1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

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

CARE SETTING: OUTPATIENT / ENDOCRINOLOGY CLINIC / REPRODUCTIVE ENDOCRINOLOGY CLINIC / PRIMARY CARE / 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 hormone disorder-related reason for the visit in the patient's own words when possible, including abnormal hormone levels, menstrual irregularity, infertility concern, low libido, hypogonadism, testosterone deficiency, estrogen/progesterone concern, menopause symptoms, PCOS, hirsutism, galactorrhea, pituitary hormone abnormality, adrenal hormone disorder, thyroid hormone disorder, hormone therapy management, or endocrine lab review.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported hormone-related symptoms, endocrine history, reproductive history, medication response, treatment goals, lab context, and relevant comorbidities.

3a PRESENTATION

Reason for Hormone Disorder Evaluation:

Document whether the visit is for initial hormone evaluation, abnormal hormone labs, menstrual irregularity, infertility concern, hypogonadism evaluation, menopause/perimenopause management, PCOS evaluation, hyperandrogenism, pituitary disorder, adrenal disorder, thyroid-related hormone symptoms, hormone therapy monitoring, or follow-up of an established hormone disorder.

History of Present Illness:

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

3b REPRODUCTIVE & HORMONE SYMPTOMS

Menstrual / Ovulatory History, if applicable:

Document cycle regularity, cycle length, missed periods, heavy bleeding, intermenstrual bleeding, painful periods, amenorrhea, oligomenorrhea, ovulatory symptoms, menopausal transition symptoms, last menstrual period when relevant, and prior gynecologic evaluation.

Fertility / Reproductive History:

Document pregnancy intentions, infertility duration, prior pregnancies, pregnancy losses, contraception use, ovulation tracking, prior fertility treatment, partner factors when relevant, lactation status, and reproductive endocrinology involvement.

Androgen-Related Symptoms:

Document acne, hirsutism, scalp hair thinning, oily skin, voice deepening, clitoromegaly when relevant, rapid symptom progression, muscle mass changes, libido changes, and prior androgen testing.

Hypogonadism Symptoms:

Document low libido, erectile dysfunction, decreased morning erections, fatigue, low mood, reduced muscle mass, increased body fat, infertility, hot flashes, gynecomastia, testicular symptoms, menstrual changes, vaginal dryness, dyspareunia, and bone health concerns.

Menopause / Perimenopause Symptoms:

Document hot flashes, night sweats, sleep disruption, mood changes, vaginal dryness, urinary symptoms, libido changes, menstrual changes, quality-of-life impact, prior hormone therapy, and contraindications to therapy.

Prolactin / Galactorrhea Symptoms:

Document galactorrhea, breast discharge characteristics, breast pain, menstrual changes, infertility, headache, visual symptoms, medication triggers, pregnancy/lactation status, and prior prolactin testing.

Pituitary Hormone Symptoms:

Document headache, visual field changes, galactorrhea, fatigue, growth changes, acromegaly features, Cushingoid features, adrenal insufficiency symptoms, thyroid axis symptoms, gonadal axis symptoms, and prior pituitary imaging or surgery.

Adrenal Hormone Symptoms:

Document fatigue, weakness, salt craving, dizziness, hyperpigmentation, hypotension, weight change, bruising, striae, proximal weakness, episodic headaches, palpitations, sweating, hypertension, hypokalemia, and adrenal incidentaloma history.

Thyroid-Related Hormone Symptoms:

Document heat/cold intolerance, weight change, palpitations, tremor, anxiety, constipation, diarrhea, fatigue, hair/skin changes, neck swelling, menstrual changes, pregnancy-related thyroid concerns, and thyroid medication adherence.

Growth Hormone / IGF-1-Related Symptoms, if applicable:

Document changes in ring/shoe size, facial feature changes, sweating, joint pain, sleep apnea, carpal tunnel symptoms, headaches, visual symptoms, fatigue, body composition changes, and prior IGF-1 or pituitary testing.

Calcium / Parathyroid Hormone Symptoms:

Document kidney stones, fractures, bone pain, muscle cramps, paresthesias, constipation, polyuria, confusion, osteoporosis, vitamin D use, calcium intake, and parathyroid imaging or surgery history.

3c TREATMENT & BACKGROUND

Medication / Hormone Therapy History:

Document estrogen, progesterone, testosterone, thyroid hormone, antithyroid therapy, glucocorticoids, mineralocorticoids, dopamine agonists, anti-androgens, contraceptives, fertility medications, GLP-1 therapies when relevant, supplements, adherence, response, side effects, refill needs, and access barriers.

