

Patient History Update

Name: _____ Date: _____

Primary Phone Number: _____ Date of Birth: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Spouse's or Parent's Name: _____

Emergency Contact: _____ Number: _____

1. My present symptoms are: _____

2. Recent Falls: _____

3. Recent Surgery: _____

4. Recent Accidents: _____

5. Last Illness: _____

6. All Medications: _____

7. List any other Health Care Professionals seen in the past year:

Name: _____ For: _____

8. Patient's comments: _____

Patient's Signature _____

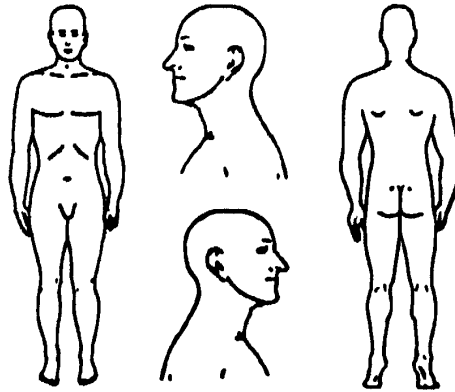
These are the common procedure codes used in our office. If you would like a detailed description of each procedure code, inquire at the front desk.

*98940: \$40.00	*97110: \$34.19
*98941: \$46.69	*99201: \$58.00
*97136: \$19.00	*99202: \$90.10
*97035: \$16.00	*97014: \$19.00

Patient Name: _____ Date: _____

Patient History Update

Please mark the area of concern/injury on the diagram



What were you doing when you noticed the pain? _____

What day did you decide your symptoms needed treatment? _____

Please rate your symptoms on a scale of 0 to 10 (0= no pain and 10= excruciating pain)

0 1 2 3 4 5 6 7 8 9 10

How do your symptoms affect your ability to perform daily activities?

(0= no effect and 10= no possible activities)

0 1 2 3 4 5 6 7 8 9 10

How is your condition changing since you first noticed your symptoms?

Getting Better Getting Worse Staying the Same

How intense is the pain?

Minimum Mild Moderate Severe Unbearable

Describe what your symptoms feel like:

Burning Dull Numb Radiating/Traveling* Sharp Shooting Stabbing Tightness Tingling
 Throbbing **If pain radiates or travels to another body part (legs, arms, head, etc.) where does the pain travel to? _____

What makes your pain better?

Chiropractic Therapy Heat Ice Pain Medicine Sleep/Rest Stretching Exercise

What do you expect out of today's visit?

Become pain free Learn how to manage condition Reduce Symptoms
 Resume Normal Activity

How often do you experience your symptoms?

Constant (76 – 100% of the day) Frequently (51-75% of the day)
 Occasionally (26-50% of the day) Intermittently (0-25% of the day)

Did your previous symptoms improve after your last visit?

Yes No

What activities aggravate your condition (working, exercise, etc)?

Recent falls, accidents, or surgeries:

Procedure codes

*98940 M1: \$40.00	*99201 MNP: \$58.00
*98941 M2: \$46.69	*99211 MEP: \$50.00
*98943 ME: \$42.00	*99202 LNP: \$90.10
*97139 Laser: \$19.00	*99212 LEP: \$90.10
*97035 US: \$16.00	*99203 INP: \$130.86
*97014 EMS: \$19.00	*99213 IEP: \$130.86
*97110 Therex: \$34.19	*97026 Infrared: \$19.16
*97032 Combo: \$22.00	*97140 MT: \$35.00

DX Codes

M99.01 _____	M79.1 myalgia _____
M99.02 _____	R51 headache _____
M99.03 _____	M54.5 lbp _____
M99.04 sac _____	M54.12 c rad _____
M99.05 pelv _____	M54.16 l rad _____
M99.06 low ex _____	S33.5xxa _____
M99.07 upp ex _____	L spine sprain init
M99.08 ribs _____	S33.5xxd _____
	L spine sprain subs
	M54.2 cervicalg _____

Medicare Codes

(G8442) Patient refuses to participate in PQRS pain assessment
(G8539) Current Functional Outcome Assessment and Care Plan Documented
(G8540) Patient refuses to participate in PQRS FO assessment
(G8542) Current Functional Outcome Assessment Documented, No Deficiencies, No Care Plan Required
(G8730) Pain Assessment Positive and Follow-up Documented
(G8731) Pain Assessment Negative, No Follow-up Needed
(G8783) Blood pressure documented as normal
(G8942) Outcome Assessment Completed in previous 30 days
(G8950) BP documented abnormal follow-up plan documented
(G8951) BP documented, abnormal, no plan needed because patient and reason documented