RateFast Express Reporting Form

(Please use ONE form per body part)

Date:

Practice:

Patient Name:

Provider Name:

DOB:

DOI:

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)	☐	☐

VISION HEARING:	R	L
Vision	☐	☐
Hearing	☐	☐

HERNIA:	R	L
Inguinal	☐	☐
Umbilical	☐	☐

☐ **PSYCHIATRIC:**

COMMENTS:

Psychiatric claims only. Check one:

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

- ☐ **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

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

Inspection	☐ No Scars	☐ Scars		
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 One in Each Row as Applies/Diagnostic Tests:

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

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

- ☐ Diagnostic tests
- ☐ Injections
- ☐ Specialty Care
- ☐ Medications
- ☐ Therapy
- ☐ Other

Step 6. 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**