1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: SPINE / BACK PAIN CONSULTATION / FOLLOW-UP / PROCEDURE FOLLOW-UP / SURGICAL EVALUATION

CARE SETTING: OUTPATIENT / SPINE CLINIC / PAIN CLINIC / ORTHOPEDICS / NEUROSURGERY / TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

REFERRING SPECIALIST, IF APPLICABLE

CC CHIEF COMPLAINT

2 PRIMARY SPINE CONCERN

Primary spine or back pain-related reason for the visit in the patient's own words when possible — neck pain, mid-back pain, low back pain, radicular pain, sciatica, spinal stenosis symptoms, numbness, tingling, weakness, post-surgical spine follow-up, injury-related back pain, or functional limitation due to spine pain...

S SUBJECTIVE

3 SPINE SYMPTOMS, PRIOR TREATMENT & FUNCTIONAL IMPACT

3a REASON FOR EVALUATION & PAIN CHARACTERIZATION

Reason for Spine / Back Pain Evaluation (initial evaluation, follow-up, worsening pain, new neurologic symptoms, post-injury assessment, surgical evaluation, post-operative follow-up, injection planning, medication management, review of imaging or testing):

Pain Location and Distribution (cervical, thoracic, lumbar, sacral, or coccygeal; laterality, axial pain, radiation to

extremities, dermatomal or non-dermatomal pattern, unilateral or bilateral):

Pain Onset and Course (onset, duration, inciting event, trauma, work-related injury, lifting injury, motor vehicle collision, fall, surgery, repetitive activity, progression, frequency; improving, worsening, stable, recurrent, or intermittent):

Pain Character and Severity (sharp, dull, aching, burning, shooting, stabbing, throbbing, electric, cramping, pressure-like, or stiffness; current, best, worst, and average pain score; change from baseline):

Radicular / Neurologic Symptoms (radiating pain, numbness, tingling, weakness, heaviness, cramping, foot drop, hand clumsiness, gait difficulty, balance problems, falls, sensory changes, progressive deficits):

Aggravating and Alleviating Factors (standing, walking, sitting, bending, lifting, twisting, extension, flexion, coughing, sneezing, stairs, driving, sleep position, activity; relief with rest, position change, leaning forward, medications, heat or ice, physical therapy, injections, activity modification):

3b STENOSIS, MYELOPATHY & RED-FLAG SYMPTOMS

Spinal Stenosis / Neurogenic Claudication Symptoms (leg pain, heaviness, numbness, weakness with walking or standing, walking distance limitation, relief with sitting or lumbar flexion, shopping-cart sign, effect on mobility):

Myelopathy Symptoms, if relevant (hand clumsiness, dropping objects, gait imbalance, falls, hyperreflexia symptoms, limb stiffness, weakness, numbness, bowel or bladder changes, difficulty with fine motor tasks):

Bowel / Bladder / Saddle Symptoms (bowel dysfunction, bladder retention, urinary incontinence, fecal incontinence, saddle anesthesia, perineal numbness, acute cauda equina concern):

Functional Impact (walking, standing, sitting, lifting, bending, dressing, bathing, work duties, household tasks, driving, sleep, exercise, recreation, activities of daily living, quality of life):

3c PRIOR TREATMENT, MEDICATIONS & BACKGROUND HISTORY

Prior Conservative Treatment (physical therapy, home exercise program, chiropractic care, acupuncture, massage, bracing, activity modification, ergonomic changes, weight loss efforts, behavioral therapy):

Prior Interventional Treatment (epidural steroid injections, facet injections, medial branch blocks, radiofrequency ablation, sacroiliac joint injections, trigger point injections, nerve blocks, spinal cord stimulation — with date, spinal level, laterality, percent relief, duration of relief, complications):

Medication History and Response (NSAIDs, acetaminophen, neuropathic agents, muscle relaxants, opioids, topical agents, oral steroids, anticoagulants, sedatives, adherence, benefit, side effects, refill needs):

Surgical Spine History (prior decompression, discectomy, laminectomy, fusion, hardware placement, revision surgery, spinal cord stimulator implantation, vertebral augmentation, complications, prior surgical recommendations):

Relevant Medical History (osteoporosis, cancer history, infection risk, immunosuppression, diabetes, anticoagulation use, inflammatory arthritis, renal disease, pregnancy status when relevant, trauma history):

Recent Imaging / Testing (X-ray, MRI, CT, EMG/NCS, bone scan, scoliosis films, flexion-extension imaging, prior procedure reports, operative reports):

Pertinent Negatives (fever, chills, unexplained weight loss, cancer history red flags, IV drug use, immunosuppression-related infection symptoms, progressive weakness, bowel or bladder dysfunction, saddle anesthesia, acute trauma, severe rapidly worsening pain):

