

For questions, please call ASH Plans at 800/972-4226

FOR ASH PLANS USE ONLY	ASH PLANS TREATMENT FORM #	RECEIVED DATE	ASH PLANS CLINICAL SERVICES MANAGER
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Patient Name: Anderson, Tiffany Sex: M/F Birthdate: 8/22/70 Patient ID# 0007897964  
 Subscriber Name: \_\_\_\_\_ Subscriber ID#: \_\_\_\_\_ Is This?  Work Related  Auto Related  
 Health Plan: Kaiser Primary  Secondary  Employer: \_\_\_\_\_ Group #: 0000000030305

Treating D.C.: <u>Dr. Gerard</u>	PATIENT MAILING ADDRESS AND PHONE NUMBER
Address: <u>515 S Fairmont Ave.</u>	Address: <u>1416 Iris Drive #7</u>
City/State/Zip: <u>Lodi, CA 95240</u>	City/State/Zip: <u>Lodi, CA 95240</u>
Phone: <u>209 333-2401</u> Fax: <u>209 368-9005</u>	Phone: <u>209 329-2339</u>

ICD-9 CODES / DIAGNOSES (must be to the highest level of specificity):

- 729.2 Cervical Radiculitis
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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: Forum comp (+5) to both scaps, shoulder disp (+3) tenders to palp; C-T, Rom: flex 55, ex +30, CRF 32, RUP 25, U 77, RRG-

Imaging Studies Obtained (views taken): \_\_\_\_\_ Date taken: \_\_\_\_\_  
 Findings: \_\_\_\_\_

HAVE THERE BEEN ATTEMPTS TO WITHDRAW CARE?  No  Yes, please explain: Pt 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: Lot/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