

1 Patient Information**1 PATIENT DETAILS**

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type:	_____	Sport / Activity:	_____
Affected Body Part / Laterality:	_____		_____

CC Chief Complaint**2 PRIMARY SPORTS-RELATED CONCERN**

Document the primary sports-related injury or performance-limiting concern in the patient's own words — location, laterality, and duration...

S Subjective**3 PATIENT-REPORTED SYMPTOMS, INJURY HISTORY & ACTIVITY LIMITATIONS****3a MECHANISM OF INJURY**

Acute trauma, overuse, training error, collision, fall, twist, impact, or gradual onset...

3b SPORT / ACTIVITY CONTEXT

Sport, position, level of competition, training load, recent changes in activity, footwear/equipment, and playing surface if relevant...

3c PAIN LOCATION & CHARACTERISTICS

Anatomical location, laterality, quality, severity, radiation, timing, and progression...

3d FUNCTIONAL IMPACT

Limitations in practice, competition, running, jumping, throwing, lifting, cutting, pivoting, work, school, or daily activities...

3e ASSOCIATED SYMPTOMS

Swelling, bruising, instability, locking, catching, popping, weakness, numbness, tingling, concussion symptoms, or reduced ROM...

3f PRIOR INJURY / TREATMENT

Prior injuries to same region, rehabilitation, bracing, injections, surgery, medications, or prior imaging...

3g PERTINENT NEGATIVES

Denial of inability to bear weight, deformity, neurovascular symptoms, progressive weakness, loss of consciousness, severe headache, repeated vomiting, or worsening neurologic symptoms...

O Objective**4 MEASURABLE & OBSERVED SPORTS MEDICINE FINDINGS**

V VITAL SIGNS

Temperature: _____
Heart Rate: _____
Oxygen Saturation: _____
Pain Score: _____

Blood Pressure: _____
Respiratory Rate: _____
Weight / BMI: _____

4a INSPECTION

Swelling, ecchymosis, deformity, atrophy, alignment, posture, or asymmetry...

4b PALPATION

Point tenderness, warmth, effusion, crepitus, or muscle spasm...

4c RANGE OF MOTION

Active ROM: _____
Pain-Limited Motion: _____

Passive ROM: _____
Comparison to Contralateral Side: _____

4d STRENGTH

Manual muscle testing and sport-specific strength deficits...

4e STABILITY / SPECIAL TESTS

Joint-specific provocative tests, ligamentous stability, impingement, meniscal/labral/tendon testing as applicable...

4f NEUROLOGIC / VASCULAR STATUS

Sensation: _____
Reflexes (if indicated): _____

Motor Function: _____
Distal Pulses / Capillary Refill: _____

4g FUNCTIONAL TESTING

Gait, squat, single-leg hop, balance, agility, throwing/running mechanics, or return-to-play testing if applicable...

CH Concussion / Head Injury Assessment (if applicable)

5 HEAD INJURY SCREEN

Loss of Consciousness: _____
Confusion / Dizziness: _____
Visual Symptoms: _____
Symptom Severity Score: _____

Amnesia: _____
Headache / Nausea: _____
Balance Problems / Cognitive Symptoms: _____

Neurologic exam findings and return-to-play restrictions / monitoring plan...

L Lab & Imaging Results

6 REVIEWED DATA

6a IMAGING STUDIES

X-ray, MRI, CT, ultrasound, or stress imaging findings...

6b LABORATORY STUDIES

Inflammatory, metabolic, or systemic lab contributors if applicable...

6c OTHER DIAGNOSTICS

Concussion testing, gait analysis, biomechanical assessment, or prior procedure reports...

A Assessment

7 SPORTS MEDICINE CLINICAL INTERPRETATION

Primary injury diagnosis or working diagnosis. Injury severity, acuity, laterality, and mechanism. Functional limitations and sport participation status. Differential diagnoses if uncertain. Risk factors for recurrence or delayed recovery...

P Plan

8 SPORTS MEDICINE MANAGEMENT

8a ACTIVITY MODIFICATION & SPORT RESTRICTION

Specific restrictions, modified training, partial participation, or full restriction...

8b RETURN-TO-PLAY / RETURN-TO-ACTIVITY GUIDANCE

RTP criteria, stepwise return-to-play protocol, or clearance timeline...

8c PHYSICAL THERAPY & REHABILITATION

PT referral, rehabilitation program, or home exercise plan...

8d BRACING, TAPING, ORTHOTICS & EQUIPMENT

Bracing, taping, orthotics, immobilization, or equipment modifications...

8e MEDICATIONS, INJECTIONS & PROCEDURES

Analgesics, anti-inflammatories, injections, or procedures if indicated...

8f PATIENT / ATHLETE EDUCATION

Recovery timeline, red flags, injury prevention strategies, and return-to-play criteria...

F Follow-Up

9 REASSESSMENT GOALS

Follow-up timeframe and purpose: _____

Reassessment of pain, function, rehab progress, imaging results, and return-to-play readiness...

TIME DOCUMENTATION & BILLING

Total Time: _____ Counseling / Coordination Time: _____ E/M Level: _____ Procedure Code(s): _____

Basis for Billing: _____ Primary ICD-10 Code: _____

Secondary ICD-10 Code(s): _____

PHYSICIAN / PROVIDER NAME

SPECIALTY: SPORTS MEDICINE

DATE

TIME

