Initial Visit Documentation Checklist

Use this checklist as a self-assessment tool to review required and suggested elements of initial visit documentation, including new patients and new episodes of care.

Name of Office: _____   **Name of Provider:** _____

Patient Name: _____

	YES	NO
Clinically Appropriate History/Intake		
Details about Complaint(s) (OPQRST) Clearly Defined	☐	☐
Mechanism of Injury or Reason for Visit Clearly Stated	☐	☐
Functional Deficits Defined for Each Complaint	☐	☐
Details of Previous Episodes of Complaint(s)	☐	☐
Review of Systems, if Appropriate	☐	☐
Review of Past, Family, Social History, if Appropriate	☐	☐
Clinically Appropriate Examination		
Components of PART, per Region to Include Primary and Compensatory Subluxations	☐	☐
Soft Tissue Findings	☐	☐
Clinically Appropriate Orthopedic and Neurological Tests with Findings	☐	☐
Muscle Strength Testing	☐	☐
Diagnostic Testing/X-ray Including Rationale, Views Taken, and Findings	☐	☐
Use of Appropriate Outcomes Assessment Tool(s)	☐	☐
Initial Assessment		
Medical Decision-Making Elements Noted, if Appropriate	☐	☐
Complicating Factors Noted or Confirmation of None	☐	☐
Contraindications Noted or Confirmation of None	☐	☐
Doctor Thinking Clearly Demonstrated in Prognosis	☐	☐
Obvious Assertion that the Patient Needs Care Easily Derived from Notes	☐	☐
Diagnosis		
Written Diagnosis Clearly Derived from History and Exam Findings	☐	☐
Appropriate Diagnosis Hierarchy Demonstrated	☐	☐
Diagnosis Matches Complaints to be Treated and Services Ordered/Recommended in Treatment Plan	☐	☐
Treatment Plan		
Clear Indication of Beginning and Expected Duration of Active Treatment Plan	☐	☐
Recommended Frequency of all Treatment Recommended	☐	☐
Short and Long-Term Functional Goals Based on Functional Deficits for Each Complaint	☐	☐
Rationale for Each Recommended Treatment	☐	☐
Clear Indication of how Treatment Effectiveness will be Evaluated, such as OATs	☐	☐
If Time is Used for E/M Coding Purposes, Clearly Documented Time for E/M Service	☐	☐
Today's Treatment (See Also 1500 Form and/or Ledger)		
CMT Coding Matches Documentation of Primary Subluxations	☐	☐
Compensatory Segments Noted But Not Billed	☐	☐
Services Ancillary to the CMT Code Match Documentation	☐	☐
Appropriate Modifier(s) Used on CPT Codes, if Applicable	☐	☐
Diagnosis Pointing Used Appropriately	☐	☐