Outpatient Health Summary

wak SOS version 5:091102b

Patient's Name		Date	Update:		
Date of Birth	Sex	Phone Numbers:	Home		
Marital Status: M S D W			Work		
Significant Others:		DNR Status: Resuscitate?	Yes	No	Qualifications:
Religion:		Next of Kin:			

Social History:	Employment	Occupation	Education	
	Tobacco	ETOH	Drugs	Sex Hx
Family History:	M	Siblings	Others:	
	F			

Past Medical History

CPT#	Start Date	Problem / Diagnosis	Medications	Start	Stop

Allergies, Adverse Drug Reactions: ____________________

Health Maintenance

Parameter	Dates							
DPT/DT/TD								
OPV								
MMR								
HIB								
Influenza								
Hepatitis								
PPD/Tine								
Pneumovax								
H & P								
Eye exam								
Dental exam								
PAP smear								
Mammogram								
Urinalysis								
Hemoccult								
Cholesterol								
Sigmoidoscopy								
Others								

Past Surgical History

Date	Type

Consultants

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Outpatient Osteopathic SOS History/Exam Form

wak SOS version 5:091102b

Office of:	
For office use only:	

Patient's Name ______________________________ **Date**_______________

HISTORY

S (See Outpatient Health Summary Form for details of history)

Patient's Pain Analog Scale: ▯ Not done

NO PAIN — WORST POSSIBLE PAIN

CC

History of Present Illness

Elements

▯	Location
▯	Quality
▯	Severity
▯	Duration
▯	Timing
▯	Context
▯	Modifying factors
▯	Assoc. Signs and Sx

OR Status of ≥ 3 chronic or inactive conditions

Level: HPI

▯	**II** / **III**	1-3 elements reviewed
▯	**IV** / **V**	≥ 4 elements OR status of ≥ 3 chronic conditions

Review of Systems (Only ask / record those systems pertinent for this encounter.) ▯ Not done

▯	Constitutional (Wt loss, etc.)
▯	Eyes
▯	Ears, nose, mouth, throat
▯	Cardiovascular
▯	Respiratory
▯	Gastrointestinal
▯	Genitourinary
▯	Musculoskeletal
▯	Integumentary (skin, breast)
▯	Neurological
▯	Psychiatric
▯	Endocrine
▯	Hematologic/lymphatic
▯	Allergic/immunologic

Level: ROS

▯	**II**	None
▯	**III**	1 system pertinent to the problem
▯	**IV**	2-9 systems
▯	**V**	≥ 10 systems

Past Medical, Family, Social History ▯ Not done

▯	Past History / Trauma
▯	Family History
▯	Social History

Level: PFSH

▯	**II** / **III**	None
▯	**IV**	1 history area
▯	**V**	≥ 2 history areas

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

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Outpatient Osteopathic SOS Musculoskeletal Exam Form

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Office of:	
For office use only:	

O ☐ Not done

Patient's Name ____________________ **Date** ________ Sex: Male ☐ Female ☐

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

Resp. ____ Pulse ____ Reg. ☐ Irreg. ☐ Pt. position for recording BP: Standing________ Sitting________ Lying__________

* **Gait and Station:**

Body Type: Endo. ☐ Meso. ☐ Ecto. ☐

Posture: Excl. ☐ Fair ☐ Poor ☐

Gait: Symmetrical ☐ Asymmetrical ☐

Ant./Post. Spinal Curves:	**I**	**N**	**D**
Cervical Lordosis	☐	☐	☐
Thoracic Kyphosis	☐	☐	☐
Lumbar Lordosis	☐	☐	☐

I = increased; N = normal; D = decreased

Scoliosis (Lateral Spinal Curves):

None	☐	Sitting	☐
Functional	☐	Standing	☐
Mild	☐	Prone/Supine	☐
Moderate	☐	Unable to Examine	☐
Severe	☐		

Left Right

Horizontal Planes

Notes

* Gen. Appearance:	**Y**	**N**
Normal	☐	☐
***Cardiovascular**		
Observation normal	☐	☐
Palpation normal	☐	☐
***Lymphatics**		
No palpable nodes	☐	☐
***Neurologic and Psychiatric:**		
Coordination intact	☐	☐
Sensory intact	☐	☐
Mental status		
Oriented:		
In time	☐	☐
In person	☐	☐
In place	☐	☐
Good mood/ affect	☐	☐