Exogenous Hormone / Supplement Exposure:

Document anabolic steroids, over-the-counter hormone products, biotin, thyroid supplements, adrenal supplements, DHEA, phytoestrogens, herbal products, cosmetic hormone exposure, and medication or supplement interference with lab testing.

Past Medical and Surgical History:

Include endocrine disorders, pituitary/adrenal/thyroid disease, PCOS, infertility, pregnancy-related endocrine disorders, obesity, diabetes, osteoporosis, cardiovascular disease, clotting disorder, breast/uterine/prostate cancer history, liver disease, kidney disease, bariatric surgery, endocrine surgery, and gynecologic/urologic surgery.

Family History:

Document family history of thyroid disease, pituitary tumors, adrenal disorders, PCOS, infertility, early menopause, osteoporosis, diabetes, endocrine cancers, clotting disorders, breast/ovarian/uterine/prostate cancer, or MEN syndromes.

Social / Lifestyle History:

Document diet, exercise, sleep, stress, shift work, alcohol use, tobacco/nicotine use, substance use, fertility goals, relationship context if clinically relevant, medication affordability, and barriers to endocrine care.

Pertinent Negatives:

Document denial of red-flag symptoms when clinically relevant, including severe headache, visual field loss, galactorrhea with neurologic symptoms, rapidly progressive virilization, severe hypertension, hypokalemia symptoms, adrenal crisis symptoms, thyroid storm symptoms, myxedema symptoms, chest pain, thromboembolic symptoms, or postmenopausal bleeding.

ROS HORMONE DISORDERS REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Document pertinent positives and negatives:

Fatigue, weight change, appetite change, heat/cold intolerance, sleep disruption, or mood change

Menstrual irregularity, amenorrhea, infertility, hot flashes, night sweats, vaginal dryness, or libido changes

Acne, hirsutism, scalp hair thinning, voice change, or rapid androgenic symptoms

Erectile dysfunction, decreased morning erections, gynecomastia, testicular symptoms, or low libido

Headache, visual changes, galactorrhea, breast discharge, or pituitary-related symptoms

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

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

Medication side effects, adherence barriers, hormone therapy concerns, supplement use, or access issues

O OBJECTIVE

5 EXAMINATION

Document observed hormone disorder-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, visual field concerns, facial rounding, facial plethora, acne, hirsutism, alopecia, acromegalic features, oral mucosa, and other hormone-related findings.

Neck / Thyroid:

Document thyroid enlargement, nodules, tenderness, asymmetry, bruit, surgical scar, cervical lymphadenopathy, and compressive symptom-related findings.

Cardiovascular:

Document rate, rhythm, murmurs, edema, pulses, perfusion, orthostatic findings when relevant, and findings relevant to hormone excess or deficiency.

Pulmonary:

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

Breast / Chest, if examined:

Document galactorrhea, gynecomastia, tenderness, masses, asymmetry, skin changes, and exam limitations when clinically relevant.

Abdomen:

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

Genitourinary / Reproductive Exam, if performed:

Document clinically relevant findings, chaperone use, exam limitations, and findings related to hypogonadism, hyperandrogenism, or reproductive concerns when appropriate.

Extremities:

Document edema, tremor, muscle bulk, proximal weakness, acromegalic hand/foot changes, skin temperature, pulses, and findings relevant to endocrine disease.

Skin:

Document acne, hirsutism, alopecia, acanthosis nigricans, vitiligo, hyperpigmentation, bruising, striae, thinning, dryness, sweating, injection-site reactions, and hormone therapy-related findings.

Neurologic:

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

Psychiatric:

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

HA HORMONE AXIS ASSESSMENT

6 AXIS REVIEW

Document hormone axis-specific evaluation. Include:

SUSPECTED HORMONE AXIS INVOLVED

SYMPTOMS OF HORMONE EXCESS OR DEFICIENCY

RELEVANT HORMONE LAB TRENDS

TIMING OF LABS RELATIVE TO MENSTRUAL CYCLE, MEDICATION DOSING, FASTING STATUS, OR TIME OF DAY WHEN RELEVANT

MEDICATION OR SUPPLEMENT INTERFERENCE RISK

IMAGING CORRELATION WHEN APPLICABLE

CURRENT THERAPY AND RESPONSE

SAFETY CONCERNS OR CONTRAINDICATIONS

NEED FOR REPEAT TESTING, DYNAMIC TESTING, IMAGING, REFERRAL, OR TREATMENT ADJUSTMENT

HT HORMONE THERAPY MONITORING

7 DOPAMINE AGONIST REVIEW

Document monitoring for hormone replacement, suppression, or modulation therapy. Include:

