1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

VISIT TYPE: ENDOCRINOLOGY CONSULTATION / FOLLOW-UP / MEDICATION MANAGEMENT / LAB REVIEW / HORMONE DISORDER EVALUATION / TELEHEALTH

CARE SETTING: OUTPATIENT / ENDOCRINOLOGY CLINIC / DIABETES 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 endocrinology-related reason for the visit in the patient's own words when possible, including diabetes, thyroid disorder, adrenal disorder, pituitary disorder, osteoporosis, obesity, weight management, hormone imbalance, menstrual irregularity, hypogonadism, hypercalcemia, hypocalcemia, abnormal endocrine labs, medication monitoring, or endocrine follow-up.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported endocrine symptoms, disease history, medication response, metabolic concerns, hormone-related symptoms, lifestyle factors, and relevant comorbidities.

3a PRESENTATION

Reason for Endocrinology Evaluation:

Document whether the visit is for initial endocrine consultation, diabetes management, thyroid disease evaluation, pituitary disorder evaluation, adrenal disorder evaluation, osteoporosis/bone health evaluation, obesity/metabolic management, reproductive hormone concern, calcium/parathyroid disorder, lipid/metabolic disorder, endocrine medication monitoring, or abnormal lab review.

History of Present Illness:

Document symptom onset, duration, progression, severity, associated symptoms, prior evaluation, relevant lab abnormalities, imaging history, current treatment, response to therapy, side effects, adherence, and patient concerns.

3b ENDOCRINE AXIS SYMPTOMS

Diabetes / Glucose-Related Symptoms, if applicable:

Document polyuria, polydipsia, polyphagia, weight change, blurred vision, fatigue, hypoglycemia symptoms, hyperglycemia symptoms, glucose trends, home monitoring, CGM use, insulin use, medication adherence, diet, exercise, and diabetes complications.

Thyroid Symptoms, if applicable:

Document fatigue, weight change, heat/cold intolerance, palpitations, tremor, anxiety, constipation, diarrhea, hair/skin changes, neck swelling, dysphagia, voice change, eye symptoms, menstrual changes, medication adherence, and thyroid surgery or radioactive iodine history.

Pituitary Symptoms, if applicable:

Document headache, visual field changes, galactorrhea, menstrual irregularity, libido changes, erectile dysfunction, infertility, fatigue, growth changes, acromegaly features, Cushingoid features, adrenal insufficiency symptoms, and prior pituitary imaging or surgery.

Adrenal Symptoms, if applicable:

Document fatigue, weakness, weight changes, salt craving, dizziness, hyperpigmentation, hypotension, episodic headaches, palpitations, sweating, hypertension, bruising, proximal weakness, striae, adrenal incidentaloma history, steroid exposure, and adrenal crisis history.

Calcium / Parathyroid / Bone Symptoms:

Document kidney stones, fractures, bone pain, muscle cramps, paresthesias, constipation, polyuria, confusion, osteoporosis, height loss, back pain, vitamin D use, calcium intake, and prior DEXA or parathyroid imaging.

Reproductive / Gonadal Symptoms:

Document menstrual irregularity, amenorrhea, infertility, hirsutism, acne, hot flashes, vaginal dryness, low libido, erectile dysfunction, gynecomastia, testicular symptoms, hypogonadism history, pregnancy intentions, and hormone therapy use.

Weight / Metabolic Symptoms:

Document weight gain or loss, appetite, satiety, binge eating symptoms if disclosed, diet pattern, physical activity, sleep, stress, prior weight-loss attempts, anti-obesity medications, bariatric surgery history, and metabolic comorbidities.

Lipid / Cardiometabolic Risk:

Document hyperlipidemia history, hypertension, cardiovascular disease, fatty liver disease, sleep apnea, family history of premature cardiovascular disease, statin or lipid-lowering therapy, adherence, and side effects.

