

E/M CODE + PSYCHOTHERAPY

Patient's Name: _____ Date of Visit: _____

Chief Complaint: _____

HPI: Problem Focused (99212)/ Expanded Problem Focused (99213) (Document at least one to three of the following elements of the present illness: quality, severity, duration, timing, context, modifying factors, associated signs and symptoms):

ROS: Patient's Pertinent Pos and Neg Responses to psychiatric treatment:

Symptoms: _____

Functioning: _____

PSYCHIATRIC MEDICAL EXAM: PROBLEM FOCUSED/EXPANDED PROBLEM FOCUSED [99212 1-5 ELEMENTS; 99213 6 ELEMENTS]:

Speech: _____ Language: _____

Thought Processes: _____ Fund of Knowledge: _____

Abnormal/Psychotic Thoughts: _____ Mood/Affect: _____

Associations: _____ General Appearance: _____

Judgment: _____ Muscle Strength/Tone: _____

Orientation Time/Place/Person: _____ Gait/Station: _____

Memory: _____ Vital Signs (at least 3): _____

Attention Span/Concentration: _____ Suicidal/Homicidal
Ideation/Intent/Plan: _____

CURRENT/UPDATED DIAGNOSIS: _____

CURRENT MEDICATION(S)/MEDICATION CHANGE(S) – No side effects or adverse reactions noted or reported

I-STOP review required and performed _____

LAB TESTS: Ordered Reviewed:

PSYCHOTHERAPY: INSIGHT ORIENTED BEHAVIOR MODIFYING SUPPORTIVE

MEDICAL NECESSITY/TREATMENT PLAN UPDATE: CONTINUE FREQUENCY OF _____ REQUIRED FOR

SYMPTOM REDUCTION IMPROVEMENT IN FUNCTIONING MEDICATION STABILIZATION MAINTENANCE TO PREVENT
DETERIORATION/LOSS OF FUNCTIONING

99212 _____ 99213 _____ 90833 _____ 90836 _____ Total Face to Face Time: _____ mins Psychotherapy Time: _____ mins

Psychiatrist's Signature: _____ Date: _____