1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: AUTOIMMUNE DISEASE CONSULTATION / FOLLOW-UP / FLARE EVALUATION / MEDICATION MANAGEMENT / LAB REVIEW / TELEHEALTH

CARE SETTING: OUTPATIENT / RHEUMATOLOGY CLINIC / IMMUNOLOGY CLINIC / SPECIALTY CLINIC / HOSPITAL FOLLOW-UP / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

Document the primary autoimmune disease-related reason for the visit in the patient's own words when possible, including autoimmune disease evaluation, abnormal autoimmune labs, joint pain, rash, fatigue, flare symptoms, connective tissue disease, systemic inflammation, organ involvement, medication monitoring, immunosuppressive therapy follow-up, or suspected autoimmune condition.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported autoimmune symptoms, systemic involvement, disease activity, flare history, treatment response, medication safety, and functional impact.

3a PRESENTATION & DISEASE ACTIVITY

Reason for Autoimmune Disease Evaluation:

Document whether the visit is for initial autoimmune disease evaluation, established autoimmune disease follow-up, flare assessment, abnormal ANA/autoimmune serology review, systemic symptom evaluation, organ involvement assessment, immunosuppressive medication monitoring, biologic therapy follow-up, or post-hospital follow-up.

History of Present Illness:

Document symptom onset, duration, progression, severity, affected systems, flare pattern, triggers, relieving factors, prior evaluations, previous diagnoses, treatment response, and current patient concerns.

Disease Activity / Flare Symptoms:

Document whether symptoms are stable, improving, worsening, or flaring. Include flare onset, duration, frequency, severity, involved organ systems, triggers, functional impact, medication changes, infection exposure, and response to prior flare treatment.

Constitutional Symptoms:

Document fatigue, fever, night sweats, weight loss, malaise, appetite change, exercise intolerance, and relationship to autoimmune disease activity or medication effects.

Musculoskeletal Symptoms:

Document joint pain, swelling, warmth, stiffness, morning stiffness duration, myalgias, muscle weakness, tendon pain, back pain, dactylitis, enthesitis, deformity, and functional limitations.

Skin / Mucosal Symptoms:

Document rash, photosensitivity, malar rash, discoid lesions, psoriasis, urticaria, purpura, livedo, nodules, ulcers, alopecia, oral ulcers, nasal ulcers, genital ulcers, skin thickening, digital pits, calcinosis, or Raynaud symptoms.

Eye / ENT Symptoms:

Document dry eyes, eye redness, pain, photophobia, blurry vision, uveitis, scleritis, episcleritis, dry mouth, parotid swelling, sinus symptoms, nasal crusting, hearing changes, oral dryness, and dental complications.

3b ORGAN-SYSTEM REVIEW

Cardiopulmonary Symptoms:

Document chest pain, pleuritic pain, dyspnea, cough, wheezing, hemoptysis, palpitations, syncope, edema, pulmonary hypertension symptoms, pericarditis symptoms, and interstitial lung disease symptoms.

Renal / Urinary Symptoms:

Document hematuria, foamy urine, edema, hypertension, decreased urine output, flank pain, kidney disease history, nephrology involvement, and prior renal biopsy if applicable.

Gastrointestinal / Hepatic Symptoms:

Document abdominal pain, nausea, vomiting, diarrhea, constipation, blood in stool, dysphagia, reflux, weight loss, liver disease, jaundice, inflammatory bowel disease symptoms, and medication-related GI symptoms.

Neurologic Symptoms:

Document headache, seizures, cognitive changes, numbness, tingling, weakness, neuropathy, foot drop, balance problems, vision changes, dizziness, stroke-like symptoms, or autonomic symptoms.

Hematologic / Vascular Symptoms:

Document easy bruising, bleeding, anemia symptoms, thrombosis history, miscarriages, Raynaud symptoms, digital ischemia, claudication, livedo, vasculitic lesions, or antiphospholipid syndrome concerns.

Endocrine / Metabolic Context:

Document autoimmune thyroid disease, diabetes, adrenal disease, weight changes, heat/cold intolerance, menstrual changes, and other autoimmune endocrine conditions when relevant.

3c TREATMENT & BACKGROUND

Medication History and Response:

Document corticosteroids, hydroxychloroquine, methotrexate, azathioprine, mycophenolate, leflunomide, sulfasalazine, cyclophosphamide, biologics, JAK inhibitors, IVIG, NSAIDs, colchicine, anticoagulation, adherence, response, side effects, refill needs, and access barriers.

Immunosuppression / Infection Risk:

Document recent infections, recurrent infections, vaccine status, TB/hepatitis/HIV screening when relevant, medication holds, exposure risks, wound healing concerns, and opportunistic infection history.

