1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE/SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

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

CARE SETTING: OUTPATIENT / RHEUMATOLOGY CLINIC / AUTOIMMUNE DISEASE CLINIC / HOSPITAL FOLLOW-UP / INFUSION CENTER / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING PROVIDER, IF APPLICABLE

INTERPRETER USED, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

Document the primary lupus or connective tissue disorder-related reason for the visit in the patient's own words when possible, including lupus follow-up, connective tissue disease evaluation, abnormal ANA, rash, photosensitivity, joint pain, Raynaud symptoms, oral ulcers, fatigue, flare symptoms, kidney involvement, lung involvement, medication monitoring, immunosuppressive therapy follow-up, or systemic autoimmune disease evaluation.

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

Document patient-reported connective tissue disease symptoms, flare pattern, organ involvement, medication response, treatment safety, functional impact, and relevant autoimmune context.

3a PRESENTATION & FLARE

Reason for Lupus / Connective Tissue Disorder Evaluation:

Document whether the visit is for initial evaluation, established lupus follow-up, undifferentiated connective tissue disease follow-up, mixed connective tissue disease evaluation, systemic sclerosis evaluation, Sjögren syndrome evaluation, flare assessment, abnormal serology review, organ involvement assessment, or immunosuppressive medication monitoring.

History of Present Illness:

Document symptom onset, duration, progression, severity, affected organ systems, flare pattern, triggers, relieving factors, prior evaluations, prior 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, possible triggers, infection exposure, medication adherence, steroid response, and functional impact.

Constitutional Symptoms:

Document fatigue, fever, weight loss, night sweats, 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, proximal weakness, tendon pain, functional limitation, deformity, and response to NSAIDs, steroids, DMARDs, or immunosuppressive therapy.

Skin / Photosensitivity Symptoms:

Document malar rash, discoid lesions, photosensitive rash, subacute cutaneous lupus features, alopecia, livedo, purpura, vasculitic lesions, ulcers, skin thickening, sclerodactyly, telangiectasias, calcinosis, digital pits, or nodules.

Mucosal Symptoms:

Document oral ulcers, nasal ulcers, genital ulcers, dry mouth, dental caries, dysphagia, painful swallowing, mucosal dryness, or recurrent mucosal lesions.

Raynaud / Vascular Symptoms:

Document color changes in fingers/toes, cold sensitivity, triphasic changes, digital ulcers, digital pits, ischemic pain, gangrene concern, livedo reticularis, thrombosis history, pregnancy loss history, and antiphospholipid syndrome concerns.

Sicca Symptoms:

Document dry eyes, gritty sensation, artificial tear use, dry mouth, need for water to swallow, dental issues, parotid swelling, vaginal dryness when relevant, and ophthalmology or dental involvement.

3b ORGAN-SYSTEM REVIEW

Cardiopulmonary Symptoms:

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

Renal / Urinary Symptoms:

Document hematuria, foamy urine, edema, hypertension, decreased urine output, flank pain, known lupus nephritis, kidney biopsy history, nephrology involvement, and renal medication history.

Neurologic / Psychiatric Symptoms:

Document headache, seizures, cognitive changes, neuropathy, numbness, tingling, weakness, stroke-like symptoms, mood changes, psychosis, severe depression, anxiety, or neuropsychiatric lupus concerns.

Gastrointestinal Symptoms:

Document reflux, dysphagia, abdominal pain, nausea, vomiting, diarrhea, constipation, blood in stool, liver disease, malabsorption symptoms, medication-related GI intolerance, or bowel dysmotility symptoms.

Hematologic Symptoms:

Document easy bruising, bleeding, anemia symptoms, thrombocytopenia history, leukopenia history, lymphadenopathy, thrombosis, recurrent miscarriage, or anticoagulation use.

3c TREATMENT & BACKGROUND

Medication History and Response:

Document hydroxychloroquine, corticosteroids, methotrexate, azathioprine, mycophenolate, belimumab, anifrolumab, rituximab, cyclophosphamide, calcineurin inhibitors, NSAIDs, anticoagulation, vasodilators, adherence, response, side effects, refill needs, and access barriers.

Hydroxychloroquine Safety History:

Document dose, duration, adherence, ophthalmology screening status, retinal toxicity concerns, renal disease considerations, and visual symptoms when relevant.

Immunosuppression / Infection Risk:

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

Pregnancy / Reproductive Considerations, if applicable:

Document pregnancy status, pregnancy intentions, contraception, prior pregnancy complications, miscarriages, antiphospholipid antibody history, SSA/SSB status if known, medication safety in pregnancy/lactation, and maternal-fetal medicine involvement.

Past Autoimmune and Medical History:

Include systemic lupus erythematosus, cutaneous lupus, lupus nephritis, mixed connective tissue disease, undifferentiated connective tissue disease, Sjögren syndrome, systemic sclerosis, inflammatory arthritis, myositis, antiphospholipid syndrome, pulmonary hypertension, interstitial lung disease, renal disease, or thromboembolic disease.

