

RateFast Express Reporting Form

(Please use ONE form per body part)

Lumbar Spine



Date of Submission:	Patient Name:	
Practice:	DOB:	DOI:
Provider Name:	Provider Name:	
Insurance:	Claim #:	

Step 1. Body part: Lumbar Spine (only use this form for lumbar spine injuries. Get forms for other body parts at www.rate-fast.com)

Step 2. Indicate severity of pain/symptoms based on impact Activities of Daily Living (ADLs). Check one below:

Indicate symptoms severity below. Check one:

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> None
No pain/symptoms or impact to ADLs. | <input type="checkbox"/> Mild
Mildly aggravated while performing ADLs | <input type="checkbox"/> Moderate
Some difficulty managing ADLs | <input type="checkbox"/> Severe
Can only perform ADLs with substantial modifications | <input type="checkbox"/> Very severe
Must get help from others for many ADLs |
|---|---|---|--|--|

Indicate General Patient History

Past Medical History

- Contributory
 Non Contributory

Social History

- Single
 Married
 Divorced

Substance Use

- Positive
 Negative

Social Activity

- Family
 Sports
 Outdoors
 Other

Step 3. Check One in Each Row/Exam Findings:

- | | | | | |
|---------------------|-------------------------------------|-------------------------------------|--|--------------------------------------|
| Inspection | <input type="checkbox"/> No Scars | <input type="checkbox"/> Scars | | |
| Palpation | <input type="checkbox"/> Non-Tender | <input type="checkbox"/> Guarding | | |
| Motion | <input type="checkbox"/> Normal | <input type="checkbox"/> Minor Loss | <input type="checkbox"/> Spasm | |
| Motor Loss | <input type="checkbox"/> None | <input type="checkbox"/> Minor | <input type="checkbox"/> Moderate Loss | <input type="checkbox"/> Severe Loss |
| Sensory Loss | <input type="checkbox"/> None | <input type="checkbox"/> Tingling | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| Reflexes | <input type="checkbox"/> Symmetric | <input type="checkbox"/> Asymmetric | <input type="checkbox"/> Decreased | <input type="checkbox"/> Absent |

Step 4. Spine conditions. Check the box for each relevant level and condition.

	Arthritis	Herniated disc	Spondylolisthesis (Instability)	Compression fracture	Transverse / posterior element fracture	Decompression surgery	Injections / LESI	Fusion surgery
T12-L1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L4-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L5-S1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many injections? How many surgeries?

If arthritis is present, what is the severity? Mild Moderate Severe

Severity of compression fracture? N/A Mild Moderate Severe

Do the legs currently have pain/symptoms?

Right leg: None Above the knee Below the knee

Left leg: None Above the knee Below the knee

Step 5. Future Care. Indicate any future treatments that may be necessary.

Diagnostic tests Injections Specialty Care Other

Step 6. Securely email or fax this document with the Doctor's First Report, last "MMI" PR-2 report, surgical/procedure/consult notes, and imaging and diagnostic reports to RateFast at: **Email:** express@rate-fast.com **Fax:** (707) 921-7924