CURRENT HORMONE THERAPY OR ENDOCRINE MEDICATION

DOSE, ROUTE, FREQUENCY, AND DURATION

TREATMENT INDICATION AND GOALS

SYMPTOM RESPONSE

SIDE EFFECTS AND SAFETY CONCERNS

LAB MONITORING STATUS

CONTRAINDICATIONS OR RISK FACTORS

FERTILITY, PREGNANCY, CONTRACEPTION, OR LACTATION CONSIDERATIONS WHEN RELEVANT

CARDIOVASCULAR, THROMBOEMBOLIC, CANCER, BONE, LIVER, OR METABOLIC RISK CONSIDERATIONS

REFILL NEEDS AND INSURANCE/ACCESS BARRIERS

SHARED DECISION-MAKING AND INFORMED CONSENT WHEN APPLICABLE

DX DIAGNOSTIC TESTING / IMAGING ASSESSMENT

8 STUDIES REVIEWED

Document hormone disorder-relevant testing reviewed or performed. Include:

HORMONE LAB VALUES AND TRENDS

DYNAMIC ENDOCRINE TESTING RESULTS

PITUITARY MRI

ADRENAL CT/MRI

THYROID ULTRASOUND OR UPTAKE SCAN

PELVIC ULTRASOUND WHEN RELEVANT

TESTICULAR ULTRASOUND WHEN RELEVANT

DEXA WHEN BONE HEALTH IS RELEVANT

VISUAL FIELD TESTING

GENETIC TESTING WHEN RELEVANT

PREGNANCY TESTING WHEN RELEVANT

TIMING, ASSAY LIMITATIONS, AND NEED FOR REPEAT CONFIRMATION

ST SCREENING / ASSESSMENT TOOLS

9 SCORES & INTERPRETATION

Document standardized tools used and interpretation, if applicable. Include: Menopause symptom assessment when used · Androgen excess or hirsutism scoring when used · Sexual function questionnaire when used · PHQ-9 / GAD-7 when symptoms affect mood/function · Bone health assessment or FRAX when relevant · ASCVD risk assessment when hormone therapy or metabolic disease is relevant · Sleep apnea screening when relevant · Medication adherence assessment · Quality-of-life or symptom tracking tool when used. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

10 REVIEWED & ORDERED

Document hormone disorder-relevant results reviewed or ordered. Include:

Reproductive / Gonadal Hormones:

LH, FSH, estradiol, progesterone, total/free testosterone, SHBG, DHEA-S, androstenedione, AMH when relevant, prolactin, pregnancy testing, and cycle-timed labs.

Pituitary Testing:

Prolactin, IGF-1, ACTH, cortisol, TSH/free T4, LH/FSH, estradiol/testosterone, 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, DHEA-S, adrenal CT/MRI, and electrolyte trends.

Thyroid Testing:

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

PCOS / Hyperandrogenism Evaluation:

Total/free testosterone, DHEA-S, 17-hydroxyprogesterone, prolactin, TSH, metabolic labs, lipid panel, A1c, pelvic ultrasound when indicated, and exclusion of concerning androgen-secreting conditions.

Bone / Calcium / Parathyroid Testing:

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

Metabolic / Safety Labs:

CBC, CMP, liver function, renal function, lipid panel, A1c, electrolytes, hematocrit for testosterone therapy when relevant, PSA when clinically appropriate, and therapy-specific monitoring labs.

Prior Records Reviewed:

Primary care notes, endocrinology notes, gynecology notes, urology notes, reproductive endocrinology records, imaging reports, lab trends, operative reports, pathology reports, medication history, and outside records.

