

MEDICAL RECORD SUMMARY

Patient Name: _____ Date of Injury: _____

List all ICD codes diagnosed: _____

List all CPT codes used: _____

Total amount billed to date: _____ Unpaid to date: _____

Total number of treatment dates: _____ Initial Treatment Date: _____ Last Treatment Date: _____

Which of the following items were identified throughout the treatment:

- ☐ Range of Motion
- ☐ Headaches
- ☐ Spasms
- ☐ Dizziness
- ☐ Visual Disturbance
- ☐ Sleep Disruption
- ☐ Radiating
- ☐ Anxiety/Depression
- ☐ TMJ – Bruxation – Grinding - Clenching
- ☐ Stiffness
- ☐ Pain
- ☐ Atrophy Body parts _____
- ☐ Bed Rest

☐ **Circle the following:** Home Exercise – Massage – Physical Therapy – Gym – (Short/Prolonged – Intensive/Regular)

☐ **Circle the following:** Medication **Circle the following:** (Short/Prolonged – (Intensive/Regular)

☐ **Circle the following:** Tests (X-ray, MRI, DMX, C-scan) **Circle the following:** (Positive/Negative)

All documented injuries and symptoms are related to the instant accident. ☐ Yes

Documented prior injuries or conditions only aggravated or exacerbated injuries caused by the instant accident: ☐ Yes

Is your final prognosis, “Ongoing Complaints with Ongoing Treatment: ☐ Yes

Ongoing treatment would include **both Passive and Active** Treatments.

What future treatment is determined necessary as either Probable (51 to 75% medically certain of it occurring) or Definite (76 to 100% medically certain.) **underline or circle which is correct**

State the estimated cost of future treatment over the next two years.

Total cost of expected future treatment \$ _____

Indicate **which body part** has reached **static** MMI: _____ % Whole Body Impairment Rating: _____

Duties Under Duress:

Work ☐ Study ☐ Domestic Duties ☐ Household Duties ☐ Hobbies ☐

Loss of Enjoyment:

Work ☐ Study ☐ Domestic Duties ☐ Household Duties ☐ Hobbies ☐ Sport ☐

Sport Categories: (indicate type patient cannot perform:

Regionally Playing ☐ Competitive ☐ Social ☐ Any Sport ☐

Signature of Physician _____ Date Completed _____ (**use this as DEFAULT date**)