

**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)**