RateFast Express Reporting Form

(Please use ONE form per body part)

Cervical Spine

RATEFAST MAKING WORKERS' COMP WORK

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

Step 1. Body part: ☐ Cervical Spine (only use this form for Cervical 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
- ☐ 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	☐ No Scars	☐ Scars			
Palpation	☐ Non-Tender	☐ Guarding			
Motion	☐ Normal None	☐ Minor Loss	☐ Spasm Moderate		
Motor Loss	☐ None	☐ Minor	☐ LossModerate	☐ Severe Loss	
Sensory Loss	☐ Symmetric	☐ Tingling	☐ Decreased	☐ Severe	
Reflexes		☐ Asymmetric		☐ 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
C2-3	☐	☐	☐	☐	☐	☐	☐	☐
C3-4	☐	☐	☐	☐	☐	☐	☐	☐
C4-5	☐	☐	☐	☐	☐	☐	☐	☐
C5-6	☐	☐	☐	☐	☐	☐	☐	☐
C6-7	☐	☐	☐	☐	☐	☐	☐	☐
C7-T1	☐	☐	☐	☐	☐	☐	☐	☐

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 arms currently have pain/symptoms?

Right arm: ☐ None ☐ Above the elbow ☐ Below the elbow

Left arm: ☐ None ☐ Above the elbow ☐ Below the elbow

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