ROS SPINE / BACK PAIN REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Neck pain, thoracic pain, low back pain, sacral pain, stiffness, or spasms

Arm pain, leg pain, radicular pain, numbness, tingling, or weakness

Gait difficulty, balance problems, falls, hand clumsiness, or foot drop

Bowel or bladder dysfunction, saddle anesthesia, or perineal numbness

Fever, chills, unexplained weight loss, night pain, or infection / cancer red flags

Sleep disturbance, mood symptoms, pain-related distress, or functional limitation

Medication side effects, sedation, constipation, dizziness, or anticoagulant-related concerns

Work limitations, ADL limitations, mobility limitations, or activity intolerance

O OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

BLOOD PRESSURE

HEART RATE

RESPIRATORY RATE

OXYGEN SATURATION

HEIGHT

WEIGHT

BMI

PAIN SCORE

5a FOCUSED MUSCULOSKELETAL & NEUROLOGIC EXAMINATION

General Appearance (distress level, body habitus, pain behaviors, mobility, assistive device use):

Inspection / Posture (posture, spinal alignment, scoliosis, kyphosis, lordosis, pelvic tilt, shoulder asymmetry, guarding, antalgic positioning, muscle atrophy, deformity, swelling, scars, skin changes):

Gait (normal, antalgic, Trendelenburg, foot drop, spastic, shuffling, balance impairment, assistive device use, heel walking, toe walking, tandem gait, transfer difficulty):

Range of Motion (cervical, thoracic, lumbar, hip, or sacroiliac — flexion, extension, rotation, lateral bending, pain limitation, mechanical restriction):

Palpation (midline spinal tenderness, paraspinal tenderness, facet tenderness, sacroiliac joint tenderness, sciatic notch tenderness, muscle spasm, trigger points, step-off, warmth, swelling, allodynia):

Motor Examination (upper and lower extremity strength by region and laterality, myotomal deficits, focal weakness, foot drop, grip weakness, atrophy, functional weakness):

Sensory Examination (light touch, pinprick, dermatomal sensory loss, peripheral neuropathy findings, allodynia, hyperalgesia, numbness distribution, saddle sensory findings):

Reflexes (deep tendon reflexes, asymmetry, hyperreflexia, hyporeflexia, clonus, Hoffmann sign, Babinski sign, pathologic reflexes):

Special Tests (straight leg raise, crossed straight leg raise, slump test, femoral stretch test, Spurling test, Lhermitte sign, facet loading, FABER, FADIR, Gaenslen, thigh thrust, compression/distraction):

Neurologic / Safety Findings (mental status, focal deficits, coordination, gait safety, myelopathic findings, cauda equina red flags, signs requiring urgent escalation):

RS SPINE REGION-SPECIFIC EXAMINATION, IF APPLICABLE

6 REGION-SPECIFIC FINDINGS

Cervical Spine (range of motion, paraspinal tenderness, trapezius tenderness, Spurling test, upper extremity strength, sensation and reflexes, Hoffmann sign, myelopathy signs, hand function):

Thoracic Spine (midline tenderness, paraspinal tenderness, deformity, rib pain, kyphosis, sensory level, trauma-related findings):

Lumbar Spine (range of motion, midline tenderness, paraspinal tenderness, facet loading, straight leg raise, lower extremity strength, sensation and reflexes, gait, neurogenic claudication signs):

Sacroiliac / Pelvic Region (SI joint tenderness, FABER, Gaenslen, compression/distraction, thigh thrust, Fortin finger test, pelvic asymmetry, hip contribution):

PO POST-PROCEDURE / POST-OPERATIVE EXAMINATION, IF APPLICABLE

7 PROCEDURE OR SURGICAL SITE FINDINGS

PROCEDURE OR SURGERY PERFORMED AND DATE

INCISION OR INJECTION SITE LOCATION

TENDERNESS, BRUISING, SWELLING, OR ERYTHEMA

WARMTH, DRAINAGE, BLEEDING, OR HEMATOMA

INFECTION SIGNS

HARDWARE / DEVICE SITE FINDINGS

NEUROLOGIC STATUS AFTER PROCEDURE OR SURGERY

PAIN RELIEF PERCENTAGE AND DURATION

FUNCTIONAL IMPROVEMENT AFTER PROCEDURE

ADVERSE EFFECTS OR COMPLICATIONS

ACTIVITY RESTRICTIONS AND RECOVERY STATUS

FA PAIN AND FUNCTIONAL ASSESSMENT TOOLS

8 SPINE-SPECIFIC MEASURES USED

NUMERIC PAIN RATING SCALE

OSWESTRY DISABILITY INDEX

NECK DISABILITY INDEX

ROLAND-MORRIS DISABILITY QUESTIONNAIRE

PROMIS PAIN INTERFERENCE SCORE

PEG SCALE

BRIEF PAIN INVENTORY

QUEBEC BACK PAIN DISABILITY SCALE

PHQ-9 / GAD-7, WHEN RELEVANT

WORK STATUS OR FUNCTIONAL CAPACITY MEASURES

Score, interpretation, comparison to prior scores, limitations, and functional goals and progress since prior visit:

