

REGISTRATION

Date: _____

Phone: _____

Patient: _____
Last Name First Name Initial

Street Address: _____

City/State/Zip Code: _____

Sex: M F Age: _____ Birthdate: _____ Single Married Widowed Separated Divorced

Social Security #: _____ Email: _____

Insured's Name: _____
Last Name First Name Initial

Patient Agreement:

ASSIGNMENT AND RELEASE

I, the undersigned, have insurance coverage with _____
Name of Insurance Company

and assign directly to **Pain Relief Center of Homestead** all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Insured/Guardian

Date

Present Complaints (Please circle the appropriate ones)

Headache
Mental dullness
Loss of memory
Dizzy
Ears ringing/buzzing
Upper back pain
Lower back pain
Midback pain
Pins and needles in hands
right/left

Feet/Hands Cold
Depression
Rib pain
Nervousness
Eye strain/pain
Shortness of breath
Fear
Confusion
Pins and needles in arms
right/left

Unbalanced
Fainting
Blurred vision
Irritability
Double vision
Loss of smell
Chest pain
Neck pain
Pins and needles in legs
right/left

Medical Implants: _____

Medical alerts: _____

Surgical Implants: _____

Pregnancy: yes ___ no ___

PAIN SCALE: Rate the severity of your pain by checking a box on the following scale.

No
Pain

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Excruciating
Pain

Pain Relief Center of Homestead
46 N. Homestead Blvd.
Homestead, FL 33030
Phone (305)248-2250
Fax (305) 248-2266

Medications: (please list all medications and supplements that you currently take)

Allergies: (please list all medications that cause allergic reaction)

Smoking: ___ Yes ___ No If yes, _____ Packs per Day for _____ years

Alcohol ___ Yes ___ No If yes, Number of drinks per week _____

Surgical History: Please list ALL previous surgery and the date on which it was performed:

Surgery _____ Date _____

Personal Medical History & Review of Systems:

Please indicate with an "X" any medical problems that you currently have or have had in the past.

NO MEDICAL PROBLEMS - no prior history of any significant medical problems

Lungs / Pulmonary – breathing disorders

- asthma pulmonary embolism respiratory arrest
- COPD pneumonia sleep apnea
- emphysema tuberculosis other: _____

Cardiac / Heart and peripheral vascular disease

- chest pain / angina high blood pressure irregular heartbeat, arrhythmia
- heart attack, myocardial infarction heart murmur, valve disorder peripheral vascular disease
- congestive heart failure mitral valve prolapse deep vein thrombosis
- other: _____ bleeding problems

Neurologic Disorders

- stroke or TIA parkinson's cerebral palsy
- peripheral neuropathy MS polio
- other: _____

Bone & Joint Disorders

- osteoarthritis gout osteomyelitis
- rheumatoid arthritis lupus ankylosing spondylitis
- other: _____

Gastrointestinal Disorders

- peptic ulcer or stomach ulcer diverticulitis hepatitis - Type _____
- acid reflux, GERD irritable bowel liver disease
- GI bleed inflammatory bowel disease
- other: _____

Genitourinary Disorders

- urinary tract infection
- kidney problems
- dialysis, kidney failure
- bladder problems
- kidney stones
- other: _____

Metabolic & Other Disorders

- Diabetes x _____ years
 - skin disorder _____
 - depression
 - thyroid problems
 - psoriasis
 - anxiety
 - sickle cell disease
 - any skin ulcer
 - alcohol or drug dependency
 - high cholesterol or lipids
 - tooth abscess, gingivitis
 - other: _____
- Cancer : any type -- please specify _____

Other medical problems NOT included above (explain) _____

Family History:

Please indicate with an "X" any significant family medical history or problems.

- asthma
 - tuberculosis
 - sleep apnea
 - COPD or Emphysema
 - other lung : _____
 - heart attack, myocardial infarction
 - congestive heart failure
 - irregular heartbeat, arrhythmia
 - bleeding problems
 - other heart : _____
 - Peripheral neuropathy
 - MS or Parkinson's
 - other neuro : _____
 - osteoarthritis
 - Lupus
 - gout
 - rheumatoid arthritis
 - Other bone & joint: _____
 - acid reflux, GERD
 - inflammatory bowel disease
 - hepatitis - Type _____
 - liver disease
 - other GI : _____
 - kidney problems
 - dialysis, kidney failure
 - diabetes
 - psoriasis
 - high cholesterol or lipids
 - thyroid problems
 - sickle cell disease
 - any skin ulcer
 - Malignant hyperthermia
- Cancer : any type -- please specify _____

Other medical problems NOT included above (explain) _____

PATIENT INSURANCE INFORMATION:

Please check any and all insurance coverage you or your spouse has applicable in this case.