* **Short leg?** Equal ☐

Right: 1/8 ☐ ¼ ☐ ½ ☐

Left: 1/8 ☐ ¼ ☐ ½ ☐

Level of SOS

☐	**II**	1-5 elements
☐	**III**	6+ elements
☐	**IV**	12+ elements for musculoskeletal Exam
☐	**V**	Perform all * elements

Skin:	**N**	**Ab**		**N**	**Ab**		**N**	**Ab**
Head / neck	☐	☐	L. upper extremity	☐	☐	L. lower extremity	☐	☐
Trunk	☐	☐	R. upper extremity	☐	☐	R. lower extremity	☐	☐

* **Reflexes:**

		0	1	2	3	4			0	1	2	3	4
Biceps	L	☐	☐	☐	☐	☐	Patella	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
Triceps	L	☐	☐	☐	☐	☐	Achilles	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
Brachio-	L	☐	☐	☐	☐	☐	Babinski	L	up	☐	down	☐	
Radialis	R	☐	☐	☐	☐	☐		R	up	☐	down	☐	

Motor:

		1	2	3	4	5			1	2	3	4	5
C5	L	☐	☐	☐	☐	☐	T1	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C6	L	☐	☐	☐	☐	☐	L4	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C7	L	☐	☐	☐	☐	☐	L5	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐
C8	L	☐	☐	☐	☐	☐	S1	L	☐	☐	☐	☐	☐
	R	☐	☐	☐	☐	☐		R	☐	☐	☐	☐	☐

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

	Methods Used For Examination					**Region Evaluated**	**Severity**				**Somatic Dysfunction and Other Systems**
	All	**T**	**A**	**R**	**T**		**0**	**1**	**2**	**3**	MS / SNS / PNS / LYM. / CV / RESP. / GI / FAS. / etc.
*1	☐	☐	☐	☐	☐	Head and Face	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Neck	☐	☐	☐	☐	
*2	☐	☐	☐	☐	☐	Thoracic T1-4	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	T5-9	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	T10-12	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Ribs	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Lumbar	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Sacrum / Pelvis	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Pelvis / Innom.	☐	☐	☐	☐	
	☐	☐	☐	☐	☐	Abd ./ Other	☐	☐	☐	☐	
*3	☐	☐	☐	☐	☐	Upper R	☐	☐	☐	☐	
*4	☐	☐	☐	☐	☐	Extremity L	☐	☐	☐	☐	
*5	☐	☐	☐	☐	☐	Lower R	☐	☐	☐	☐	
*6	☐	☐	☐	☐	☐	Extremity L	☐	☐	☐	☐	

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Outpatient Osteopathic Assessment and Plan Form

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A **Patient's Name** ____________________ **Date** ____________________

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

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

P

☐ All not done **Region**	**OMT**		**Treatment Method**															**Response**			
	Y	N	ART	BLT	CR	CS	DIR	FPR	HVLA	IND	INR	LAS	ME	MFR	ST	VIS	OTH	R	I	U	W
Head and Face	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neck	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Thoracic T1-4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T5-9	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
T10-12	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ribs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lumbar	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sacrum	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pelvis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Abdomen/Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Upper Extremity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower Extremity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Meds: ____________________ PT: ____________________

Exercise: ____________________ Other: ____________________

Nutrition:

Complexity / Assessment / Plan (Scoring) *Default to level 2—same criteria

Problems		Risk: (Presenting problem(x), diagnostic procedures(s), and management options)	Data	Maximum Points
Self-limiting	1 (2 max.)		Lab	1
Established problem improved / stable	1	Minimal = Min.	Radiology	1
Established—worsening	2	Low	Medicine	1
New—no workup	3 (1 max.)	Moderate = Mod.	Discuss with performing physician	1
New additional workup	4	High	Obtain records or Hx from others	1
		Minimal = Min.	Review records, discuss with physician	2
			Visualization of tracing, specimen	2

Level I	Level II	Level III	Level IV	Level V	Level I	Level II	Level III	Level IV	Level V	Level I	Level II	Level III	Level IV	Level V
*	≤1 pt.	2 pt.	3 pt.	≥4 pt.	*	Min.	Low	Mod.	High	*	≤1 pt.	2 pt.	3 pt.	≥4 pt.
	☐	☐	☐	☐		☐	☐	☐	☐		☐	☐	☐	☐

Requires 3 of above 3 (problems, risk and data). Level of complexity = average of included areas.

Traditional Method—Coding by Components

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

All three areas required. Average of the three equals level of service.

Optional Method—Coding by Time

When majority of the encounter is counseling / coordinating, the level is determined by total time

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

Dictate total time and counseling / coordinating time plus a brief description of topics discussed

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

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*

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