

American Specialty Health Plans of California, Inc. (ASH Plans)
P.O. Box 509001, San Diego, CA 92150-0001
Fax: 877/427-4777

CLINICAL TREATMENT FORM

(Chiropractic)

For questions, please call ASH Plans at 800/872-4226

FOR ASH PLANS
USE ONLY

ASH PLANS TREATMENT FORM #

RECEIVED DATE

ASH PLANS CLINICAL SERVICES MANAGER

Patient Name Anderson Tiffany Sex M Birthdate 8/22/70 Patient ID# 0007897964.01

Subscriber Name _____ Subscriber ID# _____ Is This? ☐ Work Related ☐ Auto Related

Health Plan Kaiser Primary ☒ Secondary ☐ Employer ☐ Group # 000000030305

Treating D.C. Jamie D. O'Neil
Address 5155 Fairmont Ave B
City/State/Zip Los Angeles CA 90040
Phone (213) 333 2401 Fax (213) 333 4002

PATIENT MAILING ADDRESS AND PHONE NUMBER
Address 1416 Iris Dr. #7
City/State/Zip Los Angeles CA 90042
Phone (213) 333

DATES OF SERVICES RENDERED UNDER THE TREATMENT FORM WAIVER: (Required) ☐ No services rendered.
Exam/1st OV date (mm/dd/yyyy) current benefit year 9/15/06 Response to care: _____
Last OV date under TFW _____
Total # of OVs rendered under TFW 5

X-rays/Supports (CPT Codes) _____
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 <u>10/18/06</u> Through <u>12-4-06</u>	# Office Visits	# Therapies
Estimated Date of Release: (Required) <u>12-4-06</u>	0 - 15 days <u>4</u>	
Exam (performed within above dates): <input type="checkbox"/> New <input type="checkbox"/> Established	16 - 30 days	
Date of Exam Findings. (mm/dd/yyyy) <u>12-18-06</u>	31 - 45 days	
Adj./Manip. (Type) <u>MAN, CTR</u>	46 - 60 days	
Therapy: (Type) _____	TOTAL <u>4</u>	
Supports/Appliances. <u>traction pillow</u>		
X-ray Views (performed within above dates) _____		

IMAGING STUDIES: Date taken _____ Views _____ ☐ Taken at outside facility

Findings _____

Rationale for films _____

CHIEF COMPLAINTS. 12C - neck pain - 2 int scapulae 3 _____ 4 _____

DATE OF ONSET (mm/dd/yyyy) 01/22/07

MECH. OF INJURY/EXACERBATION. Overexertion

PERTINENT PAST HISTORY offered on for heavy (40)

VITAL SIGNS. Height 5'3 1/2 Weight 145 Blood Pressure 84/68 Temp _____

ROM. Cervical spine ☐ N/A ☐ All WNL Flexion 10/180 or _____ % limited Extension 22/150 or _____ % limited

Lat flex Left 10/140 or _____ % limited Right 35/140 or _____ % limited Rotation Left 75/180 or _____ % limited Right 65/180 or _____ % limited

Lumbosacral spine ☐ N/A ☐ All WNL Flexion 190 or _____ % limited Extension 130 or _____ % limited

Lat flex Left 120 or _____ % limited Right 120 or _____ % limited Rotation Left 130 or _____ % limited Right 130 or _____ % limited

Other _____

ORTHO/NEURO/VASCULAR/VBI ☐ N/A ☐ All WNL (Please include location and intensity of findings) _____

CHIROPRACTIC/PALPATORY ASSESSMENT: feels around VP, suboccipital, scapulae

FUNCTIONAL ASSESSMENT/IMPROVEMENT. ROM is improving

EXERCISE/HOME CARE. _____

OUTCOME ASSESSMENTS ☐ N/A Date score obtained _____ ☐ Neck Disability score _____ ☐ Roland-Morris score _____

☐ Oswestry Low Back score _____ ☐ Perceived Improvement _____ % ☐ Other (name) score _____

ADD'L COMMENTS _____

Signature of treating D.C. (Required) [Signature] Date 11-4-06