3c TREATMENT & BACKGROUND

Medication History and Response:

Document endocrine medications, insulin, diabetes medications, thyroid hormone, antithyroid drugs, steroids, hormone replacement therapy, testosterone, estrogen/progestin therapy, osteoporosis medications, anti-obesity medications, lipid-lowering medications, adherence, side effects, refill needs, and access barriers.

Steroid / Hormone Exposure History:

Document glucocorticoid use, anabolic steroid use, supplement use, biotin use, hormonal contraception, fertility medications, testosterone or estrogen exposure, thyroid supplements, and over-the-counter endocrine-active products.

Past Medical and Surgical History:

Include diabetes, thyroid disease, pituitary disease, adrenal disease, osteoporosis, kidney stones, cardiovascular disease, kidney disease, liver disease, malignancy, autoimmune disease, bariatric surgery, endocrine surgery, pregnancy-related endocrine disorders, and prior hospitalizations.

Family History:

Document family history of diabetes, thyroid disease, thyroid cancer, endocrine tumors, MEN syndromes, pituitary disease, adrenal disease, osteoporosis, kidney stones, obesity, premature cardiovascular disease, autoimmune disease, or genetic endocrine conditions.

Social / Lifestyle History:

Document diet pattern, physical activity, sleep, alcohol use, tobacco/nicotine use, substance use, occupation, stress, food access, medication affordability, home glucose monitoring access, and barriers to endocrine care.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including severe hypoglycemia, diabetic ketoacidosis symptoms, chest pain, severe dehydration, altered mental status, vision loss, severe headache, visual field loss, adrenal crisis symptoms, thyroid storm symptoms, myxedema symptoms, severe hypercalcemia symptoms, or rapidly enlarging neck mass.

ROS ENDOCRINOLOGY REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Fatigue, weight change, appetite change, heat/cold intolerance, sweating, tremor, or palpitations

Polyuria, polydipsia, blurred vision, hypoglycemia symptoms, hyperglycemia symptoms, or neuropathy symptoms

Neck swelling, dysphagia, voice change, thyroid eye symptoms, constipation, or diarrhea

Headache, visual changes, galactorrhea, libido changes, infertility, or menstrual irregularity

Dizziness, salt craving, weakness, bruising, striae, episodic headaches, sweating, or hypertension

Bone pain, fractures, kidney stones, muscle cramps, paresthesias, or height loss

Acne, hirsutism, hot flashes, erectile dysfunction, gynecomastia, or reproductive hormone symptoms

Medication side effects, adherence barriers, injection issues, device issues, or access concerns

O OBJECTIVE

5 EXAMINATION

Document observed endocrinology-relevant findings and examination details.

5a VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

WAIST CIRCUMFERENCE, IF APPLICABLE

PAIN SCORE, IF APPLICABLE

5b EXAMINATION

General Appearance:

Document alertness, distress level, body habitus, hydration status, energy level, mobility, and overall clinical condition.

Head / Eyes / Ears / Nose / Throat:

Document proptosis, lid lag, stare, visual field concerns, oral mucosa, facial rounding, facial plethora, acne, hirsutism, and other endocrine-related findings.

Neck / Thyroid:

Document thyroid enlargement, nodules, tenderness, asymmetry, bruit, surgical scar, cervical lymphadenopathy, dysphagia-related findings, and range of motion.

Cardiovascular:

Document rate, rhythm, murmurs, edema, pulses, perfusion, orthostatic findings when relevant, and cardiovascular risk findings.

Pulmonary:

Document respiratory effort, breath sounds, and findings relevant to obesity, cardiometabolic disease, or endocrine emergencies.

Abdomen:

Document central adiposity, striae, injection sites, surgical scars, tenderness, hepatomegaly, lipohypertrophy, or findings relevant to metabolic disease.

Extremities:

Document edema, tremor, muscle bulk, proximal weakness, foot deformity, ulcers, calluses, pulses, monofilament testing when applicable, and signs of peripheral vascular disease.

Skin:

Document dryness, sweating, hyperpigmentation, acanthosis nigricans, vitiligo, bruising, striae, thinning, hirsutism, acne, alopecia, injection-site reactions, lipodystrophy, ulcers, or infection signs.