- Medicare
- Blue Shield
- Auto Accident
- Medicaid
- Major Medical
- Union Plan
- Blue Cross
- Worker's Compensation
- Other

Insurance Identification Number: _____

Medicare/Medicaid Identification Number: _____

Major Medical or Auto Insurance:

Date of Accident: _____

Insurance Company Name: _____

Adjuster: _____

Address/Phone: _____

Claim #: _____ Policy #: _____ Effective Date: _____

Primary Care Physician:

Name & Address:

Phone #:

LEGAL INFORMATION:

Attorney Name & Address:

Attorney Phone #:

*Person to contact in an emergency (Name and Phone #):

Pain Relief Center of Homestead
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Homestead, FL 33030
(P) 305-248-2250 (F) 305-248-2266

Informed Consent for Examination and Treatment

I (we) herby consent to the performance of examination and treatment on me or on _____, by the licensed doctors of chiropractic, medical doctors, and/or licensed physical therapists that may be employed by or engaged in practice in this clinic.

I have had an opportunity to discuss with the doctor(s) or other clinic personnel the nature and purpose of the different physical therapy procedures and chiropractic treatment (manipulation/adjustment). I understand that neither chiropractic nor medical treatment is an exact science and that my care may involve judgments to attempt to anticipate or explain risks and complications and an undesirable result does not necessarily indicate an error in judgment. No guarantee for results can be made or expected but rather I wish to rely on the doctor to choose and recommend a best course of treatment based upon facts known that is in my best interest.

I further understand that there are certain degrees of risk associated with chiropractic health care and physical therapy, which includes rarely, but not limited to fractures, disc injuries, strokes, and strain/sprains and am therefore willing to accept and consent to the risk associated with the care I am about to receive.

I have read, or the above information has been explained regarding consent. I have had an opportunity to ask questions about my examination and treatment. By signing below, I agree and intend this consent form to cover the procedures prescribed for my condition and for any future conditions for which I seek treatment.

Female Patients: By my signature on this form I do hereby state that to the best of my knowledge, I am not pregnant, nor is pregnancy suspected or confirmed at this particular time. Date of last menstrual period _____.

Patient's Name (Print)

Patient's Signature

Date

State relationship to patient if signing for patient

Pain Relief Center of Homestead

46 N. Homestead Blvd.
Homestead, FL 33030
(305)248-2250

We may use and disclose your PHI (private health information) in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute.

We may use or disclose your PHI for workers compensation and similar programs.

We may use a sign-in sheet at the front desk and we may call you in to see the doctor by name.

We may contact you by mail or phone, at your residence, to remind you of appointments or to provide information about treatment alternatives. Unless you instruct us otherwise, we may mail you a postcard reminding you to make an appointment and we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can make a reasonable request for us to use alternative methods of communicating with you in a confidential manner. These requests must be submitted in writing in a clear and concise fashion. We are not required to agree with your request. However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies or when information is necessary to treat you.

Rights that you have:

You have the right to request restrictions on some of the uses or disclosures described above. Except as stated, we are not required to agree to such restrictions.

You have the right to inspect and obtain copies of your medical information. (A fee for the costs of copying, mailing, labor and supplies associated with your request will be charged.)

You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights.

You have the right to request an accounting of any disclosure we make of your medical information except for disclosures we make to you, to carry out treatment, payment or healthcare operations, as requested by your written authorization, as permitted or required under 45 CFR 164.502, for emergency or notification purposes, for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law.

You have the right to receive a paper copy of this notice. To obtain a paper copy of this notice, please contact our office manager.

You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing and addressed to this office at the above address. You will not be penalized for filing a complaint.

This privacy policy is subject to change as circumstances dictate. Any changes will be effective upon the release of a revised policy as stated in this notice.

