**Appendix**

**Structured PPI form**

|  |  |  |
| --- | --- | --- |
| **Heading** | **Sub-heading (1)** | **Sub-heading (2)** |
| Referring Provider Information |  |  |
| Past Medical | Past medical history |  |
|  | Surgical history |  |
| Patient Family History | Family history |  |
| Current Visit Information | Demographic Information |  |
|  | Local MD |  |
|  | Medications |  |
|  | Allergies |  |
|  | Review of systems | Constitutional |
|  |  | Skin |
|  |  | Eyes |
|  |  | Ear-Nose-Throat (ENT) |
|  |  | Respiratory (Resp) |
|  |  | Cardiovascular (CV) |
|  |  | Gastrointestinal (GI) |
|  |  | Musculoskeletal |
|  |  | Neurological (Neur) |
|  |  | Gynecological (Gyn) |
|  |  | Genitourinary (GU) |
|  |  | Endo |
|  |  | Communicable disease |
|  |  | Other symptoms |
|  |  | Allergies/ immunizations |
|  | Preventive screening |  |
|  | Social history | Relationships status |
|  |  | Level of education |
|  |  | Employment status |
|  |  | Fear *[e.g., afraid in own home]* |
|  |  | Fearful for own safety *[yes/no]* |
|  | Habits | Tobacco |
|  |  | Alcohol |
|  |  | Drugs |
|  | Self-care/ home environment | Climb two flights of stairs *[yes/no]* |
|  |  | Dependence on devices |
|  | Immunizations |  |

**Example of semi-structured H&P form from General Internal Medicine (GIM)**

|  |  |  |
| --- | --- | --- |
| **Heading** | **Sub-heading (1)** | **Sub-heading (2)** |
| Visit information | Visit type |  |
|  | Accompanied by |  |
|  | Source of history |  |
|  | Referral source |  |
| Chief complaint |  |  |
| History of present illness |  |  |
| Histories | Family history |  |
|  | Social history | Social and psychosocial habits |
| Health status | Allergies |  |
|  | Medications | Current medications |
|  |  | Documented medications |
|  | Problem list |  |
| Health maintenance |  |  |
| Review of systems |  |  |
| Physical examination | Height |  |
|  | Weight |  |
|  | Body Mass Index |  |
|  | Temperature value |  |
|  | Heart rate |  |
|  | Non-invasive Systolic Blood Pressure (SBP) |  |
|  | Non-invasive Diastolic Blood Pressure (DBP) |  |
|  | General | (i.e., alertness, orientation, distress) |
|  | Head Ear Nose-Throat (HENT) |  |
|  | Eye |  |
|  | Neck |  |
|  | Respiratory |  |
|  | Cardiovascular |  |
|  | Gastrointestinal |  |
|  | Lymphatics |  |
|  | Musculoskeletal |  |
|  | Integumentary (rash) |  |
|  | Neurologic |  |
|  | Psychiatric |  |
| Review/management |  |  |
| Impression/ plan |  |  |
| Professional services |  |  |