Neurologic:

Document mental status, reflexes, tremor, strength, sensation, gait, neuropathy findings, visual field concerns, and focal deficits when relevant.

Psychiatric:

Document mood, affect, anxiety, depression symptoms, cognition, insight, judgment, and behavior relevant to endocrine disease or treatment adherence.

DA ENDOCRINE DISEASE-SPECIFIC ASSESSMENT

6 FOCUSED ASSESSMENT

Document focused endocrine assessment based on diagnosis. Include:

CURRENT ENDOCRINE DIAGNOSIS OR SUSPECTED DIAGNOSIS

SYMPTOM CONTROL AND DISEASE TRAJECTORY

RELEVANT HORMONE AXIS INVOLVED

LAB TREND INTERPRETATION

IMAGING CORRELATION WHEN APPLICABLE

MEDICATION ADHERENCE AND TREATMENT RESPONSE

SIDE EFFECTS OR SAFETY CONCERNS

COMORBIDITIES AFFECTING ENDOCRINE MANAGEMENT

NEED FOR ADDITIONAL TESTING, MEDICATION ADJUSTMENT, SPECIALIST REFERRAL, OR URGENT ESCALATION

DM DIABETES / METABOLIC MONITORING, IF APPLICABLE

7 GLYCEMIC RISK REVIEW

Document diabetes-specific monitoring when relevant. Include:

DIABETES TYPE AND DURATION

CURRENT MEDICATION REGIMEN

INSULIN REGIMEN AND DOSING PATTERN IF DOCUMENTED

HOME GLUCOSE READINGS OR CGM METRICS

HYPOGLYCEMIA FREQUENCY AND SEVERITY

HYPERGLYCEMIA TRENDS

A1C TREND

DIET AND PHYSICAL ACTIVITY

FOOT EXAM STATUS

EYE EXAM STATUS

KIDNEY SCREENING STATUS

CARDIOVASCULAR RISK MANAGEMENT

VACCINATION STATUS WHEN RELEVANT

DEVICE USE, SUPPLY ACCESS, AND EDUCATION NEEDS

TN THYROID / NECK ASSESSMENT, IF APPLICABLE

8 THYROID REVIEW

Document thyroid-specific details when relevant. Include:

THYROID DIAGNOSIS OR SUSPECTED DIAGNOSIS

TSH, FREE T4, T3, THYROID ANTIBODY TRENDS

THYROID ULTRASOUND FINDINGS

THYROID NODULE SIZE AND RISK FEATURES

FINE NEEDLE ASPIRATION HISTORY OR NEED

THYROID MEDICATION ADHERENCE AND TIMING

BIOTIN OR SUPPLEMENT INTERFERENCE RISK

COMPRESSIVE SYMPTOMS

EYE INVOLVEMENT IF HYPERTHYROIDISM/GRAVES DISEASE IS RELEVANT

SURGICAL OR RADIOACTIVE IODINE HISTORY

NEED FOR ENDOCRINOLOGY, SURGERY, NUCLEAR MEDICINE, OR OPHTHALMOLOGY COORDINATION

PA PITUITARY / ADRENAL ASSESSMENT, IF APPLICABLE

9 STEROID EXPOSURE REVIEW

Document pituitary/adrenal-specific details when relevant. Include:

HORMONE AXIS INVOLVED

PITUITARY OR ADRENAL IMAGING FINDINGS

VISUAL SYMPTOMS OR VISUAL FIELD TESTING

DYNAMIC ENDOCRINE TESTING RESULTS OR NEED

STEROID EXPOSURE AND ADRENAL SUPPRESSION RISK

REPLACEMENT THERAPY STATUS

STRESS-DOSE STEROID EDUCATION WHEN APPLICABLE

ADRENAL INCIDENTALOMA WORKUP

HYPERTENSION OR HYPOKALEMIA EVALUATION WHEN RELEVANT

NEED FOR NEUROSURGERY, ENDOCRINE SURGERY, OPHTHALMOLOGY, OR ADRENAL CRISIS PRECAUTIONS

MM MEDICATION / HORMONE THERAPY MONITORING

10 SAFETY REVIEW

Document endocrine medication safety review and monitoring. Include:

