Patient Summary Form — Orthonet - Humana

Patient Information (Front Desk Completes)

Last Name: _____ First Name: _____

Physician: _____ ☐ PT Gender: M / F

FOI Location: _____ ☐ OT

Provider completes:

Date you want THIS submission to begin: _____ mm/dd/yyyy

Patient Visit Type:

① New to your office ② Est'd, new injury ③ Est'd, new episode ④-Est'd, continuing care

Nature of Condition:

① Initial Onset (in last 3 mths) ② Recurrent (mult. episodes of < 3 mths) ③ Chronic (cont. duration > 3 mths)

Cause of Current Episode:

☐ 1-Traumatic ☐ 2-Unspecified ☐ 3-Repetitive ☐ 4-Post Surgical ☐ 5-Work Related ☐ 6-Motor Vehicle

(If Post Surgical - Type:) _____

Diagnosis (ICD code):

Dx1 _____ Dx2 _____ Nature of Treatment: Rehabilitative

Current Functional Measure Score:

Neck Index: _____ Back Index: _____ Other: _____

DASH: _____ LEFS: _____

Patient Completes This Section

Symptoms began on: _____ mm/dd/yyyy

Briefly describe your symptoms:

How did your symptoms start?

Average pain/symptom intensity: (Circle)

Last 24 hours: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

Past Week: no pain 0 1 2 3 4 5 6 7 8 9 10 worst pain

How often do you experience your symptoms?

☐ 1-Constantly(76%-100% of the time) ☐ 2-Frequently(51%-75% of the time)

☐ 3-Occasionally(26%-50% of the time) ☐ 4-Intermittently(0%-25% of the time)

How much have your symptoms interfered with your daily activities?

☐ 1-Not at all ☐ 2-A little bit ☐ 3-Moderately ☐ 4-Quite a bit ☐ 5-Extremely

How is your condition changing, since care at this facility?

☐ 1-N/A This is initial visit ☐ 2-Much worse ☐ 3-Worse ☐ 4-A little worse

☐ 4-No change ☐ 5-A little better ☐ 6-Better ☐ 7 Much better

In general, would you say your overall health right now is...

☐ 1-Excellent ☐ 2-Very Good ☐ 3-Good ☐ 4-Fair ☐ 5-Poor

Completion Date: [ ] mm/dd/yyyy

STarT Back Screening Tool : :* see PSF Guide (Enter no for all if not applicable)

1. Has your back pain spread down your leg(s) at some time in the last 2 weeks?

☐ 1-No ☐ 2-Yes

2. Have you had pain in the shoulder or neck at some time in the last 2 weeks?

☐ 1-No ☐ 2-Yes

3. Have you only walked short distances because of your back pain?

☐ 1-No ☐ 2-Yes

4. In the last 2 weeks, have you dressed more slowly than usual because of back pain?

☐ 1-No ☐ 2-Yes

5. Do you think it's not really safe for a person with a condition like yours to be physically active?

☐ 1-No ☐ 2-Yes

6. Have worrying thoughts been going through your mind a lot of the time?

☐ 1-No ☐ 2-Yes

7. Do you feel that your back pain is terrible and it's never going to get any better?

☐ 1-No ☐ 2-Yes

8. In general have you stopped enjoying all the things you usually enjoy?

☐ 1-No ☐ 2-Yes

9. Overall, how bothersome has your back pain been in the last 2 weeks?

☐ 1-Not at all ☐ 2-Slightly ☐ 3-Moderately ☐ 4-Very Much ☐ 5-Extremely

SBST Category:
SBST Not Completed: