RateFast Express Reporting Form

(Please use ONE form per body part)

Thoracic Spine

RateFast®

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

Step 1. Body part: ☐ Thoracic Spine (only use this form for Thoracic 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:

☐ **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
☐ Non Contributory	☐ Married	☐ Negative	☐ Sports
	☐ Divorced		☐ Outdoors
			☐ Other

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

Inspection	☐ No Scars	☐ Scars		
Palpation	☐ Non-Tender	☐ Guarding		
Motion	☐ Normal	☐ Minor Loss	☐ Spasm	
Motor Loss	☐ None	☐ Minor	☐ Moderate Loss	☐ Severe Loss
Sensory Loss	☐ None	☐ Tingling	☐ Moderate	☐ Severe
Reflexes	☐ Symmetric	☐ Asymmetric	☐ Decreased	☐ 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
C7-T1	☐	☐	☐	☐	☐	☐	☐	☐
T1-2	☐	☐	☐	☐	☐	☐	☐	☐
T2-3	☐	☐	☐	☐	☐	☐	☐	☐
T3-4	☐	☐	☐	☐	☐	☐	☐	☐
T4-5	☐	☐	☐	☐	☐	☐	☐	☐
T5-6	☐	☐	☐	☐	☐	☐	☐	☐
T6-7	☐	☐	☐	☐	☐	☐	☐	☐
T7-8	☐	☐	☐	☐	☐	☐	☐	☐
T8-9	☐	☐	☐	☐	☐	☐	☐	☐
T9-10	☐	☐	☐	☐	☐	☐	☐	☐
T10-11	☐	☐	☐	☐	☐	☐	☐	☐
T11-12	☐	☐	☐	☐	☐	☐	☐	☐
T12-L1	☐	☐	☐	☐	☐	☐	☐	☐

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

Are there symptoms that travel to the front of the chest, trunk, or groin?

☐ **None** ☐ **Yes, right side** ☐ **Yes, left side**

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

☐ Medication ☐ Therapy ☐ Specialty Care ☐ Other

☐ Diagnostic tests ☐ Injections

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