Pregnancy / Reproductive Considerations, if applicable:

Document pregnancy status, pregnancy intentions, contraception, prior pregnancy complications, miscarriages, antiphospholipid history, medication safety in pregnancy/lactation, and high-risk OB involvement when relevant.

Past Autoimmune and Medical History:

Include known autoimmune diagnoses, inflammatory arthritis, lupus, Sjögren syndrome, systemic sclerosis, vasculitis, inflammatory bowel disease, psoriasis, autoimmune thyroid disease, multiple sclerosis, myositis, autoimmune hepatitis, celiac disease, or other immune-mediated conditions.

Family History:

Document family history of autoimmune disease, rheumatoid arthritis, lupus, psoriasis, inflammatory bowel disease, autoimmune thyroid disease, type 1 diabetes, multiple sclerosis, vasculitis, connective tissue disease, or clotting disorders.

Social / Occupational History:

Document occupation, functional limitations, tobacco/nicotine use, alcohol use, substance use, exercise, diet, sleep, stress, social support, disability status, medication access, and barriers to care.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including fever, severe infection symptoms, chest pain, severe dyspnea, hemoptysis, vision loss, focal neurologic deficit, hematuria, severe weakness, severe abdominal pain, digital ischemia, uncontrolled pain, or rapidly progressive symptoms.

ROS AUTOIMMUNE DISEASE REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Fatigue, fever, weight loss, night sweats, malaise, or appetite change

Joint pain, swelling, stiffness, back pain, muscle pain, or weakness

Rash, photosensitivity, oral/nasal ulcers, alopecia, Raynaud symptoms, nodules, purpura, or skin thickening

Dry eyes, dry mouth, eye pain, redness, photophobia, vision changes, or parotid swelling

Chest pain, dyspnea, cough, pleuritic pain, palpitations, edema, or syncope

Abdominal pain, diarrhea, blood in stool, dysphagia, reflux, nausea, or liver symptoms

Hematuria, foamy urine, edema, hypertension, or decreased urine output

Numbness, tingling, weakness, headache, seizures, cognitive changes, or neurologic deficits

Bruising, bleeding, thrombosis symptoms, pregnancy loss history, or vascular symptoms

Medication side effects, infection symptoms, immunosuppression concerns, or adherence barriers

O OBJECTIVE

5 ORGAN-SYSTEM EXAMINATION

Document observed autoimmune disease-relevant findings and organ-system examination details.

5a VITALS

TEMPERATURE	BLOOD PRESSURE	HEART RATE
RESPIRATORY RATE	OXYGEN SATURATION	HEIGHT
WEIGHT	BMI	PAIN SCORE, IF APPLICABLE

5b EXAMINATION

General Appearance:

Document alertness, distress level, fatigue appearance, body habitus, mobility, assistive device use, and overall clinical condition.

Head / Eyes / Ears / Nose / Throat:

Document conjunctival injection, scleral inflammation, dry eyes, oral ulcers, nasal ulcers, salivary pooling, parotid enlargement, mucosal lesions, dental findings, nasal crusting, and hearing-related findings when relevant.

Neck:

Document lymphadenopathy, thyroid findings, range of motion, tenderness, masses, or cervical spine limitation.

Cardiovascular:

Document rate, rhythm, murmurs, rubs, edema, pulses, perfusion, Raynaud changes, digital ischemia, livedo, and findings relevant to vasculitis, pericarditis, or pulmonary hypertension.

Pulmonary:

Document respiratory effort, breath sounds, crackles, wheezing, pleural rub, oxygen requirement, and findings concerning for interstitial lung disease, pleuritis, infection, or pulmonary hypertension.

Abdomen:

Document tenderness, distension, hepatosplenomegaly, ascites, masses, bowel sounds, and medication-related or systemic disease findings.

Musculoskeletal:

Document joint tenderness, swelling, warmth, deformity, range of motion, synovitis, effusions, dactylitis, enthesitis, muscle tenderness, proximal muscle strength, gait, and functional limitations.

Skin:

Document malar rash, discoid lesions, photosensitive rash, psoriasis, purpura, livedo, nodules, ulcers, sclerodactyly, telangiectasias, calcinosis, digital pits, alopecia, urticaria, bruising, injection-site reactions, and infection signs.

Neurologic:

Document mental status, cranial nerves, strength, sensation, reflexes, gait, neuropathy findings, focal deficits, tremor, and proximal muscle weakness when assessed.

Psychiatric:

Document mood, affect, coping, anxiety, depression symptoms, cognition, insight, judgment, and safety concerns when relevant.

