





2579

# INDIANA COMMERCIAL THERAPY REQUEST FORM

Alpha Prefix Anthem Member ID Number

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\* **Note:** The above Member ID number **MUST** be identical to the Member ID number provided on Page 1 of this form.)

## REQUEST INFORMATION

**Condition Type:** ☐ Acute (less than 2 months) ☐ Sub-acute (2-3 months) ☐ Chronic (more than 3 months)

**Primary Diagnosis Code**

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 (ICD-10 Format)

**Affected Region:** ☐ Right ☐ Left ☐ Bilateral ☐ Not Applicable

**Onset:** ☐ Insidious/No Trauma ☐ Traumatic Injury ☐ Repetitive Stress ☐ Post-Operative  
☐ Work-related ☐ Motor Vehicle

### For Post-Operative Cases Only:

**Type of Surgery:** ☐ Joint Replacement ☐ ACL Reconstruction ☐ Rotator Cuff/Labral Repair ☐ Spinal Fusion  
☐ Arthroscopy ☐ Tendon Repair ☐ Other: \_\_\_\_\_

Date of Surgery

		/			/				
Month			Day			Year			

### Chief Complaint(s):

- ☐ Pain ☐ Stiffness ☐ Weakness  
☐ Loss of Balance ☐ Decreased/Loss of Function  
☐ Other: \_\_\_\_\_

### Frequency of Symptoms:

- ☐ Constant ☐ Frequent ☐ Occasional ☐ Intermittent

### Impact of Symptoms on ADL:

- ☐ None ☐ Minimal ☐ Moderate ☐ Significant

Pain Intensity (0-10):

Last 24 hours		Past Week	

**Muscle Strength (MMT):** ☐ 5/5 ☐ 4/5 ☐ 4-/5 ☐ 3+/5 ☐ 3/5 ☐ 3-/5 ☐ 2+/5 ☐ 2/5 ☐ 1/5 ☐ 0/5

**Active Range of Motion Limitations:** ☐ None ☐ Minimal ☐ Moderate ☐ Significant

**Functional Limitations:** ☐ None ☐ Minimal ☐ Moderate ☐ Significant

**Functional Measure Score**  
(For Chief Complaint):

Most Recent Score		

**Form Type:** ☐ Neck ☐ Back ☐ SF 12/36  
☐ LEFS ☐ DASH ☐ KSS  
☐ Other: \_\_\_\_\_

**Progress since first visit:** ☐ None, first visit ☐ No Progress Yet ☐ Some Progress ☐ Significant Progress  
☐ Significantly Worse

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Not Like This →



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