CURRENT ENDOCRINE MEDICATIONS

DOSE, ROUTE, FREQUENCY, AND ADHERENCE

TREATMENT RESPONSE

SIDE EFFECTS OR TOXICITY SYMPTOMS

LAB MONITORING STATUS

INJECTION TECHNIQUE OR DEVICE USE WHEN APPLICABLE

PREGNANCY, FERTILITY, OR CONTRACEPTION CONSIDERATIONS WHEN RELEVANT

DRUG INTERACTIONS AND SUPPLEMENT INTERFERENCE

REFILL NEEDS AND INSURANCE/ACCESS BARRIERS

EDUCATION PROVIDED AND TEACH-BACK WHEN PERFORMED

ST SCREENING / ASSESSMENT TOOLS

11 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: A1c · CGM time in range · Glucose logs · Diabetes distress or hypoglycemia awareness assessment · ASCVD risk assessment · FRAX when bone health is relevant · DEXA interpretation · Thyroid ultrasound risk stratification when applicable · STOP-Bang or sleep apnea screening when metabolic disease is relevant · PHQ-9 / GAD-7 when chronic endocrine disease affects mood/function · Medication adherence assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

12 REVIEWED & ORDERED

Document endocrinology-relevant results reviewed or ordered. Include:

Diabetes / Metabolic Labs:

A1c, fasting glucose, CMP, renal function, urine albumin/creatinine ratio, lipid panel, C-peptide, diabetes autoantibodies, ketones, insulin levels when relevant, and CGM/glucose log data.

Thyroid Testing:

TSH, free T4, total/free T3, thyroid antibodies, thyroglobulin, calcitonin when indicated, thyroid ultrasound, radioactive iodine uptake scan, FNA results, and thyroid pathology.

Pituitary Testing:

Prolactin, IGF-1, ACTH, cortisol, LH/FSH, estradiol/testosterone, TSH/free T4, growth hormone testing, pituitary MRI, and visual field testing.

Adrenal Testing:

AM cortisol, ACTH, cosyntropin stimulation test, dexamethasone suppression test, late-night salivary cortisol, 24-hour urine cortisol, aldosterone/renin ratio, plasma or urine metanephrines, adrenal CT/MRI, and electrolyte trends.

Calcium / Bone / Parathyroid Testing:

Calcium, albumin, phosphorus, magnesium, PTH, 25-hydroxyvitamin D, 1,25-dihydroxyvitamin D when relevant, alkaline phosphatase, DEXA, urine calcium, and parathyroid imaging.

Reproductive Hormone Testing:

LH, FSH, estradiol, progesterone, testosterone, SHBG, DHEA-S, 17-hydroxyprogesterone, AMH when relevant, pregnancy testing, and pelvic/testicular imaging when indicated.

Lipid / Cardiometabolic Testing:

Lipid panel, liver function, renal function, ApoB, lipoprotein(a) when indicated, metabolic syndrome markers, and cardiovascular risk assessment.

Prior Records Reviewed:

Primary care notes, endocrinology notes, hospital records, diabetes education records, ophthalmology notes, podiatry notes, nephrology notes, cardiology notes, imaging reports, lab trends, operative reports, pathology reports, and outside records.

A ASSESSMENT

13 ENDOCRINE INTERPRETATION

Provide endocrinology-specific clinical interpretation: Primary endocrine diagnosis or working diagnosis · Differential diagnoses considered · Disease control status and trajectory · Relevant hormone axis or metabolic pathway involved · Lab, imaging, device data, and exam correlation · Medication response, adherence, side effects, toxicity, and monitoring needs · Cardiovascular, renal, bone, reproductive, neurologic, or metabolic risk considerations · Lifestyle, nutrition, weight, sleep, stress, and access barriers affecting endocrine control · Need for medication initiation, titration, discontinuation, dynamic testing, imaging, biopsy, procedure, endocrine surgery referral, diabetes education, nutrition referral, hospitalization, or urgent escalation

P PLAN

14 MANAGEMENT BY PROBLEM

Outline endocrinology management by problem. Include:

Diagnostic plan,

including endocrine labs, dynamic testing, imaging, antibody testing, biopsy, device data review, or specialist referral based on suspected endocrine disorder.

