Medicare Initial Visit Form

Medicare Initial Visit Compliance Guidelines

History/Description of Present Illness: Note: * indicates additional information is available on reverse of form or in patient file. 1. Patient Symptoms (and/or indicate on diagram):	1. Patient Symptoms (and/or indicate on diagram): 2. Family History (if relevant): 3. Related Past Health History/Surgery/Medications: 4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull Aching Shooting Numbness Other: 6. Onset: Duration: Rate Intensity of Pain/Symptoms: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain Ever	P.A.R.T. Pain/tenderness Asymmetry/misalign	nment Range of Motion abnormality Tissue/tone changes
1. Patient Symptoms (and/or indicate on diagram): 2. Family History (if relevant): 3. Related Past Health History/Surgery/Medications: 4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull Aching Shooting Numbness Other: 6. Onset: Duration:	1. Patient Symptoms (and/or indicate on diagram): 2. Family History (if relevant): 3. Related Past Health History/Surgery/Medications: 4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull Aching Shooting Numbness Other: 6. Onset: Rate Intensity of Pain/Symptoms: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain Ever Frequency: 7. Aggravating Factors: 8. Prior Care: 8. Prior Care: 8. Prior Care: 9. Secondary Complaints: Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	Patient Name	Patient ID# Date of Initial Visit:
4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull Aching Shooting Numbness Other: 6. Onset: Duration:	3. Related Past Health History/Surgery/Medications: 4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull Aching Shooting Numbness Other: 6. Onset: Rate Intensity of Pain/Symptoms: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain Ever Frequency: Location/Symptomatic Radiations: Refer to #1 above 7. Aggravating Factors: 8. Prior Care: Secondary Complaints: Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	() 20	
Frequency: Location/Symptomatic Radiations: Refer to #1 above 7. Aggravating Factors: Relieving Factors:	Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	3. Related Past Health History/Surgery/Medication 4. Mechanism of Trauma: 5. Quality/Character of Symptoms: Sharp Dull 6. Onset: Rate Intensity of Pain/Symptoms: No Pain 1 Frequency: 7. Aggravating Factors:	Aching Shooting Numbness Other: Duration: 2 3 4 5 6 7 8 9 10 Worst Pain Ever Location/Symptomatic Radiations: Refer to #1 above Relieving Factors:
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:		Home Care Recommendations: Ice Heat Supports: Lumbar	(specific adjustments) Soft Tissue Therapy and/or stretching Rest Avoid Aggravating Factors Other: Cervica Other
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	Treatment Plan: Spinal Manipulative Therapy (specific adjustments) Soft Tissue Therapy and/or stretching Home Care Recommendations: Ice Heat Rest Avoid Aggravating Factors Other: Cervica Lumbar Other	Ancillary Modalities - Specify:	Additional notes/forms in file: Yes No
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	Treatment Plan: Spinal Manipulative Therapy (specific adjustments) Soft Tissue Therapy and/or stretching Home Care Recommendations: Ice Heat Rest Avoid Aggravating Factors Other: Cervica Lumbar Other Other Other Ancillary Modalities - Specify: Additional notes/forms in file: Yes No	Treatment Goals: Symptomatic/Pain Reduction Im	aproved Range of Motion Reduced Myofascial Involvement
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Date of X-Ray Diagnosis: Subluxation Level(s): C	Treatment Plan: Spinal Manipulative Therapy (specific adjustments) Soft Tissue Therapy and/or stretching Home Care Recommendations: Ice Heat Rest Avoid Aggravating Factors Other: Cervice Lumbar Other Other Other Ancillary Modalities - Specify: Additional notes/forms in file: Yes No Frequency of Visits: Expected Duration: Treatment Goals: Symptomatic/Pain Reduction Improved Range of Motion Reduced Myofascial Involvement	Objective Measures (to evaluate treatment effectiveness):	Diagnostic Imaging Examination Findings RO.M.
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Significant Exam Findings:	Treatment Plan:Spinal Manipulative Therapy (specific adjustments)Soft Tissue Therapy and/or stretchingHome Care Recommendations: Ice Heat Rest Avoid Aggravating Factors Other:		
Physical Examination: Note: * indicates additional information is available on reverse of form or in patient file. Date of X-Ray	Treatment Plan:Spinal Manipulative Therapy (specific adjustments) Soft Tissue Therapy and/or stretching Home Care Recommendations: loe Heat Rest Avoid Aggravating Factors Other: Cervice Supports: Cervice Cervice Other Other Supports: Ancillary Modalities - Specify: Additional notes/forms in file: Yes No Frequency of Visits: Expected Duration: Treatment Goals: Symptomatic/Pain Reduction Improved Range of Motion Reduced Myofascial Involvement Other Goal(s) - Specify: Diagnostic Imaging Examination Findings R.O.M Progress Evaluations Palpation Instrumentation Other - Specify:	Signature:	Data above is provided to comply with Medicare requirements Printed Name: