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PATIENT INFORMATION

1 PATIENT DETAILS

NAME

DOB

AGE / SEX

MRN / PATIENT ID

DATE OF SERVICE

PROVIDER

CREDENTIALS

REFERRAL SOURCE

VISIT TYPE: CONSULTATION / FOLLOW-UP / PROCEDURE FOLLOW-UP / RETURN-TO-PLAY EVALUATION

CARE SETTING: OUTPATIENT / SPORTS MEDICINE CLINIC / PAIN CLINIC / ORTHOPEDICS / PT-INTEGRATED CLINIC /
TELEHEALTH

PRIMARY CARE PROVIDER, IF APPLICABLE

ATHLETIC TRAINER / COACH / TEAM PHYSICIAN, IF
APPLICABLE

CC

CHIEF COMPLAINT

2 PRIMARY SPORTS INJURY PAIN CONCERN

Primary sports injury-related pain concern in the patient's own words — acute injury pain, overuse pain, joint or tendon pain, ligament injury, regional pain, return-to-play limitation, post-procedure pain, or pain interfering with athletic performance...

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SUBJECTIVE

3 PATIENT-REPORTED INJURY HISTORY

3a INJURY CONTEXT & MECHANISM

Reason for evaluation (initial injury / persistent pain / acute injury / overuse / post-operative / post-procedure / injection evaluation / rehab planning / medication management / return-to-play / imaging review):

Sport or activity context (sport, position/event, level, training load, competition schedule, recent change in intensity, equipment, playing surface, performance goals):

Mechanism of injury (contact / collision / twisting / cutting / pivoting / fall / direct blow / overuse / repetitive loading / acceleration-deceleration / throwing / lifting / running / jumping / unclear):

3b PAIN PROFILE

Pain location and distribution (exact site, laterality, radiation, focal vs. diffuse, joint / tendon / muscle distribution, unilateral vs. bilateral):

Onset and course (onset date, timing during activity, acute vs. gradual, duration, progression, recurrence, prior similar injury, current trajectory):

Character and severity (sharp / dull / aching / throbbing / burning / stabbing / shooting / cramping / pressure / tightness / instability; current, best, worst, average, and sport-specific pain scores):

Aggravating and alleviating factors (running, jumping, cutting, throwing, lifting, squatting, stairs, overhead activity, impact, rest, bracing, taping, stretching, medication, heat/ice, PT, injections):

3c IMPACT, TREATMENT & BACKGROUND

Associated symptoms (swelling, bruising, stiffness, locking, catching, popping, instability, weakness, numbness, tingling, reduced ROM, gait change, inability to complete activity):

Functional and athletic impact (training, competition, work, school, sleep, ADLs, conditioning, sport-specific skills, endurance, strength, speed, agility, quality of life):

Prior conservative treatment (rest, activity modification, ice/heat, compression, elevation, bracing, taping, PT, athletic training, HEP, chiropractic, massage, acupuncture, biomechanical correction):

Prior interventional treatment (procedure, date, site, laterality, percent relief, duration of relief, complications):

Medication history and response (NSAIDs, acetaminophen, topicals, neuropathic agents, muscle relaxants, oral steroids, opioids if applicable, supplements; adherence, side effects, anti-doping considerations):

Surgical and injury history (fractures, dislocations, ligament / tendon injuries, concussions, surgeries, hardware, joint instability, recurrent injuries, prior rehabilitation):

Training and load management history (volume, intensity, frequency, competition load, strength training, recovery, sleep, nutrition, hydration, footwear / equipment changes, adherence to rest or rehab):

Relevant medical history (bone health, stress fracture history, menstrual history when clinically relevant, eating disorder risk, diabetes, inflammatory disease, hypermobility, anticoagulants, immunosuppression):

Recent imaging / testing reviewed (X-ray, MRI, CT, ultrasound, EMG/NCS, gait analysis, biomechanical assessment, prior procedure or operative reports):

