

FOR ASH PLANS USE ONLY ASH PLANS TREATMENT FORM # RECEIVED DATE ASH PLANS CLINICAL SERVICES MANAGER

Patient Name: Anderson, Tiffany Sex: M/F Birthdate: 9/22/70 Patient ID# 0007997964
Subscriber Name: _____ Subscriber ID#: _____ Is This? Work Related Auto Related
Health Plan: Kaiser Primary Secondary Employer: _____ Group #: 0000000030305

Treating D.C.: Dr. Gerard PATIENT MAILING ADDRESS AND PHONE NUMBER
Address: 515 S Fairmont Ave. Address: 1416 Iris Drive #7
City/State/Zip: Lodi, Ca. 95740 City/State/Zip: Lodi, Ca. 95740
Phone: 209 333-2401 Fax: 209 368-9005 Phone: 209 329-2339

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

TREATMENT/SERVICES SUBMITTING FOR REVIEW:
From: 6/25/07 Through: 8-25-07 (UP TO 120 DAYS) 4
 Established Exam (performed within above dates) # Office Visits # Therapies
Date of Exam Findings: (mm/dd/yyyy) 6/25/07
Adj./Manip.: (Type) MA, COX
Therapy: (Type) _____
Supports/Appliances: _____
X-ray Views (performed within above dates): _____
(ALL SERVICES FOR SUPPORTIVE CARE SHOULD BE RENDERED ON PRN STATUS)

DATE OF MOST RECENT VISIT (mm/dd/yyyy): 6/25/07
BASIS FOR PERMANENCY:
Chief Complaints: Frequent neck pain intermittent bilateral scap pain (4-5)
Current Exam Findings: Param comp (+) to both scaps, shoulder dip (+) tenders to palp; C-T, Rom: Flex 55, Ext 30, LRF 30, RUP 25, U 77, RRG-
Imaging Studies Obtained (views taken): _____ Date taken: _____
Findings: _____

HAVE THERE BEEN ATTEMPTS TO WITHDRAW CARE? No Yes, please explain: Prn on PRN

HAVE LIFESTYLE MODIFICATIONS BEEN CONSIDERED AND ATTEMPTED? No Yes, please explain: pt is working on posture

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

HAVE EXERCISE (ACTIVE REHABILITATION) INSTRUCTIONS BEEN PROVIDED? No Yes, explain: pt is actively exercising

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

OBJECTIVES OF CARE: Support, pain relief as needed

Signature of treating D.C. (Required): [Signature] Date: 7-24-07