airway Observation (respiratory effort, stridor, stertor, wheezing, retractions, nasal flaring, grunting, oxygen requirement, signs of airway compromise):

Neurologic (mental status, cranial nerve findings, facial symmetry, gait or balance concerns, developmental appropriateness):

Skin (rash, eczema, bruising, surgical scars, infection signs, findings relevant to allergy, infection, or post-operative healing):

PR PEDIATRIC ENT PROCEDURE / ENDOSCOPY, IF PERFORMED

6 PROCEDURAL FINDINGS

Procedure performed (nasal endoscopy / flexible laryngoscopy / cerumen removal / foreign body removal / ear microscopy / tube check / nasal cautery / other), indication, consent and caregiver involvement:

Topical anesthesia or decongestant used; patient tolerance:

Ear, nasal, nasopharyngeal, laryngeal, or airway findings:

Adenoid size or obstruction if visualized:

Vocal fold mobility and laryngeal findings if assessed:

Culture, biopsy, or specimen obtained; complications if any:

AU AUDIOLOGY / HEARING ASSESSMENT, IF APPLICABLE

7 HEARING TESTING & INTERPRETATION

Newborn hearing screen status

Audiogram results

Tympanometry results

Otoacoustic emissions

Auditory brainstem response, if available

Speech / language impact

Hearing aid or cochlear implant status

School or developmental implications

Need for repeat testing, audiology referral, speech therapy, or educational accommodations

SB SLEEP-DISORDERED BREATHING ASSESSMENT, IF APPLICABLE

8 PEDIATRIC SLEEP & AIRWAY RISK

Snoring frequency

Witnessed apneas

Gasps or choking during sleep

Restless sleep

Mouth breathing

Daytime sleepiness or hyperactivity

Morning headaches

Enuresis

Tonsil / adenoid findings

Sleep study results, if available

Impact on behavior, growth, school, or quality of life

Need for sleep study, medical therapy, tonsillectomy / adenoidectomy evaluation, or sleep medicine referral

ST SCREENING / ASSESSMENT TOOLS

9 STANDARDIZED TOOLS & INTERPRETATION

Pediatric sleep questionnaire

OSA-18

SNOT-22 or pediatric sinus symptom score, when used

Hearing questionnaire

Speech / language screening tools

Allergy symptom score

Asthma control test, when relevant

Quality-of-life or caregiver concern measures

Pain scale appropriate for age

Score, result, interpretation, comparison to prior results, informant source, and limitations:

L LABORATORY AND DIAGNOSTIC RESULTS

10 RESULTS REVIEWED OR ORDERED

Audiology Testing (audiogram, tympanometry, otoacoustic emissions, auditory brainstem response, newborn hearing screen, school hearing screen):

Microbiology / Infection Testing (throat culture, rapid strep, ear drainage culture, nasal culture, sinus culture, viral testing, antibiotic sensitivities):

Imaging (CT sinus, CT temporal bone, neck ultrasound, MRI, X-ray, sleep study, airway imaging):

Allergy / Immune Testing (skin testing, serum IgE, CBC with differential, immunoglobulins, vaccine titers, immune workup when recurrent infections are a concern):

Sleep / Airway Testing (polysomnography, oximetry, airway evaluation, prior operative airway findings):

Prior Records Reviewed (primary care, ENT, audiology, speech therapy, sleep study reports, emergency and urgent care records, operative reports, immunization records, medication history, prior imaging and labs):

A ASSESSMENT

11 PEDIATRIC ENT CLINICAL INTERPRETATION

Primary ENT diagnosis or working diagnosis. Differential diagnoses considered. Severity, frequency, duration, and

functional impact of symptoms. Hearing, speech and language, sleep, feeding, breathing, school, or developmental impact. Presence or absence of acute infection, chronic effusion, obstructive symptoms, airway compromise, recurrent infection pattern, allergic contribution, or anatomic obstruction. Audiology, imaging, culture, sleep study, endoscopy, or exam correlation with symptoms. Medication response, adherence, technique, side effects, and barriers. Need for medical therapy, observation, audiology testing, speech therapy, imaging, sleep study, allergy evaluation, surgical evaluation, procedure, referral, or urgent escalation...

P PLAN

12 MANAGEMENT BY PROBLEM

Ear infection or middle ear effusion plan (observation, antibiotics if indicated, ear drops, pain control, audiology testing, tympanometry, tube candidacy discussion, follow-up). Hearing or speech concern plan (audiology referral, repeat testing, speech-language evaluation, early intervention, school accommodations, hearing technology). Nasal congestion / allergy plan (saline, intranasal steroid or antihistamine, oral antihistamine, allergen avoidance, allergy testing, environmental control, technique education). Sinusitis plan. Sleep-disordered breathing plan (medical therapy, sleep study, tonsil and adenoid evaluation, growth considerations, sleep medicine referral, surgical counseling). Tonsillitis / pharyngitis plan (testing, antibiotics if indicated, supportive care, recurrence tracking, tonsillectomy criteria discussion, return precautions). Epistaxis plan. Airway / voice / swallow plan. Neck mass plan. Post-operative plan (wound care, activity restrictions, pain control, hydration, bleeding precautions, medication instructions, follow-up). Referral and care coordination. Patient and caregiver education on diagnosis, expected course, medication use, nasal spray or ear drop technique, warning signs, and when to seek urgent or emergency care...

F FOLLOW-UP

13 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, ear recheck, audiology review, hearing and speech monitoring, sleep study review, medication response, recurrent infection tracking, post-operative check, imaging or lab review, surgical planning):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

CAREGIVER COUNSELING TIME

PROCEDURE TIME, IF APPLICABLE

AUDIOLOGY / TEST REVIEW TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

E/M LEVEL: 99202–99205 / 99212–99215

PROCEDURE CODE(S), IF APPLICABLE

NASAL ENDOSCOPY / LARYNGOSCOPY CODE(S), IF APPLICABLE

CERUMEN / FOREIGN BODY REMOVAL CODE(S), IF APPLICABLE

AUDIOLOGY / TYMPANOMETRY CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED / TEST INTERPRETATION

PRIMARY PEDIATRIC ENT DIAGNOSIS CODE

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY: PEDIATRIC OTOLARYNGOLOGY / ENT	DATE	TIME