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|-------------------------------|-----------------------------------|----------------------|--|
| <b>FOR ASH PLANS USE ONLY</b> | <b>ASH PLANS TREATMENT FORM #</b> | <b>RECEIVED DATE</b> | <b>ASH PLANS CLINICAL SERVICES MANAGER</b> |
|-------------------------------|-----------------------------------|----------------------|--|

Patient Name: Anderson, Tiffany Sex: M Birthdate: 8-27-70 Patient ID# 0007897964  
Last First Initial (mm/dd/yyyy)  
 Subscriber Name: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_ Is This?  Work Related  Auto Related  
 Health Plan: Kaiser Primary  Secondary  Employer: \_\_\_\_\_ Group #: 0000000030305

|   |   |
|---|---|
| Treating D.C.: <u>DR. JAMES GERARD</u><br>Address: <u>10 W. LOCUST ST.</u><br>City/State/Zip: <u>LODI, CA. 95240</u><br>Phone: <u>(209) 333-2401</u> Fax: <u>(209) 339-4589</u> | PATIENT MAILING ADDRESS AND PHONE NUMBER<br>Address: <u>1416 JITS DR #7</u><br>City/State/Zip: <u>Lodi, CA. 95242</u><br>Phone: <u>(209) 333-1032</u> |
|---|---|

ICD-9 CODES / DIAGNOSES (must be to the highest level of specificity):  
 1. 729.2 Cervical Radiculitis 3. 739.2  
 2. 739.1 4. \_\_\_\_\_

TREATMENT/SERVICES SUBMITTING FOR REVIEW:

|   |   |                       |
|---|---|-----------------------|
| From: <u>6/4/08</u> Through: <u>6/30/08</u> (UP TO 120 DAYS)                        | # Office Visits: <u>3</u>   | # Therapies: <u>3</u> |
| <input checked="" type="checkbox"/> Established Exam (performed within above dates) | (ALL SERVICES FOR SUPPORTIVE CARE SHOULD BE RENDERED ON PRN STATUS) |                       |
| Date of Exam Findings: (mm/dd/yyyy) <u>6/4/08</u>                                   |   |                       |
| Adj./Manip.: (Type) <u>DIV</u>  |   |                       |
| Therapy: (Type) <u>WS</u>   |   |                       |
| Supports/Appliances: _____  |   |                       |
| X-ray Views (performed within above dates): _____                                   |   |                       |

DATE OF MOST RECENT VISIT (mm/dd/yyyy): 6/4/08  
 BASIS FOR PERMANENCY:  
 Chief Complaints: NP / MBP w/ @ radiating to @ shoulder  
 Current Exam Findings: ↓ US ROM lat flex / ext. trigger point tenderness @ trap + levator scapulae @ ↓ P-A. It motion in T1sp T2-5  
 Imaging Studies Obtained (views taken): \_\_\_\_\_ Date taken: \_\_\_\_\_  
 Findings: \_\_\_\_\_

HAVE THERE BEEN ATTEMPTS TO WITHDRAW CARE?  No  Yes, please explain: \_\_\_\_\_

HAVE LIFESTYLE MODIFICATIONS BEEN CONSIDERED AND ATTEMPTED?  No  Yes, please explain: modify aggravating activity

HAS HOME-BASED SELF-CARE BEEN CONSIDERED AND ATTEMPTED?  No  Yes, please explain: ice

HAVE EXERCISE (ACTIVE REHABILITATION) INSTRUCTIONS BEEN PROVIDED?  No  Yes, explain: clsp stretches

HAS MANAGEMENT OR CO-MANAGEMENT BY PCP, PSYCHOLOGIST OR OTHER SPECIALIST(S) BEEN CONSIDERED AND ATTEMPTED?  No  Yes, explain: \_\_\_\_\_

OBJECTIVES OF CARE: Decrease overall @, improve ROM + ↓ @ spasm in clsp + T1sp.

Signature of treating D.C. (Required): [Signature] Date: 6/10/08