

Postpartum Exam

Clinic Code: _____

Appointment	Walk-in
Arrival Time	
ALLERGIES (Up to 4):	
«a1»	
«a2»	
«a3»	
«a4»	

Chief Complaint: _____ LMP: _____

Affil / Discipline			Initials		
GYN Health Maintenance					
«x15»					
«x16»					
«x17»					
«x20»					

WT	BP	T	P	RR	Pain scale	Grav	Para(Ft	Pt	Ab	Lc)	Tubal	IUD	OCP	Barrier	Depo	Norplant	NONE
Ht					0 1 2 3 4 5		GDM_Y_N											

N = Normal
X = Abnormal
Describe all abnormal findings below

Review of systems ___General ___Eyes ___ENT ___Resp ___C/V ___GI ___GU ___Mus/Skel ___Neuro ___Psych	Physical Exam ___General ___HEENT ___Neck ___Heart C/V ___Resp ___Abd ___Extremities ___Neuro ___Skin
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Delivery Date: _____ Mode: ___NSVD ___Operat VD (Vacuum/Forcep)
 ___Prim C/S ___Repeat C/S

Copied
 Entered

Sex: M / F Weight: _____ Length: _____ APGAR: /
 Breast: ___Mass ___Dimpling ___Discharge
 Vulva: _____
 Vagina: _____
 Cervix: _____
 Uterus: ___Size ___Tender ___Mobile
 Adnexa: ___Mass ___Tender
 Lochia: Color ___ Amount ___ Odor ___

Length of Labor: _____ Augmentation? _____
 Episiotomy? _____ Laceration? _____
 Complications? Antepartum: _____
 Intrapartum: _____
 Postpartum: _____
 ___Breast Feeding ___Bottle Feeding ___Both

Contraceptive Counselling? _____
 _____ No E&M Code ___ Modifier

A I R	Active Problems and Recent POVs	A I	Common Dx	A I	Common Dx	A I	Common Dx
	«p1c» «p1»		V72.3 Annual Gyn Exam		V25.1 IUD Insertion		V74.5 STD Screen(GC,Syphil)
	«p2c» «p2»				V25.41 IUD Check/Removal		V73.88 STD Screen(Chlamyid)
	«p3c» «p3»				611.0 Mastitis		625.6 Stress Incontinence
	«p4c» «p4»				615.9 Metritis		
	«p5c» «p5»		611.72 Breast Mass		V25.41 OCP Check		599.0 Urinary Tract Infection
	«p6c» «p6»		079.98 Chlamydia				
	«p7c» «p7»		648.44 Postpartum Depression		V76.2 PAP Smear		788.31 Urge Incontinence
	«p8c» «p8»				V24.2 Postpartum Exam / Visit		
	«p9c» «p9»		622.1 Dysplasia-Cervical				
	«p10c» «p10»		633.9 Ectopic pregnancy				616.10 Vaginitis-BV
	«p11c» «p11»		V25.09 Family Planning				112.1 Vaginitis-Candida
	«p12c» «p12»						623.5 Vaginal Leukorrhea-
	«p13c» «p13»		628.9 Infertility				

A I	D	Provider Narrative

Prescriptions	Plans
	Revisit
	Referral
	Instructions / Education Interpreter Y N Response G F P N Handout N Y

«patient» SSN: «ssn» Tribe: «tribe» IHS Eligibility: «elig» #«chart» «agesex» DOB: «dob»
 «timestamp»Community: «community» VCN: «uid» Provider Signature: _____