DA AUTOIMMUNE DISEASE ACTIVITY ASSESSMENT

6 ACTIVITY & ORGAN INVOLVEMENT

Document disease activity and systemic involvement when assessed. Include:

CURRENT AUTOIMMUNE DIAGNOSIS OR SUSPECTED DIAGNOSIS

ACTIVE ORGAN SYSTEMS INVOLVED

FLARE STATUS

DISEASE SEVERITY

FUNCTIONAL LIMITATIONS

PATIENT GLOBAL ASSESSMENT WHEN AVAILABLE

PROVIDER GLOBAL ASSESSMENT WHEN AVAILABLE

EXTRA-ARTICULAR OR SYSTEMIC MANIFESTATIONS

EVIDENCE OF ORGAN-THREATENING DISEASE

DAMAGE VERSUS ACTIVE INFLAMMATION

COMPARISON TO PRIOR DISEASE ACTIVITY

RESPONSE TO CURRENT THERAPY

MM MEDICATION / IMMUNOSUPPRESSION MONITORING

7 SAFETY REVIEW

Document medication safety review and monitoring. Include:

CURRENT IMMUNOSUPPRESSIVE, IMMUNOMODULATORY, BIOLOGIC, STEROID, OR SUPPORTIVE MEDICATIONS

DOSE, ROUTE, FREQUENCY, AND ADHERENCE

TREATMENT RESPONSE AND RESIDUAL SYMPTOMS

SIDE EFFECTS OR TOXICITY SYMPTOMS

INFECTION HISTORY AND MEDICATION HOLDS

LAB MONITORING STATUS

TB, HEPATITIS, HIV, OR OTHER SCREENING WHEN RELEVANT

VACCINE STATUS AND COUNSELING

PREGNANCY INTENTIONS, CONTRACEPTION, OR LACTATION CONSIDERATIONS WHEN RELEVANT

EYE SCREENING FOR HYDROXYCHLOROQUINE WHEN APPLICABLE

BONE PROTECTION FOR CHRONIC STEROID USE WHEN APPLICABLE

PERIOPERATIVE MEDICATION GUIDANCE WHEN APPLICABLE

REFILL NEEDS, INSURANCE ISSUES, AND MEDICATION ACCESS BARRIERS

ST SCREENING / ASSESSMENT TOOLS

8 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: Disease-specific activity index when applicable · RAPID3 · DAS28 / CDAI / SDAI when inflammatory arthritis is relevant · SLEDAI when lupus is relevant · BASDAI / ASDAS when spondyloarthritis is relevant · HAQ-DI · Patient global assessment · Pain scale · Fatigue scale · Functional status assessment · PHQ-9 / GAD-7 when chronic disease impact is relevant · FRAX when bone health is relevant · Medication adherence assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

9 REVIEWED & ORDERED

Document autoimmune disease-relevant results reviewed or ordered. Include:

Inflammatory Markers:

ESR, CRP, ferritin, complement levels, and trends over time.

Autoimmune Serologies:

ANA, ENA panel, anti-dsDNA, anti-Smith, RNP, SSA/SSB, RF, anti-CCP, ANCA, antiphospholipid antibodies, myositis panel, HLA-B27, centromere, Scl-70, RNA polymerase III, complement C3/C4, or disease-specific antibodies.

Organ Monitoring Labs:

CBC, CMP, liver function, renal function, urinalysis, urine protein/creatinine ratio, creatine kinase, aldolase, thyroid testing, iron studies, coagulation studies, and disease-specific monitoring.

Medication Monitoring Labs:

CBC, CMP, liver function, renal function, lipid panel, hepatitis/TB screening, pregnancy testing when relevant, drug levels when applicable, and therapy-specific safety labs.

Infectious Screening:

TB testing, hepatitis B/C, HIV testing when indicated and consented, vaccine titers, and infection-related labs.

Imaging:

X-rays, ultrasound, MRI, CT, DEXA, chest imaging, HRCT, vascular imaging, joint imaging, or organ-specific imaging when relevant.

Cardiopulmonary Testing:

Echocardiogram, PFTs, DLCO, EKG, right heart catheterization, cardiac MRI, or testing for autoimmune cardiopulmonary involvement.

Pathology / Biopsy:

Skin biopsy, kidney biopsy, muscle biopsy, temporal artery biopsy, salivary gland biopsy, nerve biopsy, synovial biopsy, or other tissue diagnosis when relevant.

Prior Records Reviewed:

Primary care notes, rheumatology notes, hospital records, nephrology notes, dermatology notes, pulmonology notes, cardiology notes, neurology notes, ophthalmology notes, imaging reports, lab trends, infusion records, and outside records.

