Primary Care Office Visit Note

The everyday problem-oriented visit. Structured so the note supports the level of service you bill, whether you select on medical decision making or on time.

Patient / MRN / DOB	
Date of service	*Date _____ · start _____ : _____ · stop _____ : _____ · total time ___ min*
Encounter	*In person / telehealth · audio-video / audio-only · POS ___ (02 / 10) · modifier ___ (95 / 93) · consent Y / N*

S Subjective

Chief complaint · HPI · interval history · adherence

O Objective

Vitals · exam · results reviewed

Vitals	*BP _____ · HR ___ · T ___ · RR ___ · SpO2 ___ · wt ___ · BMI ___*
Exam	
Results reviewed	*Labs, imaging, outside records · reviewed and interpreted Y / N*

A Assessment

Each problem, its status, and the thinking behind it

Problem 1	*Dx (ICD-10) _____ · stable / improved / worsening · reasoning*
Problem 2	*Dx (ICD-10) _____ · stable / improved / worsening · reasoning*
Problem 3	*Dx (ICD-10) _____ · stable / improved / worsening · reasoning*

P Plan

Orders · medications · referrals · patient education · follow-up interval

5 Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

Selecting the level of service. Office visit E/M is chosen on either **medical decision making** or **total time on the date of the encounter**, not both: **99202 to 99205** new patient, **99212 to 99215** established. If you select on time, the note must record the total time. If you select on MDM, the note has to show the problems addressed, the data reviewed, and the risk, which is why the assessment above asks for reasoning rather than a bare diagnosis list.

A template still means you write the note. Sully's AI Scribe captures the session and writes it into your EHR, the AI Coder submits the coded claim, and the AI Receptionist books the follow-up, on one integration across Epic, Cerner, Meditech, and Athenahealth.

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