ACTIVE MEDICATIONS				X	LAB	CPT
«md1»	«mm1»	«mq1»	«ms1»		CBC*/**	85025
«md2»	«mm2»	«mq2»	«ms2»		Urine HCG	81025
«md3»	«mm3»	«mq3»	«ms3»		Serum HCG-Quant	84702
«md4»	«mm4»	«mq4»	«ms4»		Urinalysis*	81001
«md5»	«mm5»	«mq5»	«ms5»		Urine Microscopic-only	81015
«md6»	«mm6»	«mq6»	«ms6»		Routine C&S*	87086
«md7»	«mm7»	«mq7»	«ms7»		Glucose Fasting Random	82947
«md8»	«mm8»	«mq8»	«ms8»		Glucose 50g, 1 hr*	82950
«md9»	«mm9»	«mq9»	«ms9»		Glucose 2 hr pp	82947
«md10»	«mm10»	«mq10»	«ms10»		Glucose 3 hour GTT	82951
«md11»	«mm11»	«mq11»	«ms11»		Glucose 75g, 2 hr	82374
«md12»	«mm12»	«mq12»	«ms12»		ABO Type, submit SF 556 Req*	86900
«md13»	«mm13»	«mq13»	«ms13»		RH type, submit SF 556 Req*	86901
«md14»	«mm14»	«mq14»	«ms14»		Antibody Identification	86870
					Type and Crossmatch	86920

X	Miscellaneous/Supplies	CPT	X	IMAGING	CPT
	Depo-Provera 150 mg	J1055		Hysterosonogram	76831
	Hemoccult screening (Medicare)	G0107		Ultrasound(OB), Complete	76805
	I&D complex post op wound infection	10180		Ultrasound(OB), Comp- Mult Gestation	76810
	Injection of antibiotic, IM	90788		Ultrasound(OB), F/U or repeat	76816
	Injection of med. subq or IM	90782		U/S study follow-up (specify)	76970
	Rhogam, full dose	90384		Ultrasound(Non-OB)	76856
	Rhogam, mini-dose	90385		Ultrasound(OB)-Limited	76815
	Venipuncture	36415		Ultrasound-Transvaginal	76830
	Suture removal (for *proc only)	17999		Biophysical profile (include NST)	76818
	Ppd screening	86580			
	Td injection	90718		Chest x-ray (PA/Lat)	71020
				EKG	93000
				Hysterosalpingogram	74740
				Other OB	
X	PATIENT EDUCATION	CPT		NST	59025
				CST	59020
				Fetal Monitoring	59050
				Amniocentesis	59000

PROCEDURES								
X	Vagina-Vulva	CPT	X	Cervix	CPT	X	Contraception	CPT
	Bx vaginal mucosa, simple *	57100		Biopsy or local excision of lesions	57500		Diaphragm or cervical cap fitting w/ instructions	57170
	Bx vulva/perineum (sep proc) 1 lesion *	56605		Colposcopy	57452		Diaphragm supply	99070
	Bx vulva/perineum each add lesion + *	56606		Colposcopy with Bx or curettage	57454		IUD insert	58300
	Destr vag lesion(s), extensive	57065		Cryocautery	57505		IUD removal	58301
	Destr vag lesion(s), simple	57061		LEEP	57460		IUD supply	99070
	Destr vulvar lesion(s), extensive	56515		Endometrial Biopsy	58100		Norplant removal	11976
	Destr vulvar lesion(s), simple-TCA	56501		ECC	57505			
	I&D Bartholin's gland abscess *	56420	X	Urinary	CPT	X	Other Orderables	CPT
	I&D vulva or perineal abscess *	56405		Catheterization urethra, simple	53670			
	Pessary insert/fitting *	57160		Simple cystometrogram (CMG)	51725			
	Pessary supply (Medicare)	A4561		Complex cystometrogram	51726			
	Pelvic Exam	57410		Simple uroflowmetry (URF)	51736			
				Complex Uroflowmetry	51741			

X	E&M Codes	Est. Pt.	New Pt.	Consultation NEW OR ESTABLISHED	CPT
	Nurse Visit Only / Min, Self Ltd.	99211	99201		
	CC Hist 3, ROS 0, 1 O.S. / MDM	99212	99202	Level I	99241
	CC HIST 3, ROS 1, 2-7 O.S./ MDM	99213	99203	Level II	99242
	CC HIST 4, ROS 2-9, 2-7 O.S. / MDM	99214	99204	Level III	99243
	CC HIST 4, ROS 10-14, 8-12 O.S. / MDM	99215	99205	Level IV	99244
	P.E. 12-17 YRS	99394	99384	Level V	99245
	P.E. 18-39 YRS	99395	99385		
	P.E. 40-64 YRS	99396	99386		
	P.E. 65 & OVER	99397	99387		