

# RateFast Express Reporting Form

(Please use ONE form per body part)

## Thoracic Spine



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](http://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**  
 No pain/symptoms or impact to ADLs.
- Mild**  
 Mildly aggravated while performing ADLs
- Moderate**  
 Some difficulty managing ADLs
- Severe**  
 Can only perform ADLs with substantial modifications
- 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

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
C7-T1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T6-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T7-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T8-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T9-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T10-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

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](mailto:express@rate-fast.com) Fax: (707) 921-7924