Pertinent negatives (inability to bear weight, gross deformity, rapidly worsening swelling, fever, chills, neurologic deficit, bowel/bladder dysfunction, saddle anesthesia, severe night pain, weight loss, vascular compromise):

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SPORTS INJURY PAIN REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Joint, muscle, tendon or ligament pain; stiffness or swelling

Instability, locking, catching, popping, weakness or reduced range of motion

Numbness, tingling, radiating pain, gait difficulty, balance issues or falls

Bruising, deformity, redness, warmth, fever, chills or infection concern

Sleep disturbance, mood symptoms, pain-related distress or performance anxiety

Medication side effects, GI symptoms from NSAIDs, sedation, dizziness, bleeding/bruising

Training, competition, ADL limitations or return-to-play concerns

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OBJECTIVE

5 OBSERVED FINDINGS

V VITALS

TEMPERATURE

HEART RATE

OXYGEN SATURATION

WEIGHT

BLOOD PRESSURE

RESPIRATORY RATE

HEIGHT

BMI

PAIN SCORE

5a GENERAL APPEARANCE & INSPECTION

General appearance (distress level, athletic build/body habitus, pain behaviors, mobility, assistive device use, overall condition):

Inspection (swelling, bruising, deformity, asymmetry, scars, atrophy, erythema, alignment, posture, effusion, limb position, movement compensation):

5b PALPATION, RANGE OF MOTION & STRENGTH

Palpation (focal, bony, soft tissue, tendon and ligament tenderness; trigger points, warmth, swelling, crepitus, defect):

Range of motion (active and passive, pain-limited movement, stiffness, end-feel, contralateral comparison, sport-specific limitation):

Strength (by region and laterality; pain-limited or focal weakness, endurance deficit, muscle imbalance, resisted testing, functional strength):

5c NEUROLOGIC, VASCULAR & FUNCTIONAL TESTING

Neurologic (sensation, motor function, reflexes, dermatomal and peripheral nerve findings, coordination, balance, neurovascular status):

Vascular (pulses, capillary refill, limb temperature, edema, cyanosis, perfusion, signs of vascular compromise):

Functional / sport-specific testing (gait, squat, single-leg stance, hop testing, step-down, throwing or running mechanics, jump/landing mechanics, balance, core stability, agility):

Special tests (ligament stability, meniscal, impingement, labral, tendon loading, nerve tension, compartment findings, spine / SI joint maneuvers):

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INJURY REGION-SPECIFIC EXAMINATION

6 FOCUSED REGIONAL FINDINGS, IF APPLICABLE

Shoulder / upper extremity (ROM, rotator cuff strength, impingement, instability, labral signs, biceps tenderness, scapular mechanics, throwing findings, neurovascular status):

Elbow / wrist / hand (tenderness, ROM, grip strength, ligament stability, tendon loading, nerve symptoms, swelling):

Hip / pelvis (ROM, impingement tests, labral signs, flexor/adductor/abductor strength, gait, pelvic stability, referred pain):

Knee (effusion, ROM, ligament stability, meniscal tests, patellar tracking, extensor mechanism, quadriceps/hamstring strength, gait, functional testing):

Ankle / foot (swelling, tenderness, ligament stability, Achilles integrity, alignment, gait, balance, single-leg testing, footwear, neurovascular status):

Spine (posture, ROM, midline / paraspinal tenderness, neurologic exam, radicular signs, red-flag findings):

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POST-PROCEDURE / POST-INJECTION EXAMINATION

7 IF APPLICABLE

PROCEDURE PERFORMED

DATE

SITE AND LATERALITY

IMAGE GUIDANCE USED

PAIN RELIEF (%)

DURATION OF RELIEF

Local findings (tenderness, bruising, swelling, erythema, warmth, drainage, bleeding, hematoma, infection signs):

Functional or sport-specific improvement, return of symptoms, adverse effects, patient tolerance and recovery status:

AT

PAIN AND FUNCTIONAL ASSESSMENT TOOLS

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SCORES, INTERPRETATION & COMPARISON

