EXAM PATIENT HISTORY

Incident: PI WC Group Cash MC

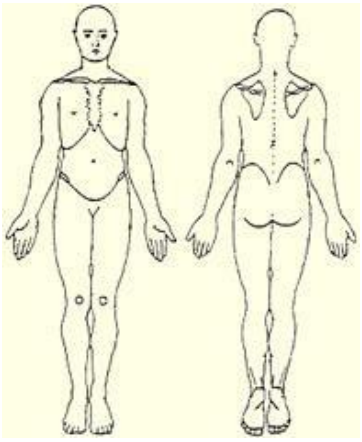
Insurance:_____

_____
Today's Date (MM/DD/YYYY)

_____ _____ _____
Last Name First Name Middle Name (Initial)

1. **What symptoms prompted you to seek care today?**_____

2. **When did these symptoms start? How did they start?**_____



3. **Quality of Symptoms**(What does it feel like?)
- ◯ Numbness
- ◯ Tingling
- ◯ Tightness
- ◯ Dull
- ◯ Aching
- ◯ Cramps
- ◯ Heavy
- ◯ Sharp
- ◯ Burning
- ◯ Shooting
- ◯ Throbbing
- ◯ Stabbing
- ◯ Other

4. **Intensity** (How extreme symptoms)
0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10
Absent Uncomfortable Agonizing

5. **Duration & Timing** (how often do you feel it?)
◯Constant ◯ Comes and goes

6. **Radiation** (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?)
_____

7. **Aggravating or Relieving Factors** (What make it better or worse, such as time of day, movements, activities, etc.)
What tends to lessen the problem?_____
What tends to worsen the problem? _____

8. **Prior Interventions** (What have you done to relieve the symptoms?)
- ◯ Prescription medication
- ◯ Over-the-counter drugs
- ◯ Chiropractic
- ◯ Ice
- ◯ Heat
- Other_____

9. What else should we know about your current condition?_____
_____
_____

10. Review of systems (Identify any changes since your most recent evaluation with us)

		Current	Past	None
a.	**Musculoskeletal System-**osteoporosis, arthritis, neck pain, back problems, poor posture	◯	◯	◯
b.	**Neurological System-**anxiety, depression, headache, dizziness, pins & needles, numbness	◯	◯	◯
c.	**Cardiovascular System**-high blood pressure, low blood pressure, high cholesterol, chest pain	◯	◯	◯
d.	**Integumentary System**-skin cancer, psoriasis, eczema, acne, hair loss, rash	◯	◯	◯
e.	**Genitourinary System**-kidney stones, infertility, bedwetting, prostate issues, PMS symptoms	◯	◯	◯
f.	**Constitutional System**-fainting, low libido, poor appetite, fatigue, sudden weight, weakness	◯	◯	◯
g.	**Lymphatic System**-swelling or pain in lymph nodes of neck, axillae, groin & other areas	◯	◯	◯

11. Prior illnesses, operation, injuries or treatments:_____
_____
_____

12. **Social History** (Tell Envive about your health habits)
Allergies:_____
(203)Tobacco Use:_____

13. Medications/Supplements:_____
_____

14. Goals/Problems_____
_____

POC

NOTE

CODES

CHARGES

15. Objective

Shoulder BRL elbow BRL wrist BRL knee BRL foot / ankle BRL

CROM: WNL / Reduced / Reduced with pain
LROM: WNL / Reduced / Reduced with pain

Cervical	B / R / L	+1 +2 +3	H M T
Thoracic	B / R / L	+1 +2 +3	H M T
Lumbar	B / R / L	+1 +2 +3	H M T

Soto-H_____ Depr_____ Comp_____ Valsalva_____ Distraction_____ Kemp_____ SLR_____ Braggard_____ PatFB_____ Yeo_____ Dere_____ Ely's_____ Hibbs_____

Derm: WNL _____ **CNS**: WNL _____ **MMT** UE: /5 LE: /5 **DTR**: +2 / 2 UE/LE

Gait: Normal Wobbling Limited by Pain Other_____

VITALS Pulse_____ Height_____" Weight_____

15. **Course of Care**

1 - 2 - 3x / wk_____weeks
Re-Exam @_____visits or_____weeks

Technique [Manual] [Activator] [Both]

PI ONLY

Date of Injury_____
Where did you go after the incident? ◯ Home ◯ Work ◯Hospital/Acute Care
Were you the: ◯ Driver ◯ Front Seat Passenger ◯ Rear Seat Passenger
Position of Patient: ◯ Looking Down ◯ Turned R / L ◯ Looking Forward
Your Vehicle was: ◯ Accelerating ◯ Decelerating ◯Stopped
Their Vehicle was: ◯ Accelerating ◯ Decelerating ◯ Stopped
Head Restraints: ◯ Up ◯ Down ◯ Unsure
Was the seat altered by the impact? ◯ Yes ◯ No
What type of seatbelt was it? ◯ **3-position** Belt ◯ Shoulder Harness ◯ Not Wearing
Were you aware of the impending collision? ◯ Yes ◯ No
Did the airbags deploy? ◯ Yes ◯ No Did the airbag strike you? ◯ Yes ◯ No
Did you strike any parts of the vehicle? ◯ Yes ◯ No If yes, what struck you & where?_____

Did you lose consciousness? ◯ Yes ◯ No
Was a police report made? ◯ Yes ◯ No
Describe the crash:_____
Describe other vehicle's info:_____

DX in ICD 10

Pain
M54.2 Cervicalgia
M54.6 Pain in Thoracic Spine
M54.5 Low back pain
M54.9 Dorsalgia, backache
M25.50 Pain in unspecified Joint
M25.5_ _ Pain in Joint
Extremity: Pain in the jt:_____

Neuro
G44.209 Headache/ Tension HA
G54.0 Brachial Radiculitis
M54.4_ Lumbago with sciatica Rt or Lt or both

Structural
M99.01 Seg Dysfunc. Cercvial
M99.02 Seg Dysfunc. Thoracic
M99.03 Seg Dysfunc. Lumbar
M99.04 Seg Dysfunc. Sacrum
M99.06 Seg Dysfunc. Lower Extremity
M99.07 Seg Dysfunc. Upper Extremity
M99.05 Seg Dysfunc. Pelvic Region
M50.20 C/S Disc displacement
M51.26 L/S Disc displacement
M50.30 Degeneration of cervical disc: levels:
M51.34 Degeneration of thoracic disc: levels:
M51.36 Degeneration of lumbar disc: levels:

Soft Tissue
M79.1 Myalgia
M79.7 Fibromyalgia
M62.830 Muscle spasm of back
M62.838 Other muscle spasm

Other DX codes:
H81.311 Vertigo R ear
H81.312 Vertigo L ear

M24.28 Disorder of Ligament, Vert **(Imaging)**

WC:
◯ Date of Incident_____
◯ Reported? Y N
• Whom?_____
◯ Health Insurance Card
◯ Employer_____
◯ Phone_____

PI:
◯ Date of Incident_____
◯ Copy of Driver's Car Insurance
◯ Health Insurance Card
◯ Attorney_____

Group:
◯ Copy of Card
◯ Policy Holder DOB_____
◯ Relationship to policy holder
Self Spouse Child Other

Medicare:
◯ Medicare Card
◯ SSN #_____
◯ Supplement Insurance Card
◯ Medicare Replacement Plan? Y N