Outpatient Osteopathic SOAP Note—Follow-up Form

wak SOAP Follow-up version 2:11403b

Patient's Name _____ Date _____ Sex: Male ☐ Female ☐

Office of:	
For office use only:	

Age _____ * Vital Signs (3 of 7) Wt. _____ Ht. _____ Temp. _____

Reg. ☐ Pt. position for recording BP

Resp. ____ Pulse ____ Irreg. ☐ Standing_____ Sitting_____ Lying_____

S **Patient's Pain Analog Scale:** ☐ Not done

NO PAIN WORST POSSIBLE PAIN

CC: HPI: (Location, Quality, Severity, Duration, Timing, Context, Modifying factors, Associated Signs and Sx)

PFSH: ROS: (Constitutional, Eyes, Ears/Nose/Mouth/Throat, Cardiovascular, Respiratory, GI, GU, Musculoskeletal, Integumentary, Neurological, Psychiatric, Endocrine, Hematologic/Lymphatic, Allergic/Immunologic)

Meds:

Level: HPI

II	1-3HPI
III	1-3 HPI
IV	4+ HPI
V	4+ HPI

Level ROS

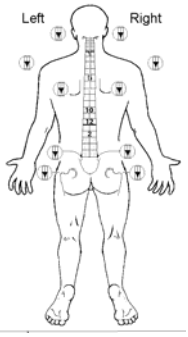
II	None
III	1 ROS
IV	2-9 ROS
V	10 + ROS

Level of PFSH

II	None
III	None
IV	1 PFSH
V	2 + PFSH

Overall History = Average of HPI, ROS or PFSH: ☐ **II** (1-3 HPI) ☐ **III** (1-3 HPI, 1 ROS) ☐ **IV** (4+ HPI, 2-9 ROS, 1 PFSH) ☐ **V** (4+ HPI, 10+ ROS, 2+ PFSH)

O



Level of GMS

☐	II	1-5 elements
☐	III	6 + elements
☐	IV	2 + from each of 6 areas OR 12 + elements in 2 + areas
☐	V	2 + elements from each of 9 areas

Signature of transcriber: _____ Signature of examiner: _____

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Designed to coordinate with the Initial Outpatient Osteopathic SOAP Note Form. Recommended by American Association of Colleges of Osteopathic Medicine.

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Office of:	
For Office use only:	

Patient's Name _____ **Date** _____

O (continued)

Exam Method Used

Severity Scale: **0** = No SD or background (BG) levels **1** = More than BG level, minor TART **2** = Obvious TART (esp. R and T), + /- symptoms **3** = Key lesions, symptomatic, R and T stands out

☐ All not done

	All	T	A	R	T	Region	Severity 0	1	2	3	Somatic Dysfunction / Other MS/SNS/PNS/LYM/CV/RESP/GI/FAS/ etc.	OMT Y	N	Treatment Method (Circle Method Used)	Response R	I	U	W
*1						Head and Face	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Neck	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
*2						Thoracic T1-4	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						T5-9	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						T10-12	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Ribs	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Lumbar	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Sacrum / Pelvis	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Pelvis / Innom.	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
						Abd ./ Other	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
*3						Upper R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
*4						Extremity L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
*5						Lower R	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐
*6						Extremity L	☐	☐	☐	☐		☐	☐	ART / BLT / CR / CS / DIR / FPR / HVLA IND / INR / LAS / ME / MFR / ST / VIS	☐	☐	☐	☐

Physician's evaluation of patient prior to treatment: First visit ☐ Resolved ☐ Improved ☐ Unchanged ☐ Worse ☐

A

Dx No.	Written Diagnosis	ICD Code	Dx No.	Written Diagnosis	ICD Code	Dx No.	Written Diagnosis	ICD Code
				SD Head and Face	739.0		SD Sacrum	739.4
				SD Neck	739.1		SD Pelvis	739.5
				SD Thoracic	739.2		SD Abd / Other	739.9
				SD Ribs	739.8		SD Upper Extremity	739.7
				SD Lumbar	739.3		SD Lower Extremity	739.6

P

Meds: PT:

Exercise: Other:

Nutrition:

Minutes spent with the patient: ☐ 10 ☐ 15 ☐ 25 ☐ 40 ☐ 60 ☐ >60

Follow-up: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 **Units:** ☐ D ☐ W ☐ M ☐ Y ☐ PRN

Complexity / Assessment / Plan (Scoring)

Requires only 2 of the 3 below (Problems, Risk and Data). Level of complexity = average of the 3 categories recorded

Problems	
Self-limiting	1 (2 max.)
Established problem improved / stable	1
Established—worsening.	2
New—no workup	3 (1 max.)
New—additional workup	4

Risk (presenting problem(s), diagnostic procedure(s), management options)
Minimal = Min.
Low
Moderate = Mod.
High

Data	Maximum Points
Lab	1
Radiology	1
Medicine	1
Discuss with performing physician	1
Obtain records or Hx from others	1
Review records, discuss with physician	2
Visualization of tracing, specimen	2

	Level I	Level II	Level III	Level IV	Level V
Problems	------	≤1 pt. ☐	2 pt. ☐	3 pt. ☐	≥4 pt. ☐
Risk	-------	Min. ☐	Low ☐	Mod. ☐	High ☐
Data	-------	≤1 pt. ☐	2 pt. ☐	3 pt. ☐	≥4 pt. ☐

Traditional Method—Coding by Components

Average of three levels equals final level of service.

	I	II	III	IV	V
History	I	II	III	IV	V
Examination	I	II	III	IV	V
Complexity / Assessment / Plan	--------	II	III	IV	V
Final level of service	☐	☐	☐	☐	☐

Optional Method—Coding by Time

When majority of the encounter is counseling / coordinating, the level is determined by total time
Dictate total time and counseling / coordinating time plus a brief description of topics discussed

	I	II	III	IV	V
New patients (minutes)	10	20	30	45	60
Established patients (minutes)	---------	10	15	25	40
Final level of service	☐	☐	☐	☐	☐

OMT performed as Above: 0 areas ☐ 1-2 areas ☐ 3-4 areas ☐ 5-6 areas ☐ 7-8 areas ☐ 9-10 areas ☐

Other Procedures Performed: CPT Codes: _____ _____ _____ _____

Written Dx: _____ _____ _____ _____

E/M Code: New ☐ ☐ ☐ ☐ **EST** ☐ ☐ ☐ ☐ ☐ **Consults** ☐ ☐ ☐ ☐ ☐

Write 992 plus . . . *02 03 04 05 . . . 11 12 13 14 15 . . . 41 42 43 44 45*

Signature of transcriber: _____ Signature of examiner: _____

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