

In line with CMS' E/M documentation simplification, the AAD has developed the following Ancillary Staff Checklist tools to assist your clinical staff in taking a patient's history based on the new CMS guidance. This tool is to help ease and streamline medical record documentation while capturing relevant clinical details regarding the HPI or ROS portion of the E/M. To meet this end AAD staff and fellow members have incorporated a list of questions in the tool that a dermatologist might expect the ancillary staff to ask a patient at the initial encounter for each of the nine specific symptom or condition included in the tool. While this tool may be used in its current paper format, the format is also conformable to the practice's electronic health record.

CHIEF COMPLAINT: **PSORIASIS**

Review and document the following medical interview question relevant to the chief complaint for each of the outlined history elements:

Where is the plaque(s) located?

Head Face Neck Chest Abdomen Back Genitalia Shoulder (Rt/Lt)
Upper Arm (Rt/Lt) Forearm (Rt/Lt) Hand (Rt/Lt) Hip (Rt/Lt)/Buttocks Thigh (Rt/Lt)
Lower Leg (Rt/Lt) Foot (Rt/Lt)

How long has it been present?

_____ Days _____ Weeks _____ Month _____ Years

Are there other signs/symptoms present? Yes / No

If so, what are they? _____

Are the symptoms present daily? Yes / No

For more information, contact the Academy's Practice Management Center:

EMAIL: practicecenter@aad.org • WEBSITE: aad.org/practicecenter

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Practice Management Center

Ancillary Documentation Checklists

On a scale of 1-10 how bad is the flare?

(1- not bad and 10 - extremely bad)

1 2 3 4 5 6 7 8 9 10

Does anything make it better? Yes / No

If so, what? _____

Does anything make it worse? Yes / No

If so, what? _____

FOLLOW-UP

Is the condition improving? Yes / No

If no, address the following questions:

Where are the new areas located?

Head Face Neck Chest Abdomen Back Genitalia Shoulder (Rt/Lt)
Upper Arm (Rt/Lt) Forearm (Rt/Lt) Hand (Rt/Lt) Hip (Rt/Lt)/Buttocks Thigh (Rt/Lt)
Lower Leg (Rt/Lt) Foot (Rt/Lt)

Are other signs/symptoms present? Yes / No

If so, what are they? _____

Are symptoms present daily? Yes / No

On a scale of 1-10 how bad is the flare?

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1 2 3 4 5 6 7 8 9 10

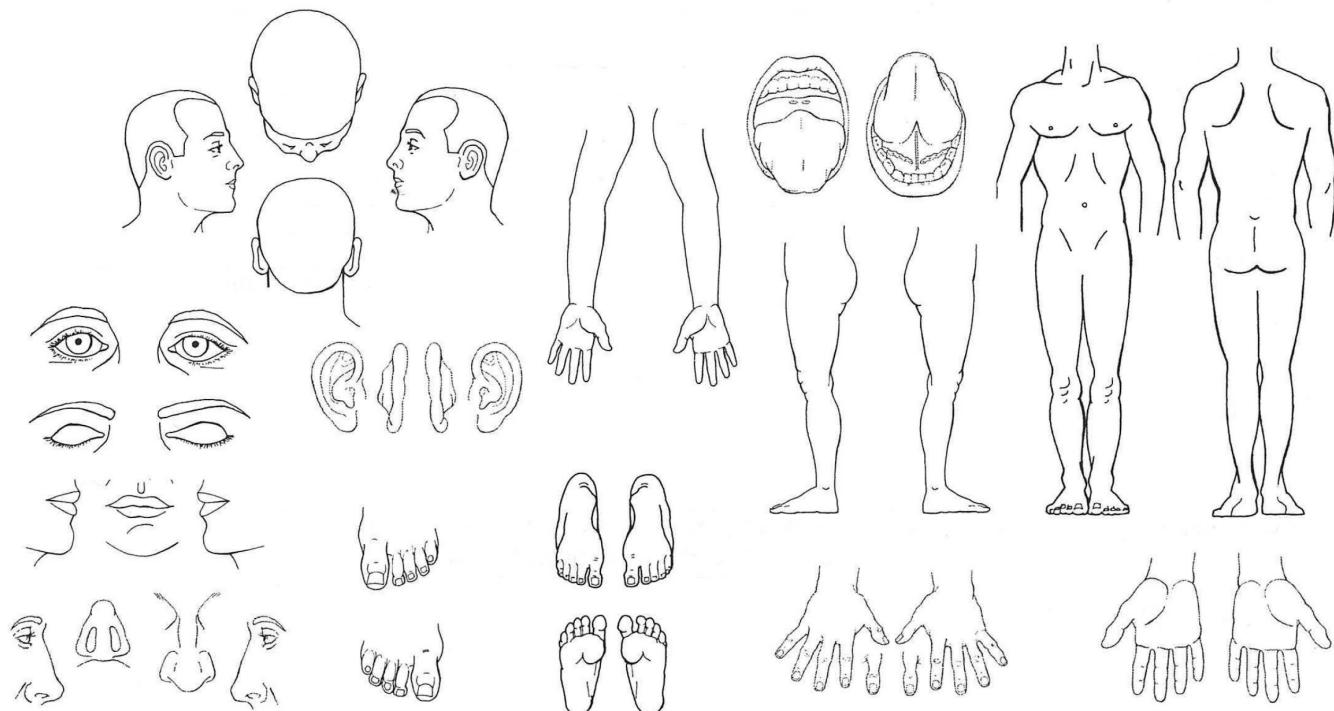
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