Patient Summary For	n v:2/18/2009)	male I	timeline and as indicated	ions uplete this form within the specified of fax to the specified fax number of on Plan Summary or plan informatiously provided.
Patient name Last First	MI O Ma			er may vary by plan.
ration lame Last 1 iist	WII	Patient da	le of birtin	
Patient address	City		Sta	te Zip code
Patient insurance ID#	Health plan		Group number	
Referring physician (if applicable) Provider Information	Date referral issued (if applica	ble)	Referral number (if applicable)	
riovidei illioilliation				
1. Name of the billing provider or facility (as it will appear on the	e claim form)	2. Federal tax II	O(TIN) of entity in box #1	
	1 MD/DO 2 DC 3	PT 4 OT 5 Both PT a	nd OT 6 Home Care 7 ATC	Other
3. Name and credentials of the individual performing the se	rvice(s)			
4. Alternate name (if any) of entity in box #1	5. NPI of entity	in box #1		6. Phone number
7. Address of the billing provider or facility indicated in box	#1	8. City	9. S	tate 10. Zip code
Provider Completes This Section:		Date of Su	rgery	Diagnosis (ICD code)
Date you want THIS				Please ensure all digits are entered accurately
	se of Current Episode		1°	
	matic (4) Post-surgical -	Type of Surge	· · · · · · · · · · · · · · · · · · ·	
X ·	pecified (5) Work related	(1) ACL Reconstru	2	
	etitive (6) Motor vehicle	(2) Rotator Cuff/La	· -	
1) New to your office2) Est'd, new injury		(3) Tendon Repair (4) Spinal Fusion	3°	
(2) Est'd, new injury (3) Est'd, new episode		(5) Joint Replacem	ent -	
Est'd, new episode Est'd, continuing care		(6) Other	4°	
g can	DC ONLY			
Nature of Condition	Anticipated CMT Level		Current Functional M	easure Score
(1) Initial onset (within last 3 months)	98940 98942	Neck Inc	dex DASH	
(2) Recurrent (multiple episodes of < 3 months) (3) Chronic (continuous duration > 3 months)	98941 () 98943	Dools los	1550	(other)
(3) Chronic (continuous duration > 3 months)	0 00041	Back Inc	dex LEFS	
Patient Completes This Section:			Indicate where you ha	ave pain or other symptom
(Please fill in selections completely)	ptoms began on:			(75)
4 Deiethe describe community				
1. Briefly describe your symptoms:			1	1xxx
2. How did your symptoms start?				1 /75 - 75
			Gust ()	and The land
3. Average pain intensity:			A Land	1
Last 24 hours: no pain 0 1 2	3 4 5 6 7 8 9	0 10 worst pain	()()	
Past week: no pain 0 1 2	3456789	0 10 worst pain)(), // (
4. How often do you experience your sy			Sing (Sing)	
(1) Constantly (76%-100% of the time) (2) Freq	uently (51%-75% of the time) (3)	Occasionally (26% - 50%	of the time) (4) Intermittent	ly (0%-25% of the time)
5. How much have your symptoms inte	rfered with your usual dail	y activities? (includin	g both work outside the home a	and housework)
(1) Not at all (2) A little bit (3) N	Noderately (4) Quite a bit	(5) Extremely		
6. How is your condition changing, sin	ce care began at <i>thi</i> s facili	ty?	_	_
	uch worse 2 Worse 3 A little		ge (5) A little better (6) B	etter (7) Much better
7. In general, would you say your over	all health right now is	Č	<u> </u>	<u> </u>
	Good (4) Fair	(5) Poor		
0 0		\circ	D-4	
Patient Signature: X			Date:	



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Patient Name	Date

This questionnaire will give your provider information about how your neck condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- ① I have no pain at the moment.
- ① The pain is very mild at the moment.
- ② The pain comes and goes and is moderate.
- 3 The pain is fairly severe at the moment.
- 4 The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Sleeping

- ① I have no trouble sleeping.
- ① My sleep is slightly disturbed (less than 1 hour sleepless).
- 2 My sleep is mildly disturbed (1-2 hours sleepless).
- 3 My sleep is moderately disturbed (2-3 hours sleepless).
- 4 My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

Reading

- ① I can read as much as I want with no neck pain.
- ① I can read as much as I want with slight neck pain.
- 2 I can read as much as I want with moderate neck pain.
- 3 I cannot read as much as I want because of moderate neck pain.
- 4 I can hardly read at all because of severe neck pain.
- ⑤ I cannot read at all because of neck pain.

Concentration

- ① I can concentrate fully when I want with no difficulty.
- 1 can concentrate fully when I want with slight difficulty.
- ② I have a fair degree of difficulty concentrating when I want.
- 3 I have a lot of difficulty concentrating when I want.
- (4) I have a great deal of difficulty concentrating when I want.
- (5) I cannot concentrate at all.

O I can look after myse

Personal Care

- I can look after myself normally without causing extra pain.
- ① I can look after myself normally but it causes extra pain.
- 2 It is painful to look after myself and I am slow and careful.
- (3) I need some help but I manage most of my personal care.
- A I need help every day in most aspects of self care.
- (5) I do not get dressed, I wash with difficulty and stay in bed.

Lifting

- ① I can lift heavy weights without extra pain.
- ① I can lift heavy weights but it causes extra pain.
- ② Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- 4 I can only lift very light weights.
- (5) I cannot lift or carry anything at all.

Driving

- O I can drive my car without any neck pain.
- ① I can drive my car as long as I want with slight neck pain.
- ② I can drive my car as long as I want with moderate neck pain.
- 3 I cannot drive my car as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- ⑤ I cannot drive my car at all because of neck pain.