A ASSESSMENT

11 HORMONE DISORDER INTERPRETATION

Provide hormone disorder-specific clinical interpretation: Primary hormone disorder diagnosis or working diagnosis · Differential diagnoses considered · Hormone excess versus deficiency pattern · Relevant endocrine axis involvement · Lab timing, assay limitations, supplement interference, and need for confirmation · Imaging, clinical symptom, and laboratory correlation · Medication response, adherence, side effects, contraindications, and monitoring needs · Fertility, pregnancy, contraception, menopause, sexual function, bone health, cardiovascular, thromboembolic, cancer, metabolic, or psychosocial considerations when relevant · Need for medication initiation, dose adjustment, discontinuation, dynamic testing, repeat labs, imaging, biopsy, endocrine surgery referral, reproductive endocrinology referral, gynecology/urology referral, hospitalization, or urgent escalation

P PLAN

12 MANAGEMENT BY PROBLEM

Outline hormone disorder management by problem. Include:

Diagnostic plan,

including repeat hormone labs, cycle-timed testing, morning fasting labs, dynamic endocrine testing, pregnancy testing, imaging, visual field testing, genetic testing, or specialist referral based on suspected hormone axis.

Hormone therapy plan,

including initiation, continuation, dose adjustment, route selection, safety monitoring, contraindication review, expected benefits, risks, side effects, and shared decision-making.

Menstrual irregularity or PCOS plan,

including metabolic evaluation, cycle regulation, endometrial protection, hyperandrogenism treatment, fertility considerations, weight/metabolic counseling, and gynecology coordination when indicated.

Hypogonadism plan,

including confirmation of diagnosis, etiology evaluation, testosterone/estrogen therapy considerations, fertility preservation discussion, contraindication review, monitoring labs, and symptom reassessment.

Menopause/perimenopause plan,

including vasomotor symptom management, vaginal/urogenital symptom treatment, hormone and non-hormone options, bone/cardiovascular risk review, and contraindication assessment.

Pituitary plan,

including hormone replacement or suppression therapy, MRI surveillance, visual field testing, neurosurgery referral, dopamine agonist therapy when relevant, and hormone axis monitoring.

Adrenal plan,

including adrenal insufficiency treatment, stress-dose steroid education, Cushing/primary aldosteronism/pheochromocytoma workup, adrenal incidentaloma monitoring, and endocrine surgery referral when indicated.

Thyroid hormone plan,

including thyroid medication adjustment, lab timing education, supplement/biotin interference counseling, imaging/FNA if indicated, and pregnancy-specific thyroid considerations when relevant.

Bone and metabolic plan,

including DEXA when indicated, calcium/vitamin D guidance, fracture risk reduction, lipid/glucose monitoring, weight management, and cardiovascular risk reduction.

Medication safety plan,

including lab schedule, adverse effect monitoring, thromboembolic/cardiovascular/cancer risk counseling when relevant, pregnancy/lactation considerations, refill plan, and access support.

Lifestyle and supportive care 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, gynecology, urology, reproductive endocrinology, endocrine surgery, neurosurgery, ophthalmology, cardiology, oncology, genetics, behavioral health, or emergency care when indicated.

Patient education

regarding diagnosis, lab timing, medication use, hormone therapy expectations, monitoring needs, warning signs, fertility/pregnancy considerations, and when to seek urgent or emergency care.

F FOLLOW-UP

13 REASSESSMENT PLAN

Specify follow-up timeframe and purpose, including symptom reassessment, hormone lab review, medication titration, therapy safety monitoring, imaging review, fertility or reproductive planning, pituitary/adrenal/thyroid follow-up, bone/metabolic monitoring, specialist coordination, or urgent return precautions.

TB TIME DOCUMENTATION & BILLING

14 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

HORMONE DISORDER COUNSELING TIME

MEDICATION / HORMONE THERAPY COUNSELING TIME

REPRODUCTIVE / FERTILITY COUNSELING TIME, IF APPLICABLE

LIFESTYLE / METABOLIC COUNSELING TIME, IF APPLICABLE

CARE COORDINATION TIME

RECORDS REVIEW TIME, IF APPLICABLE

LAB / IMAGING REVIEW TIME, IF APPLICABLE

14a BILLING CONSIDERATIONS — E/M / HORMONE DISORDERS CODING

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

DYNAMIC ENDOCRINE TESTING REVIEW / COORDINATION, IF APPLICABLE

HORMONE THERAPY MONITORING DOCUMENTATION, IF APPLICABLE

MEDICATION MONITORING DOCUMENTATION, IF APPLICABLE

CARE COORDINATION CODE(S), IF APPLICABLE

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

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

[SECONDARY PITUITARY / ADRENAL / THYROID / GONADAL / METABOLIC / MEDICATION MONITORING DIAGNOSIS CODE(S), IF APPLICABLE]

SO SIGNATURE

15 PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: ENDOCRINOLOGY / HORMONE DISORDERS

DATE

TIME