

AUTO ACCIDENT CASE

1. Patient will fill out:
 - Health Questionnaire
 - Auto Crash
 - Accident Injury
2. Doctor will fill out:
 - Clinical Evaluation
 - Radiographic (if taking x-rays)
 - Daily Note (if treating on this visit)

WORKERS' COMPENSATION CASE

1. Patient will fill out:
 - Health Questionnaire
 - Accident Injury
2. Doctor will fill out:
 - Clinical Evaluation
 - Radiographic (if taking x-rays)
 - Daily Note (if treating on this visit)

NEW PATIENT CASE

1. Patient will fill out:
 - Health Questionnaire
2. Doctor will fill out:
 - Clinical Evaluation
 - Radiographic (if taking x-rays)
 - Daily Note (if treating on this visit)

For all of the above cases the patient may also fill out Outcome Measure forms. (Initial visit & re-evaluations)

- Health Status - shows overall functional status
- Neck Pain Disability - when headaches, neck or shoulder pain/injury present
- Roland Morris Acute Low back - when back injury/pain is present (4 wks and under.)
- Revised Oswestry Low Back - when chronic back pain is present (anything over 4 wks.)

REPORTS

Refer to the tables below to determine which forms are required for each report.

Summaries:

REPORT	REQUIRED FORMS
Initial Patient History	Health Questionnaire (HQ#0b,HQ#2,HQ#3)
Clinical Evaluation	Clinical Evaluation (CE#2,CE#3a)
Radiographic Diagnosis	Radiographic Diagnosis (RD#0,RD#2)
Clinical Re-Evaluation	Clinical Re-Evaluation (RE#2,CE/RE#3)
Accident/Injury History	Accident/Injury Questionnaire (AI#2)
Automobile Accident	Automobile Accident Questionnaire (AA#0a)
Daily Notes	Daily Notes (DN#2a,DN#3c,DN#4)
Outcome Measures	Roland Morris Acute Low Back Pain Disability Questionnaire (RM) Revised Oswestry Low Back Pain Disability Questionnaire (RO) Health Status Questionnaire (HSQ) Neck Pain Disability Index Questionnaire (NP)

Patient Letters:

REPORT	REQUIRED FORMS
Welcome To Practice	HQ
Thank You For Referral	HQ (with a referring patient selected)
Initial Report of Findings	HQ and CE

Consultation Notes:

Attorney and Insurance

REPORT	REQUIRED FORMS
Initial	HQ, CE
Re-Evaluation	RE
Final	HQ, CE, RE
HMO	HQ#3 and CE#3

Doctors

REPORT	REQUIRED FORMS
Initial	HQ, CE
Re-Evaluation	RE
Final	HQ, CE, RE