Family History:

Document family history of lupus, connective tissue disease, rheumatoid arthritis, Sjögren syndrome, systemic sclerosis, autoimmune thyroid disease, inflammatory bowel disease, psoriasis, clotting disorder, or recurrent pregnancy loss.

Social / Occupational History:

Document sun exposure, occupation, functional limitations, tobacco/nicotine use, alcohol use, substance use, exercise, sleep, stress, support system, pregnancy planning, 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, seizure, focal neurologic deficit, hematuria, rapidly worsening edema, digital ischemia, severe weakness, or rapidly progressive symptoms.

ROS LUPUS & CONNECTIVE TISSUE DISORDERS 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, morning stiffness, muscle pain, proximal weakness, or functional limitation

Photosensitivity, malar rash, discoid rash, alopecia, skin thickening, telangiectasias, ulcers, or Raynaud symptoms

Oral ulcers, nasal ulcers, dry eyes, dry mouth, dental issues, or parotid swelling

Chest pain, pleuritic pain, dyspnea, cough, palpitations, edema, syncope, or pulmonary hypertension symptoms

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

Headache, seizure, cognitive change, neuropathy, weakness, numbness, or stroke-like symptoms

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

Easy bruising, bleeding, thrombosis symptoms, pregnancy loss history, or anticoagulation concerns

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

O OBJECTIVE

5 ORGAN-SYSTEM EXAMINATION

Document observed lupus and connective tissue disorder-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 visual concerns when relevant.

Neck:

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

Cardiovascular:

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

Pulmonary:

Document respiratory effort, breath sounds, crackles, wheezing, pleural rub, oxygen requirement, and findings concerning for pleuritis, interstitial lung disease, 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, tendon tenderness, proximal muscle strength, gait, and functional limitations.

Skin:

Document malar rash, discoid lesions, photosensitive rash, alopecia, purpura, livedo, vasculitic lesions, ulcers, sclerodactyly, telangiectasias, calcinosis, digital pits, digital ulcers, nodules, 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, cognition, anxiety, depression symptoms, coping, insight, judgment, and safety concerns when relevant.

DA DISEASE ACTIVITY / ORGAN INVOLVEMENT ASSESSMENT

6 ACTIVITY BY ORGAN

Document lupus or connective tissue disease activity and organ involvement when assessed. Include:

CURRENT DIAGNOSIS OR SUSPECTED DIAGNOSIS

ACTIVE ORGAN SYSTEMS INVOLVED

FLARE STATUS

DISEASE SEVERITY

FUNCTIONAL LIMITATIONS

PATIENT GLOBAL ASSESSMENT WHEN AVAILABLE

PROVIDER GLOBAL ASSESSMENT WHEN AVAILABLE

CUTANEOUS ACTIVITY

MUSCULOSKELETAL ACTIVITY

RENAL ACTIVITY

HEMATOLOGIC ACTIVITY

SEROSITIS ACTIVITY

NEUROPSYCHIATRIC INVOLVEMENT

CARDIOPULMONARY INVOLVEMENT

VASCULAR OR RAYNAUD-RELATED COMPLICATIONS

ACTIVE INFLAMMATION VERSUS CHRONIC DAMAGE

COMPARISON TO PRIOR DISEASE ACTIVITY

MM MEDICATION / IMMUNOSUPPRESSION MONITORING

7 SAFETY REVIEW

Document medication safety review and monitoring. Include:

CURRENT IMMUNOSUPPRESSIVE, IMMUNOMODULATORY, BIOLOGIC, STEROID, ANTICOAGULANT, VASODILATOR, 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

HYDROXYCHLOROQUINE EYE SCREENING STATUS

TB, HEPATITIS, HIV, OR OTHER SCREENING WHEN RELEVANT

VACCINE STATUS AND COUNSELING

PREGNANCY INTENTIONS, CONTRACEPTION, OR LACTATION CONSIDERATIONS WHEN RELEVANT

BONE PROTECTION FOR CHRONIC STEROID USE WHEN APPLICABLE

RENAL DOSING CONSIDERATIONS

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: SLEDAI when applicable · BILAG when applicable · Lupus Low Disease Activity State assessment when used · Patient global assessment · RAPID3 when musculoskeletal symptoms are relevant · HAQ-DI · Pain scale · Fatigue scale · Raynaud severity tracking · Sjögren symptom tools when applicable · Modified Rodnan Skin Score when systemic sclerosis is relevant · FRAX when bone health is relevant · PHQ-9 / GAD-7 when chronic disease impact is relevant · Medication adherence assessment. Include score, result, interpretation, comparison to prior results, and limitations.

