

### 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
<b>Initial Patient History</b>	Health Questionnaire (HQ#0b,HQ#2,HQ#3)
<b>Clinical Evaluation</b>	Clinical Evaluation (CE#2,CE#3a)
<b>Radiographic Diagnosis</b>	Radiographic Diagnosis (RD#0,RD#2)
<b>Clinical Re-Evaluation</b>	Clinical Re-Evaluation (RE#2,CE/RE#3)
<b>Accident/Injury History</b>	Accident/Injury Questionnaire (AI#2)
<b>Automobile Accident</b>	Automobile Accident Questionnaire (AA#0a)
<b>Daily Notes</b>	Daily Notes ( DN#2a,DN#3c,DN#4)
<b>Outcome Measures</b>	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
<b>Welcome To Practice</b>	HQ
<b>Thank You For Referral</b>	HQ (with a referring patient selected)
<b>Initial Report of Findings</b>	HQ and CE

## Consultation Notes:

### Attorney and Insurance

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

### Doctors

REPORT	REQUIRED FORMS
<b>Initial</b>	HQ, CE
<b>Re-Evaluation</b>	RE
<b>Final</b>	HQ, CE, RE