L LABORATORY AND DIAGNOSTIC RESULTS

9 RESULTS REVIEWED OR ORDERED

Imaging (X-ray, MRI, CT, scoliosis films, flexion-extension imaging, bone scan, DEXA, ultrasound, fluoroscopic imaging relevant to spine pathology):

Electrodiagnostic Testing (EMG/NCS findings, radiculopathy, neuropathy, plexopathy, nerve entrapment results):

Laboratory Studies (CBC, CMP, ESR, CRP, HLA-B27, rheumatologic labs, infection-related labs, tumor-related labs, renal function, liver function, coagulation studies, medication-monitoring labs):

Procedure Reports Reviewed (prior injections, ablations, operative reports, implant records, fluoroscopy reports, response documentation):

Bone Health / Fracture Workup (DEXA, vitamin D, calcium, osteoporosis evaluation, vertebral compression fracture imaging, metabolic bone labs):

Prior Records Reviewed (primary care, orthopedic, neurosurgery, pain clinic, neurology, rheumatology, and physical therapy notes, imaging reports, emergency records, medication history, prior operative and procedure records):

A ASSESSMENT

10 SPINE & BACK PAIN CLINICAL INTERPRETATION

Primary spine diagnosis or working diagnosis. Suspected pain generator. Differential diagnoses considered. Pain severity, chronicity, and progression. Neurologic status and presence or absence of red flags. Radiculopathy, myelopathy, stenosis, instability, fracture, deformity, or inflammatory and infectious concern when relevant. Imaging and test correlation with symptoms and exam. Functional limitation and quality-of-life impact. Response to prior conservative, medication, interventional, and surgical treatments. Medication benefit, side effects, and safety concerns. Procedure or surgical candidacy, risks, contraindications, and expected benefit. Need for further imaging, electrodiagnostic testing, physical therapy, injections, ablation, surgery referral, medication adjustment, bracing, or urgent escalation...

P PLAN

11 SPINE & BACK PAIN MANAGEMENT BY PROBLEM

Conservative management plan (physical therapy, home exercise program, core strengthening, posture and ergonomic modification, activity modification, weight management, bracing, heat or ice, behavioral pain strategies). Medication plan (initiation, continuation, dose adjustment, discontinuation, refills, side effects, monitoring, education). Interventional procedure plan (epidural steroid injection, facet injection, medial branch block, radiofrequency ablation, sacroiliac injection, trigger point injection, nerve block, neuromodulation evaluation). Surgical evaluation plan (referral to spine

surgery, neurosurgery, or orthopedics for progressive neurologic deficit, myelopathy, instability, deformity, fracture, severe stenosis, refractory radiculopathy, or failed conservative management). Diagnostic plan. Anticoagulation and antiplatelet management plan. Diabetes or infection-risk plan. Work and activity plan (restrictions, return-to-work guidance, lifting limits, driving precautions, sports and activity modification, functional goals). Bone health plan (osteoporosis screening, vitamin D and calcium review, DEXA, fall prevention, fracture management, referral). Referral or coordination plan. Patient education on diagnosis, expected course, posture and body mechanics, medication use, procedure risks and benefits, activity precautions, red flags, and when to seek urgent or emergency care...

F FOLLOW-UP

12 REASSESSMENT PLAN

Follow-up timeframe and purpose (symptom reassessment, neurologic status review, medication response, physical therapy progress, imaging or test review, procedure scheduling, post-procedure response review, surgical referral follow-through, functional goal reassessment):

TB TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME, IF APPLICABLE

IMAGING REVIEW TIME, IF APPLICABLE

PROCEDURE PLANNING TIME, IF APPLICABLE

MEDICATION MANAGEMENT TIME, IF APPLICABLE

E/M LEVEL: 99203 / 99204 / 99205 / 99213 / 99214 / 99215

PROCEDURE CODE(S), IF APPLICABLE

IMAGING GUIDANCE CODE(S), IF APPLICABLE

DIAGNOSTIC TEST INTERPRETATION CODE(S), IF APPLICABLE

BASIS FOR BILLING: TIME-BASED / MEDICAL DECISION MAKING / PROCEDURE-BASED / IMAGING REVIEW / TEST INTERPRETATION

PRIMARY SPINE / BACK PAIN DIAGNOSIS CODE + DESCRIPTION

SECONDARY DIAGNOSIS CODE(S), IF APPLICABLE

SO PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: SPINE / BACK PAIN / PAIN MEDICINE / ORTHOPEDICS / NEUROSURGERY

DATE

TIME