



AFFIX PATIENT ID

Charting Provider Name:

Date Seen: _____

Time Seen: _____

History of Present Illness

HPI Provided By:

Past Medical History

Medications

Allergies

AFFIX PATIENT ID

Social History

Family History

Review of Systems

All other systems negative

Exam

Radiology Studies

Radiology studies independently interpreted by me

AFFIX PATIENT ID

EKG

EKG independently interpreted by me

Procedures

Critical Care

Critical care time met **Yes** **No**

Patient was critically ill, with a high probability of imminent, or life-threatening deterioration

Critical time spent (minutes): _____, excluding procedures

Medical Decision Making

Differential Diagnosis

I performed independent interpretation of:

- EKG (see results above)
- Imaging Studies (see results above)

Management Discussed With

Summary of Obtained/Reviewed External Records

Independent History Obtained From

Tests Considered, But Not Completed

Escalation of Care (Admission/Observation) Considered

Patient's Care Impacted By

- DM Cardiac Disease HTN Cancer Other _____

Additional Comments

Social Determinants of Health Limiting Care

Diagnosis/Impression(s)

Condition

Disposition

Supervising Physician (If applicable) _____

Physician Name _____ **ACP Name** _____

Physician Signature _____ **ACP Signature** _____

Attestations

- Attending without scribe**
Attending Statement: *I have personally evaluated and examined the patient*
- Attending & ACP**
Attending Statement: *This was a shared visit with the APP. I reviewed and verified the documentation and independently performed the documented history, exam, and medical decision making.*
- Attending with Scribe**
Attending Statement: *I personally performed the service described in the documentation recorded by the scribe in my presence, and it accurately and completely records my words and actions.*
- ACP Only:**
ACP Statement: *I have personally evaluated and examined the patient. The attending was available to me as a supervising provider as needed.*
- ACP with Scribe:**
ACP Statement: *I personally performed the service described in the documentation recorded by the scribe in my presence, and it accurately and completely records my words and actions*

Scribe Attestation (if applicable)

I attest that this documentation has been prepared by me, _____
acting as scribe for and in the presence of the provider(s) listed herein.

Scribe Signature _____