

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Report:	_____
DOB / Age:	_____	Provider:	_____
MRN:	_____	Report type / purpose:	_____

2 Reason for Report

2 PURPOSE

Describe the purpose of this report — evaluation, independent medical examination, legal/occupational request, disability assessment, insurance review, or specialist opinion...

3 Clinical History

3a RELEVANT MEDICAL BACKGROUND

Pertinent past medical history — chronic conditions, prior hospitalizations, surgeries, relevant medications, and significant historical diagnoses...

3b PRESENTING COMPLAINT

The primary complaint that prompted this evaluation — onset, duration, progression, and impact on function...

4 Examination Findings

4a PHYSICAL EXAMINATION

All relevant physical examination findings — general appearance, vital signs, system-specific findings, and abnormal results observed...

4b DIAGNOSTIC FINDINGS

Relevant diagnostic results reviewed — lab values, imaging interpretations, ECG findings, or specialist reports referenced in this report...

5 Investigations

5 TESTS PERFORMED OR REVIEWED

All laboratory studies, imaging, functional assessments, or other diagnostic tests performed at this evaluation or reviewed from prior records — include dates and results...

A Assessment

6a DIAGNOSIS / CLINICAL IMPRESSION

Primary diagnosis or clinical impression — include ICD-10 codes where applicable and state the basis for the diagnosis...

6b SEVERITY & PROGNOSIS

Current severity, expected trajectory, likelihood of improvement or deterioration, and any functional limitations anticipated...

R Recommendations

7a TREATMENT PLAN

Recommended treatment — pharmacological, procedural, rehabilitative, or specialist referral. Specify rationale and expected outcomes...

7b WORK & ACTIVITY RESTRICTIONS

Restrictions on work, driving, lifting, physical activity, or other functions — include duration and conditions for reassessment...

Provider name & credentials:	_____	Date of Report:	_____
Signature:	_____	Facility / Practice:	_____
License / NPI:	_____	Report recipient:	_____