NUMERIC PAIN RATING SCALE	VISUAL ANALOG SCALE
PEG SCALE	PROMIS PAIN INTERFERENCE
LOWER EXTREMITY FUNCTIONAL SCALE	UPPER EXTREMITY FUNCTIONAL INDEX
QUICKDASH / DASH	OSWESTRY / NECK DISABILITY INDEX
TEGNER ACTIVITY SCALE	IKDC / KOOS / HOOS
RETURN-TO-PLAY READINESS MEASURE	
FUNCTIONAL GOALS AND PROGRESS SINCE PRIOR VISIT	

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LABORATORY AND DIAGNOSTIC RESULTS

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REVIEWED OR ORDERED

Imaging (X-ray, MRI, CT, ultrasound, bone scan, DEXA, stress injury imaging, fluoroscopy):

Electrodiagnostic testing (EMG/NCS for radiculopathy, neuropathy, plexopathy, nerve entrapment):

Laboratory studies (CBC, CMP, ESR, CRP, vitamin D, iron studies, thyroid, inflammatory markers, bone health labs, coagulation, medication monitoring):

Functional / biomechanical testing (gait analysis, running assessment, motion analysis, strength, balance, return-to-sport testing):

Procedure reports and prior records reviewed (injections, operative reports, sports medicine / orthopedic / pain / PT / athletic trainer notes, imaging reports, emergency records):

A**ASSESSMENT****10 SPORTS INJURY PAIN CLINICAL INTERPRETATION**

Primary sports injury pain diagnosis or working diagnosis. Suspected pain generator. Differential diagnoses. Acute vs. chronic status. Tissue involved (bone, tendon, ligament, muscle, joint, cartilage, nerve, spine, soft tissue). Pain severity, functional limitation and sport-specific impact. Neurologic and vascular status. Presence or absence of red flags. Imaging correlation with symptoms and exam. Response to conservative, medication, procedural and rehabilitation treatment. Risk factors for delayed recovery or recurrence. Return-to-play readiness or restrictions. Need for further imaging, PT, injection, bracing, surgical referral or urgent escalation...

P**PLAN****11 SPORTS INJURY PAIN MANAGEMENT BY PROBLEM**

Activity modification (rest from aggravating activity, cross-training, graded return, load reduction, competition restriction). Rehabilitation (PT, athletic trainer coordination, HEP, strengthening, mobility, neuromuscular control, balance, proprioception, sport-specific progression). Medication (NSAIDs, acetaminophen, topicals, neuropathic agents, muscle relaxants, education). Interventional procedures (injection type, target, laterality, image guidance, diagnostic vs. therapeutic, biologics). Bracing / offloading (brace, splint, boot, taping, orthotics, crutches, footwear). Diagnostics (X-ray, MRI, ultrasound, CT, EMG/NCS, labs, bone health, gait analysis). Return-to-play criteria (pain threshold, strength and ROM goals, functional testing, sport-specific progression, clearance). Injury prevention (warm-up, technique, load management, recovery, sleep, nutrition, equipment). Referrals and coordination. Patient education and red-flag precautions...

F**FOLLOW-UP****12 REASSESSMENT PLAN**

Follow-up timeframe and purpose (pain reassessment, functional progress, rehabilitation response, imaging review, procedure scheduling, post-procedure review, return-to-play reassessment, referral follow-through):

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TIME DOCUMENTATION & BILLING

TOTAL TIME SPENT

COUNSELING / COORDINATION OF CARE TIME

RECORDS REVIEW TIME

IMAGING REVIEW TIME

PROCEDURE PLANNING TIME

RETURN-TO-PLAY COUNSELING TIME

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 / RETURN-TO-PLAY COUNSELING

PRIMARY ICD-10 CODE

SECONDARY ICD-10 CODE(S)

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PROVIDER SIGN-OFF

PROVIDER NAME

CREDENTIALS

SPECIALTY: SPORTS INJURY
PAIN MANAGEMENT / SPORTS
MEDICINE / PAIN MEDICINE

DATE

TIME