A ASSESSMENT

10 AUTOIMMUNE DISEASE INTERPRETATION

Provide autoimmune disease-specific clinical interpretation: Primary autoimmune diagnosis or working diagnosis · Differential diagnoses considered · Disease activity: controlled, low, moderate, high, flare, remission, or uncertain · Organ systems involved and severity · Presence or absence of organ-threatening disease · Active inflammation versus chronic damage · Functional impact and quality-of-life burden · Lab, imaging, biopsy, and exam correlation · Medication response, adherence, side effects, toxicity, and monitoring needs · Infection risk and immunosuppression safety considerations · Pregnancy, fertility, vaccination, perioperative, cardiovascular, bone health, or comorbidity considerations when relevant · Need for medication initiation, escalation, taper, lab monitoring, imaging, biopsy, infusion, referral, hospitalization, or urgent escalation

P PLAN

11 MANAGEMENT BY PROBLEM & ORGAN SYSTEM

Outline autoimmune disease management by problem and organ system. Include:

Diagnostic plan,

including autoimmune serologies, inflammatory markers, organ monitoring labs, urinalysis, imaging, pulmonary/cardiac testing, biopsy, or subspecialty evaluation based on suspected disease and organ involvement.

Disease-specific treatment plan,

including immunosuppressants, biologics, JAK inhibitors, DMARDs, corticosteroids, IVIG, anticoagulation, NSAIDs, topical therapies, or supportive treatment when appropriate.

Flare management plan,

including short-term anti-inflammatory therapy, steroid plan, medication escalation, infection exclusion, organ assessment, and close monitoring.

Medication monitoring plan,

including lab schedule, toxicity symptoms, infection precautions, vaccine review, pregnancy precautions, refill plan, insurance/access support, and adherence counseling.

Steroid-sparing plan,

including long-term treatment optimization, steroid taper strategy, bone protection, glucose/BP monitoring, and infection risk mitigation.

Organ-specific plan,

including renal, pulmonary, cardiac, neurologic, dermatologic, ophthalmologic, hematologic, GI, endocrine, or vascular evaluation and subspecialty coordination.

Infection prevention plan,

including vaccination review, TB/hepatitis screening when relevant, medication holds during serious infection, fever precautions, and patient education.

Cardiovascular and metabolic risk plan,

including blood pressure, lipids, diabetes risk, smoking cessation, weight management, physical activity, and coordination with primary care.

Bone health plan,

including DEXA, calcium/vitamin D assessment, osteoporosis prevention/treatment, fall prevention, and chronic steroid risk mitigation when relevant.

Pregnancy/reproductive plan,

including medication safety, contraception, pregnancy planning, antiphospholipid evaluation when relevant, maternal-fetal medicine coordination, and lactation considerations.

Lifestyle and supportive care plan,

including physical activity, sleep, stress management, nutrition, sun protection when relevant, occupational accommodations, physical/occupational therapy, and mental health support.

Referral and care coordination plan

with rheumatology, nephrology, pulmonology, cardiology, dermatology, ophthalmology, neurology, gastroenterology, hematology, immunology, maternal-fetal medicine, physical therapy, occupational therapy, behavioral health, or emergency care when indicated.

Patient education

regarding diagnosis, disease monitoring, flare plan, medication use, lab monitoring, infection precautions, vaccination, red flags, and when to seek urgent or emergency care.

F FOLLOW-UP

12 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including disease activity reassessment, flare follow-up, medication monitoring, lab review, imaging review, organ-system reassessment, infusion monitoring, specialist coordination, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

13 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

AUTOIMMUNE DISEASE COUNSELING TIME

MEDICATION / IMMUNOSUPPRESSION COUNSELING TIME

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB / IMAGING REVIEW TIME, IF APPLICABLE

PROCEDURE TIME, IF APPLICABLE

13a BILLING CONSIDERATIONS — E/M / AUTOIMMUNE DISEASE CODING

E/M LEVEL: [E.G., 99202 / 99203 / 99204 / 99205 / 99212 / 99213 / 99214 / 99215]

INFUSION MANAGEMENT CODE(S), IF APPLICABLE

PROCEDURE CODE(S), IF APPLICABLE

MEDICATION MONITORING / HIGH-RISK DRUG THERAPY DOCUMENTATION, IF APPLICABLE

CARE COORDINATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: [TIME-BASED / MEDICAL DECISION MAKING / MEDICATION MONITORING / TEST INTERPRETATION / CARE COORDINATION / PROCEDURE-BASED]

ICD-10 DIAGNOSIS CODES: [PRIMARY AUTOIMMUNE DISEASE DIAGNOSIS CODE + DESCRIPTION]

[SECONDARY ORGAN INVOLVEMENT / MEDICATION MONITORING / SYMPTOM DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

14 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: RHEUMATOLOGY / AUTOIMMUNE DISEASE MEDICINE

DATE

TIME