Recreation

- ① I am able to engage in all my recreation activities without neck pain.
- ① I am able to engage in all my usual recreation activities with some neck pain.
- ② I am able to engage in most but not all my usual recreation activities because of neck pain.
- 3 I am only able to engage in a few of my usual recreation activities because of neck pain.
- I can hardly do any recreation activities because of neck pain.
- ⑤ I cannot do any recreation activities at all.

Work

- ① I can do as much work as I want.
- ① I can only do my usual work but no more.
- ② I can only do most of my usual work but no more.
- 3 I cannot do my usual work.
- I can hardly do any work at all.
- ⑤ I cannot do any work at all.

Headaches

- ① I have no headaches at all.
- ① I have slight headaches which come infrequently.
- ② I have moderate headaches which come infrequently.
- 3 I have moderate headaches which come frequently.
- A I have severe headaches which come frequently.
- ⑤ I have headaches almost all the time.

Neck	
Index	
Score	



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Patient Name	Date	
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This questionnaire will give your provider information about how your back condition affects your everyday life. Please answer every section by marking the one statement that applies to you. If two or more statements in one section apply, please mark the one statement that most closely describes your problem.

Pain Intensity

- The pain comes and goes and is very mild.
- ① The pain is mild and does not vary much.
- 2 The pain comes and goes and is moderate.
- 3 The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- (5) The pain is very severe and does not vary much.

Sleeping

- ① I get no pain in bed.
- ① I get pain in bed but it does not prevent me from sleeping well.
- ② Because of pain my normal sleep is reduced by less than 25%.
- 3 Because of pain my normal sleep is reduced by less than 50%.
- 4 Because of pain my normal sleep is reduced by less than 75%.
- **⑤** Pain prevents me from sleeping at all.

Sitting

- O I can sit in any chair as long as I like.
- ① I can only sit in my favorite chair as long as I like.
- ② Pain prevents me from sitting more than 1 hour.
- 3 Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more than 10 minutes.
- ⑤ I avoid sitting because it increases pain immediately.

Standing

- ① I can stand as long as I want without pain.
- ① I have some pain while standing but it does not increase with time.
- 2 I cannot stand for longer than 1 hour without increasing pain.
- 3 I cannot stand for longer than 1/2 hour without increasing pain.
- (4) I cannot stand for longer than 10 minutes without increasing pain.
- (5) I avoid standing because it increases pain immediately.

Personal Care

- ① I do not have to change my way of washing or dressing in order to avoid pain.
- ① I do not normally change my way of washing or dressing even though it causes some pain.
- 2 Washing and dressing increases the pain but I manage not to change my way of doing it.
- 3 Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain I am unable to do some washing and dressing without help.
- **⑤** Because of the pain I am unable to do any washing and dressing without help.

Lifting

- ① I can lift heavy weights without extra pain.
- 1 can lift heavy weights but it causes extra pain.
- 2 Pain prevents me from lifting heavy weights off the floor.
- 3 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- ⑤ I can only lift very light weights.

Traveling

- ① I get no pain while traveling.
- ① I get some pain while traveling but none of my usual forms of travel make it worse.
- 2 I get extra pain while traveling but it does not cause me to seek alternate forms of travel.
- 3 I get extra pain while traveling which causes me to seek alternate forms of travel.
- Pain restricts all forms of travel except that done while lying down.
- ⑤ Pain restricts all forms of travel.

Social Life

- My social life is normal and gives me no extra pain.
- ① My social life is normal but increases the degree of pain.
- Pain has no significant affect on my social life apart from limiting my more energetic interests (e.g., dancing, etc).
- 3 Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- ⑤ I have hardly any social life because of the pain.

Walking

- ① I have no pain while walking.
- ① I have some pain while walking but it doesn't increase with distance.
- 2 I cannot walk more than 1 mile without increasing pain.
- 3 I cannot walk more than 1/2 mile without increasing pain.
- ④ I cannot walk more than 1/4 mile without increasing pain.
- ⑤ I cannot walk at all without increasing pain.

Changing degree of pain

- My pain is rapidly getting better.
- ① My pain fluctuates but overall is definitely getting better.
- ② My pain seems to be getting better but improvement is slow.
- 3 My pain is neither getting better or worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

Back	
Index	
Score	

Index Score =	[Sum of all statements	s selected / (# o	of sections with a	statement selected	x 5)1 x 100



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The STarT Back Musculoskeletal Screening Tool

	Patient name: Date:					٠.	ni.
	ş						•
	Thinking about the	last 2 weeks tick	your response to	he following que	stions:		
		5	٠		_	Disagree 0	Agree
1	My pain has spread	at some time in	the past 2 weeks				
2	In addition to my m	ain pain, I have h	ad pain elsewhere	in the last 2 wee	ks		
3	In the last 2 weeks,	I have only walk	ed short distance	because of my p	ain		
4	In the last 2 weeks,	I have dressed n	nore slowly than u	sual because of m	y pain		
5	It's really not safe for a person with a condition like mine to be physically active						
6	Worrying thoughts have been going through my mind a lot of the time in the last 2 weeks						
7	I feel that my pain	is terrible and th	at it's never going	to get any bette	r.		
8	In general in the las	t 2 weeks, I have	not enjoyed all th	e things I used to	enjoy 🗠		
9.	9. Overall, how bothersome has your pain been in the last 2 weeks?						
	Not at all	Slightly -	Moderately	Very much	Extre	nely	
	,	0	0	1	1	I	

Originally developed by:
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Funded by Arthritis Research UK