

1 Patient Information

1 PATIENT DETAILS

Name:	_____	Date of Service:	_____
DOB:	_____	Provider:	_____
Age / Sex:	_____	MRN:	_____
Visit Type:	_____	Spine Region / Level:	_____

CC Chief Complaint

2 PRIMARY SPINE-RELATED CONCERN

Document the primary spine concern in the patient's own words — location, radiation, laterality, and duration...

S Subjective

3 PATIENT-REPORTED SPINE & NEUROLOGIC SYMPTOMS

3a ONSET & CONTEXT

Trauma, degenerative disease, prior surgery, tumor, infection, or gradual progression...

3b PAIN LOCATION & RADIATION

Neck, back, arm, leg, or radicular pain distribution — laterality and dermatomal pattern when applicable...

3c NEUROLOGIC SYMPTOMS

Numbness, tingling, weakness, gait imbalance, hand clumsiness, coordination difficulty, bowel/bladder dysfunction, or saddle anesthesia...

3d PAIN CHARACTER & SEVERITY

Quality / Intensity:	_____	Timing / Progression:	_____
NRS Score (avg/worst):	_____	Functional Limitation:	_____

3e AGGRAVATING & RELIEVING FACTORS

Aggravating Factors:	_____	Relieving Factors:	_____
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3f PRIOR TREATMENT

PT, medications, injections, chiropractic, prior spine surgery, bracing, or activity modification...

3g FUNCTIONAL IMPACT

Effect on ambulation, work, sleep, ADLs, driving, and independence...

3h PERTINENT NEGATIVES

Denial of acute bowel/bladder dysfunction, saddle anesthesia, rapidly progressive weakness, fever, unexplained weight loss, recent infection, malignancy history, or trauma...

O Objective

4 MEASURABLE & OBSERVED NEUROSPINE FINDINGS

V VITAL SIGNS

Temperature:	_____	Blood Pressure:	_____
Heart Rate:	_____	Respiratory Rate:	_____
Oxygen Saturation:	_____	Weight / BMI:	_____
Pain Score:	_____		_____

4a GENERAL APPEARANCE & SPINE INSPECTION

Distress level, posture, ability to transfer. Alignment, deformity, surgical scars, kyphosis, scoliosis, muscle spasm...

4b PALPATION & RANGE OF MOTION

Midline Tenderness:	_____	Paraspinal Tenderness:	_____
Step-Off / Spasm:	_____		_____
Cervical ROM (if applicable):	_____	Thoracic/Lumbar ROM:	_____

4c MOTOR EXAMINATION

Strength by myotomes — laterality and severity (grade/5)...

4d SENSORY EXAMINATION

Dermatomal sensory changes to light touch and pinprick...

4e REFLEXES & PATHOLOGIC SIGNS

Deep Tendon Reflexes:	_____	Plantar Response (Babinski):	_____
Hoffmann Sign:	_____	Clonus:	_____
Myelopathic Gait / Tandem:	_____	Heel / Toe Walking:	_____

4f PROVOCATIVE TESTS

Straight Leg Raise (L/R):	_____	Spurling Test:	_____
Lhermitte Sign:	_____	Femoral Stretch Test:	_____
Other Maneuvers:	_____		_____

L Lab & Imaging Results

5 SPINE-RELATED DIAGNOSTIC DATA

5a IMAGING STUDIES

X-ray, MRI, CT, CT myelogram, flexion-extension films, scoliosis films, or post-operative imaging...

5b LABORATORY STUDIES

CBC, ESR, CRP, infection markers, coagulation studies, or pre-operative labs if relevant...

5c OTHER DIAGNOSTICS

EMG/NCS, bone density, biopsy/pathology, prior operative reports, or injection response history...

A Assessment

6 NEUROSPINE CLINICAL INTERPRETATION

Primary spine diagnosis or working diagnosis. Affected spinal level(s), laterality, and neurologic involvement. Presence/absence of radiculopathy, myelopathy, stenosis, instability, deformity, infection, tumor, or fracture. Severity, acuity, and progression. Surgical candidacy and urgency if applicable. Comorbidities or risk factors impacting surgery or recovery...

P Plan

7 NEUROSPINE MANAGEMENT

7a CONSERVATIVE TREATMENT

Medications, PT, injections, bracing, activity modification...

7b SURGICAL PLAN

Procedure, level(s), laterality, approach, and rationale if indicated...

7c ADDITIONAL WORKUP & PRE-OP CLEARANCE

Imaging, electrodiagnostics, labs, or pre-operative clearance needed...

7d NEUROLOGIC PRECAUTIONS & RED-FLAG COUNSELING

Warning signs requiring urgent evaluation — new weakness, bowel/bladder changes, saddle anesthesia...

7e COORDINATION & PATIENT EDUCATION

Coordination with pain management, neurology, PM&R, or PCP. Risks, benefits, alternatives, expected recovery, and warning signs...

F Follow-Up

8 REASSESSMENT PLAN

Follow-up timeframe and purpose: _____

Imaging review, neurologic reassessment, surgical planning, wound check, post-op evaluation, or rehab progress...

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 NAME, MD

SPECIALTY: NEUROSPINE SURGERY

DATE

TIME