

Patient ID	_____
Physician ID	_____
Clinic/Site ID	_____

0.0.0, 104.52, 104.53

PHYSICIAN FOLLOW-UP EXAMINATION AND DIAGNOSIS NON-SURGICAL CARE LOW BACK PAIN FORM 6.8

DATE OF PATIENT VISIT: ____ / ____ / ____	104.215
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1. ANKLE REFLEXES (check one for each row): 100.747

	None (0)	Less Than Normal (+ 1)	Normal (+ 2 + 3)	More Than Normal (+ 4 + 5)	Not Done
a. Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. KNEE REFLEXES (check one for each row): 100.749

	None (0)	Less Than Normal (+ 1)	Normal (+ 2 + 3)	More Than Normal (+ 4 + 5)	Not Done
a. Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. IS ALL MUSCLE STRENGTH NORMAL ? Yes No Not Done 104.428

4. ARE ALL SENSORY FINDINGS NORMAL ? Yes No Not Done 104.429

5. PHYSICIAN DISCREPANCY FACTOR..... Positive Negative Not Done 104.430
(Observed patient behavior does not correspond with patient report of symptoms)

6. Do test results correlate with clinical findings? (check all that apply):

100.1216

	Yes	No	Not Done
a. CT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spine Films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bone Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Myelogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. MOST LIKELY DIAGNOSIS BASED ON CURRENTLY AVAILABLE INFORMATION?
 (check one box in each column):

	Primary Diagnosis	Secondary Diagnosis
a. Lumbar strain or sprain	<input type="checkbox"/>	<input type="checkbox"/>
b. Degenerative disc and joint disease	<input type="checkbox"/>	<input type="checkbox"/>
c. Disc herniation without radiculopathy	<input type="checkbox"/>	<input type="checkbox"/>
d. Disc herniation with radiculopathy	<input type="checkbox"/>	<input type="checkbox"/>
e. Stenosis	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-degenerative spondylolisthesis/spondylolysis	<input type="checkbox"/>	<input type="checkbox"/>
g. Degenerative spondylolisthesis/spondylolysis	<input type="checkbox"/>	<input type="checkbox"/>
h. Neoplastic disease	<input type="checkbox"/>	<input type="checkbox"/>
i. Inflammatory spondyloarthropathy	<input type="checkbox"/>	<input type="checkbox"/>
j. Fracture	<input type="checkbox"/>	<input type="checkbox"/>
k. Non-specific low back pain	<input type="checkbox"/>	<input type="checkbox"/>
l. Lumbar instability	<input type="checkbox"/>	<input type="checkbox"/>
m. Other	<input type="checkbox"/>	<input type="checkbox"/>