RateFast Express Reporting Form

(Please use ONE form per body part)

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

Step 1. Please check ONE body part:

SPINE:
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar

Skin:
- ☐ Skin

UPPER EXTREMITIES:

	R	L
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Thumb	☐	☐
Index	☐	☐
Middle	☐	☐
Ring	☐	☐
Little	☐	☐

LOWER EXTREMITIES:

	R	L
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐
Great Toe	☐	☐
Lesser Toe(s)	☐	☐

PULMONARY:
- Lungs (general) ☐
- Lungs (Covid-19) ☐

VISION HEARING:

	R	L
Vision	☐	☐
Hearing	☐	☐

HERNIA:
- Inguinal Right Side ☐
- Inguinal Left Side ☐
- Umbilical Hernia ☐

☐ **PSYCHIATRIC:** Describe condition and indicate severity of condition below:

Describe:

☐ **None**	☐ **Mild**	☐ **Moderate**	☐ **Severe**	☐ **Very severe**
No anxiety, depression, insomnia, social impact or other symptoms.	Anticipated anxiety, mild depression, insomnia, slight social difficulty.	Transient anxiety, insomnia, flat affect, obsessive behavior, social difficulty.	Occasional panic attack, severe insomnia, manic, obsessive behavior, difficulty with family and work, no friends, etc.	Non-functional, delusions, violent behavior, family Neglect, no home, etc.

Step 2. Indicate severity of pain/symptoms based on impact Activities of Daily Living (ADLS). Check one below:
Indicate symptoms severity below. **Psychiatric claims only.** Check one:

☐ **None**	☐ **Mild**	☐ **Moderate**	☐ **Severe**	☐ **Very severe**
No pain/symptoms or impact to ADLs.	Mildly aggravated while performing ADLs	Some difficulty managing ADLs	Can only perform ADLs with substantial modifications	Must get help from others for many ADLs

Indicate General Patient History

Past Medical History	Social History	Substance Use	Social Activity	
☐ Contributory	☐ Single	☐ Positive	☐ Family	☐ Other
☐ Non Contributory	☐ Married	☐ Negative	☐ Sports	
	☐ Divorced		☐ Outdoors	

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

Inspection	☐ No Scars	☐ Scars		
Chest Auscultation	☐ Normal	☐ Wheezing	☐ Rhochi	☐ Crackles
Palpation	☐ Non-Tender	☐ Guarding		
Motion	☐ Normal	☐ Minor Loss	☐ Moderate Loss	☐ Severe Loss
Motor Loss	☐ None	☐ Minor	☐ Moderate	☐ Severe
Sensory Loss	☐ None	☐ Tingling	☐ Decreased	☐ Absent

Step 4. Check all diagnostic tests that have been completed:

☐ **Arthritis**	☐ None	☐ Mild	☐ Moderate	☐ Severe
☐ **Soft Tissue**	☐ Normal	☐ Ligament Tear	☐ Herniated Disk	☐ Degenerative
☐ **Structural**	☐ Normal	☐ Instability	☐ Fracture	☐ Fusion
☐ **Nerve Studies**	☐ Normal	☐ Sensory Loss	☐ Motor Loss	☐ Motor+Sensory Loss
☐ **Pulmonary Function Test**	☐ Normal	☐ > 59% predicted	☐ > 51 to 59% predicted	☐ < 51% predicted

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

- ☐ Medication
- ☐ Diagnostic tests
- ☐ Therapy
- ☐ 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

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