Diabetes plan,

including medication adjustment, insulin strategy when applicable, glucose monitoring, CGM or glucometer use, hypoglycemia prevention, lifestyle counseling, kidney/eye/foot screening, cardiovascular risk reduction, and diabetes education.

Thyroid plan,

including thyroid hormone adjustment, antithyroid therapy, thyroid ultrasound, FNA, radioactive iodine consideration, surgery referral, antibody monitoring, medication timing education, and thyroid emergency precautions when relevant.

Pituitary plan,

including hormone replacement, dynamic testing, MRI surveillance, visual field testing, neurosurgery referral, ophthalmology coordination, and hormone axis monitoring.

Adrenal plan,

including adrenal hormone testing, steroid replacement or taper, stress-dose steroid education, adrenal incidentaloma workup, blood pressure/potassium evaluation, surgery referral, and adrenal crisis precautions.

Bone/calcium/parathyroid plan,

including calcium/vitamin D strategy, DEXA, fracture risk reduction, osteoporosis medication, parathyroid workup, kidney stone evaluation, and endocrine surgery referral when indicated.

Reproductive hormone plan,

including PCOS evaluation, menstrual irregularity workup, hypogonadism evaluation, hormone replacement considerations, fertility/pregnancy counseling, and gynecology/urology referral when appropriate.

Weight/metabolic plan,

including nutrition, physical activity, sleep, behavioral support, anti-obesity medication consideration, bariatric referral when appropriate, and cardiometabolic risk management.

Medication monitoring plan,

including lab schedule, symptom monitoring, adverse effect counseling, injection/device education, pregnancy precautions, refill plan, and medication access support.

Lifestyle plan,

including nutrition, physical activity, sleep routine, stress reduction, smoking cessation, alcohol moderation, weight-related goals, and sustainable self-care strategies.

Referral and care coordination plan

with primary care, diabetes educator, dietitian, ophthalmology, podiatry, nephrology, cardiology, endocrine surgery, neurosurgery, gynecology, urology, reproductive endocrinology, bariatric medicine, or emergency care when indicated.

Patient education

regarding diagnosis, medication use, lab monitoring, device use, lifestyle measures, warning signs, sick-day rules when relevant, and when to seek urgent or emergency care.

F FOLLOW-UP

15 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including lab review, medication titration, glucose/CGM review, thyroid monitoring, imaging review, hormone testing review, bone health monitoring, weight/metabolic follow-up, specialist coordination, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

16 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

ENDOCRINE COUNSELING TIME

MEDICATION / HORMONE THERAPY COUNSELING TIME

DIABETES DEVICE / GLUCOSE REVIEW TIME, IF APPLICABLE

LIFESTYLE / NUTRITION COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB / IMAGING REVIEW TIME, IF APPLICABLE

16a BILLING CONSIDERATIONS — E/M / ENDOCRINOLOGY CODING

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

CGM INTERPRETATION CODE(S), IF APPLICABLE

DIABETES EDUCATION / DEVICE MANAGEMENT CODE(S), IF APPLICABLE

THYROID FNA / ULTRASOUND REVIEW CODE(S), IF APPLICABLE

MEDICATION MONITORING / HIGH-RISK MEDICATION DOCUMENTATION, IF APPLICABLE

BASIS FOR BILLING: [TIME-BASED / MEDICAL DECISION MAKING / TEST INTERPRETATION / DEVICE DATA INTERPRETATION / MEDICATION MANAGEMENT / CARE COORDINATION]

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

[SECONDARY DIABETES / THYROID / HORMONE / METABOLIC / MEDICATION MONITORING DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

17 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: ENDOCRINOLOGY

DATE

TIME