

OUTLINE FOR NARRATIVE REPORT

(To be typed on quality letterhead stationery)

Date: _____

Attorney/Insurance Co. Name: _____

Address: _____

RE: (Name of patient) _____

Date of accident/injury _____

Dear _____:

The above named patient was seen in my office on (date) _____ for examination and treatment of injuries reportedly incurred as a result of an auto accident/work injury/personal injury on (date) _____.

The patient is a male/female, _____ years of age, measuring _____ in height, weighing _____ pounds, and is a (list occupation) _____.

HISTORY: The patient stated that (Patient's statement of accident/injury) _____

PAST MEDICAL/SURGICAL HISTORY: He/she has had the following accidents/surgeries/fractures _____

The patient's history is/is not significant as it relates to his/her present injury/accident.

CURRENT COMPLAINTS: The patient complained of mild/moderate/severe pain/discomfort in his/her (list area in patient's own words) 1. Major complaint _____

2. Secondary complaint _____

3. _____ 4. _____

5. _____ 6. _____

PHYSICAL EXAMINATION: (Give a complete description of positive findings only. Use only tests acceptable to the insurance industry in medical terms that a layman can understand.)

Range of motion tests demonstrated a decrease of (note areas, direction and degrees of motion) _____

The orthopedic examination revealed a positive (list tests) _____

The neurologic examination revealed a positive (list tests) _____

Palpation of the patient's (list areas) _____

displayed marked muscle spasms of (note muscles & areas) _____

Muscle strength testing revealed weakness of the (list muscles) _____

Deep tendon reflexes revealed _____

The dynamometer hand grip test was _____ pounds for the left and _____ pounds for the right side. The patient is right/left handed.

Note: At the end of this section state: (All other tests were negative).

ROENTGENOLOGICAL REPORT: The patient's MRI/X-rays were performed in our office/taken by a previous physician. (Do NOT include Thermograms). The views taken were of the (list views and areas) _____

The findings revealed _____

REVIEW OF RECORDS: (Summarize the opinions of other physicians the patient consulted before or during the treatment you have rendered) _____

DIAGNOSIS: On the basis of the above findings, it is evident that the patient has suffered the following injuries: (Using the ICD-9 Codes and descriptions - list major, secondary, etc. in the same order as in the "current complaints" section). _____

TREATMENT: The patient's treatment consists of specific manipulative corrections (adjustments) of interosseous disrelationships with general spine mobilization maneuvers. Application (types of therapy) was administered in order to (purpose of therapy) _____

Treatment to follow will consist of (list types of treatment/therapy/supports, etc.) _____

for the purpose of (example: reducing spasms, increasing circulation, to provide immobilization and firm support of the body part, etc.) _____

Instructions given to the patient for use at home were _____

DISCUSSION: (Assessment of patient's progress) The patient's initial condition has improved/not improved during the course of treatment. Remissions are common and may be provoked by ordinary activities of daily living. These injuries heal slowly/gradually and many times completely/incompletely due to _____

PROGNOSIS: It is my opinion the patient has improved to stability/making normal progress/making slow, gradual improvement then sudden regression, problem is chronic/been re-injured, aggravated the condition and has/has not essentially recovered from the immediate affects of the accident/injury. It should be borne in mind that post traumatic pathology is probable since the principle injury was one of ligamentous and muscular sprain and strain to the joints of the body. _____

Comparative examinations, including X-rays, should be made periodically to evaluate his/her improvement and to determine the actual degree of post traumatic pathology, if any. If symptomology continues/recurs he/she will need further treatment/therapy for: (pain control, etc.) _____

It is my opinion he/she should receive Chiropractic treatments and/or therapy _____ times over the next year at an approximate cost of \$_____.

Sincerely,

Sign your name and degree

(It is recommended that you include with your Narrative Report an itemized statement (NOT a Health Insurance Claim form) and list the total charges to date, also showing the therapies that were provided at each visit).