MARVIX AI

WORKERS' COMPENSATION TEMPLATE

ORTHOPEDICS

Questions? Visit us at
www.marvix.ai

1 PATIENT INFORMATION

PATIENT NAME

DATE OF SERVICE

DOB

DATE OF INJURY

AGE / SEX

EMPLOYER

MRN / CLAIM ID

JOB TITLE

INSURANCE CARRIER

ADJUSTER / CASE MANAGER

ATTORNEY / LEGAL REPRESENTATIVE, IF APPLICABLE

2 PROVIDER INFORMATION

PROVIDER NAME

PHONE

CREDENTIALS

FAX

SPECIALTY

PRACTICE / FACILITY NAME

ADDRESS

3 CLAIM INFORMATION

CLAIM NUMBER

AUTHORIZED VISIT TYPE

BODY PART(S) ACCEPTED

REFERRAL SOURCE

BODY PART(S) DISPUTED

WORK STATUS AT TIME OF VISIT

4 MECHANISM OF INJURY

Reported Injury Event:

DATE / TIME OF INJURY

LOCATION OF INJURY

IMMEDIATE SYMPTOMS

INITIAL REPORTING

Initial Treatment:

5 CHIEF COMPLAINT

PRIMARY ORTHOPEDIC COMPLAINT

SECONDARY COMPLAINT(S)

PAIN LOCATION

PAIN SEVERITY

FUNCTIONAL LIMITATION

6 SUBJECTIVE / INTERVAL HISTORY

Current Symptoms:

Symptom Progression:

TREATMENT SINCE LAST VISIT

MEDICATION USE

THERAPY ATTENDANCE

WORK STATUS UPDATE

Response to Treatment:

New or Worsening Symptoms:

7 PAST ORTHOPEDIC HISTORY

PRIOR INJURY TO SAME BODY PART

PRE-EXISTING CONDITION

PRIOR SURGERY

BASELINE FUNCTIONAL STATUS

PRIOR TREATMENT

8 OCCUPATIONAL HISTORY

JOB DUTIES

STANDING / WALKING REQUIREMENTS

PHYSICAL DEMANDS

REPETITIVE MOTION REQUIREMENTS

REQUIRED LIFTING / CARRYING

OVERHEAD ACTIVITY REQUIREMENTS

CURRENT MODIFIED DUTY AVAILABILITY

9 RECORDS REVIEWED

INITIAL INJURY REPORT

OPERATIVE REPORTS

EMERGENCY / URGENT CARE RECORDS

PRIOR WORK STATUS NOTES

ORTHOPEDIC NOTES

EMPLOYER / CLAIM DOCUMENTS

PHYSICAL THERAPY NOTES

OTHER RECORDS

IMAGING REPORTS

10 PHYSICAL EXAMINATION

GENERAL APPEARANCE

STRENGTH

GAIT / AMBULATION

SENSATION

INSPECTION

REFLEXES

PALPATION

SPECIAL TESTS

RANGE OF MOTION

NEUROVASCULAR STATUS

FUNCTIONAL TESTING

11 IMAGING AND DIAGNOSTIC STUDIES

X-RAY

EMG / NCS

MRI

LABORATORY STUDIES

CT

OTHER DIAGNOSTIC STUDIES

ULTRASOUND

12 ASSESSMENT / DIAGNOSIS

Primary Work-Related Diagnosis:

Secondary Diagnosis:

ACCEPTED CONDITION(S)

DISPUTED CONDITION(S)

Pre-Existing Condition, if applicable:

Aggravation / Exacerbation, if applicable:

13 CAUSATION

Relationship of the condition to the work injury, degree of medical probability (more likely than not), contributing factors, apportionment where applicable, and any non-industrial factors...

14 TREATMENT PLAN

MEDICATIONS

IMAGING / DIAGNOSTIC TESTING

PHYSICAL THERAPY / OCCUPATIONAL THERAPY

SPECIALIST REFERRAL

BRACING / DURABLE MEDICAL EQUIPMENT

HOME EXERCISE PROGRAM

INJECTIONS

ACTIVITY MODIFICATION

SURGICAL CONSIDERATION

15 WORK STATUS

CURRENT WORK ABILITY

TEMPORARY PARTIAL DISABILITY

FULL DUTY

NO WORK STATUS

MODIFIED DUTY

RETURN-TO-WORK DATE

TEMPORARY TOTAL DISABILITY

16 WORK RESTRICTIONS

LIFTING / CARRYING LIMITS

CLIMBING LIMITS

PUSHING / PULLING LIMITS

REPETITIVE USE LIMITS

STANDING / WALKING LIMITS

OVERHEAD ACTIVITY LIMITS

SITTING LIMITS

DRIVING / OPERATING MACHINERY LIMITS

BENDING / SQUATTING / KNEELING LIMITS

OTHER RESTRICTIONS

17 MAXIMUM MEDICAL IMPROVEMENT

MMI STATUS

ESTIMATED MMI DATE

MMI REACHED DATE, IF APPLICABLE

PERMANENT RESTRICTIONS, IF APPLICABLE

Future Medical Care:

18 IMPAIRMENT RATING, IF APPLICABLE

RATING METHODOLOGY

BODY PART / REGION RATED

WHOLE PERSON IMPAIRMENT

PERMANENT PARTIAL IMPAIRMENT

Rating Rationale:

19 FOLLOW-UP

FOLLOW-UP TIMEFRAME

PENDING STUDIES / AUTHORIZATIONS

PURPOSE OF FOLLOW-UP

NEXT WORK STATUS REVIEW

TB BILLING CONSIDERATIONS

E/M LEVEL

PROCEDURE CODE(S), IF APPLICABLE

WORKERS' COMPENSATION FORM(S)

BASIS FOR BILLING

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SPECIALTY	SIGNATURE	DATE	TIME