L LABORATORY AND DIAGNOSTIC RESULTS

9 REVIEWED & ORDERED

Document lupus and connective tissue disease-relevant results reviewed or ordered. Include:

Autoimmune Serologies:

ANA, anti-dsDNA, anti-Smith, RNP, SSA/SSB, centromere, Scl-70, RNA polymerase III, antiphospholipid antibodies, lupus anticoagulant, anticardiolipin antibodies, beta-2 glycoprotein antibodies, myositis panel, RF, anti-CCP, or disease-specific antibodies.

Disease Activity Labs:

Complement C3/C4, ESR, CRP, anti-dsDNA trend, CBC trends, urinalysis, urine protein/creatinine ratio, renal function, and disease-specific activity markers.

Medication Monitoring Labs:

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

Renal Evaluation:

Urinalysis, urine sediment, urine protein/creatinine ratio, 24-hour urine protein when used, creatinine/eGFR, renal ultrasound, nephrology notes, and kidney biopsy results when available.

Hematologic Evaluation:

CBC differential, hemolysis labs, Coombs test, platelets, coagulation studies, antiphospholipid testing, and thrombosis evaluation when relevant.

Cardiopulmonary Testing:

Echocardiogram, EKG, PFTs, DLCO, HRCT, chest imaging, right heart catheterization, V/Q scan, or pulmonary hypertension/interstitial lung disease evaluation.

Ophthalmology / Sicca Testing:

Hydroxychloroquine retinal screening, Schirmer testing, ocular staining, salivary gland testing, dental records, or salivary gland biopsy when relevant.

Imaging:

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

Pathology / Biopsy:

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

Prior Records Reviewed:

Rheumatology notes, primary care notes, nephrology notes, dermatology notes, pulmonology notes, cardiology notes, ophthalmology notes, OB-GYN/MFM notes, hospital records, imaging reports, lab trends, infusion records, pathology reports, and outside records.

A ASSESSMENT

10 LUPUS INTERPRETATION

Provide lupus and connective tissue disorder-specific clinical interpretation: Primary lupus or connective tissue disease 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 · Flare triggers or medication adherence concerns · 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, renal, pulmonary, or thrombotic 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 lupus and connective tissue disorder management by problem and organ system. Include:

Diagnostic plan,

including autoimmune serologies, disease activity labs, urinalysis, urine protein/creatinine ratio, renal function, imaging, pulmonary/cardiac testing, biopsy, or subspecialty evaluation based on symptoms and organ involvement.

Disease-specific treatment plan,

including hydroxychloroquine, corticosteroids, methotrexate, azathioprine, mycophenolate, belimumab, anifrolumab, rituximab, cyclophosphamide, calcineurin inhibitors, anticoagulation, vasodilators, or supportive therapy when appropriate.

Flare management plan,

including steroid plan, medication escalation, infection exclusion, organ assessment, disease activity monitoring, and close follow-up.

Renal plan,

including urinalysis monitoring, proteinuria monitoring, nephrology coordination, kidney biopsy consideration, immunosuppressive therapy, blood pressure/proteinuria management, and renal function follow-up.

Cutaneous/photosensitivity plan,

including sun protection, topical therapy, antimalarial therapy, dermatology coordination, wound care, and avoidance of triggers.

Musculoskeletal plan,

including anti-inflammatory therapy, DMARD adjustment, physical therapy, occupational therapy, exercise guidance, pain management, and joint monitoring.

Raynaud/vascular plan,

including cold avoidance, smoking cessation, calcium channel blocker or vasodilator therapy when appropriate, digital ulcer care, antiphospholipid evaluation, anticoagulation coordination, and ischemia precautions.

Sicca/Sjögren plan,

including artificial tears, saliva substitutes, dental care, ophthalmology coordination, medication review, and evaluation for systemic involvement.

Pulmonary/cardiac plan,

including PFTs, HRCT, echocardiogram, pulmonary hypertension evaluation, cardiology/pulmonology referral, and monitoring for serositis, ILD, or right heart strain.

Medication monitoring plan,

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

Steroid-sparing and bone protection plan,

including long-term treatment optimization, steroid taper strategy, calcium/vitamin D, DEXA, osteoporosis prevention/treatment, glucose/BP monitoring, and infection risk mitigation.

Pregnancy/reproductive plan,

including pregnancy timing during disease stability, medication safety, contraception, antiphospholipid evaluation, SSA/SSB counseling when relevant, maternal-fetal medicine coordination, and lactation considerations.

Lifestyle and supportive care plan,

including sun protection, smoking cessation, physical activity, sleep, stress management, nutrition, cardiovascular risk reduction, occupational accommodations, and mental health support.

Referral and care coordination plan

with nephrology, dermatology, pulmonology, cardiology, ophthalmology, neurology, hematology, 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, photosensitivity precautions, 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, urine monitoring, 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

LUPUS / CONNECTIVE TISSUE 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 / LUPUS & CONNECTIVE TISSUE DISORDERS 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 LUPUS / CONNECTIVE TISSUE 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 / LUPUS & CONNECTIVE TISSUE DISORDERS

DATE

TIME