Signature of Patient or Legal Guardian: _____

Date: _____

Print Name of Patient or Legal Guardian: _____

Date: _____

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OFFICE POLICY & PROCEDURE

1. I am aware that my insurance coverage may not fully cover all treatment that is recommended.
2. **Copay Policy** - Co-pays are due PRIOR to being seen by our doctors. If your co-pay is not paid at the time of your visit and/or your account has a co-pay balance you will be required to pay your balance in full prior to seeing the doctor(s). Should you maintain a balance, you will be required to reschedule your office visit.
3. **Imaging Study Policy** - The office requires 5 business days' notice to pick up films/reports; this includes CDs of imaging studies and any associated treatment notes and/or reports.
4. **Fax Policy** – be advised that due to circumstances out of our control our office will no longer fax working restrictions or disability notices to insurance carriers, attorneys or other third parties for our patients. They will be provided to you.
5. **Forms Policy** - Insurance forms, disability notices and working restriction forms and/or reports will be available 5 business days after they are received by our office. Please be advised that these items will only be provided to patients under Active Care. Active care is defined as an appointment within the last 5 business days.
6. **Scheduling Policy I** – our office reserves the right to discharge you from care due to non-compliance after 3 missed scheduled appointments.

(Print) Patient name

Patient signature

Date

SW Motif – Exam Re-exam Form

Patient Name: _____

Date: _____

HT: _____ WT: _____ Pulse: _____ bpm - BP: _____ / _____ mmHg - Resp _____ DOB _____ / _____ / _____

Date of Injury _____ / _____ / _____

Subjective
 Exacerbation
 Improvement
 Unchanged
 DME Use Helping
 Chiropractic and Pain

PCP - _____ Medical Specialist - _____

Prior Injury - _____ Prior MRI - _____ Working - Yes No _____

Disability Note been filed: Yes No Temp: _____ Age: _____ SpO₂% _____

Headache

L R B VAS: _____/10

Severity: Mild Moderate Moderate/Severe Severe Frequency: Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered New

Pain: Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

Location: Localized in... Shooting into... Migrating to... Radiating to... _____

Neck

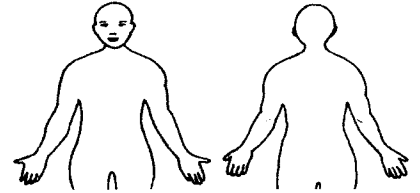
L R B Mid VAS: _____/10

Severity: Mild Moderate Moderate/Severe Severe Frequency: Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered Motion- Stiffness Inflexibility Restricted Movement

Pain- Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

Sensory- Crawling Pins & needles Prickly Tingling Numb Location- Localized in... Shooting into... Migrating to... Radiating to _____



Mid/Upper Back

L R B Mid VAS: _____/10

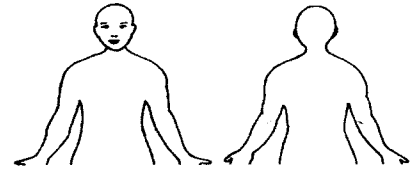
Severity: Mild Moderate Moderate/Severe Severe Frequency: Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered New Motion: Stiffness Inflexibility Restricted Movement

Pain: Throbbing Burning Stabbing Pulsating Sharp Achy Dull Numb achy Excruciating Pounding Stinging

Sensory: Crawling Pins & needles Prickly Tingling Numb

Location: Localized in... Shooting into... Migrating to... Radiating to... _____



Low-Back

L R B Mid VAS: _____/10

Severity: Mild Moderate Moderate/Severe Severe Frequency: Constant Occasional Intermittent Frequent

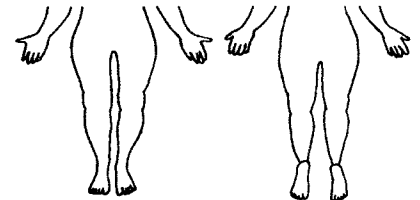
Status: Routine Initial Unchanged Improved Worse Recovered New

Motion - Stiffness Inflexibility Restricted Movement

Pain - Throbbing Burning Stabbing Pounding Sharp Achy Dull Pulsating Excruciating Stinging Numb achy

Sensory - Crawling Pins & needles Prickly Tingling Numb

Location- Localized in... Shooting into... Migrating to... Radiating to... _____



TBI/MTBI/PTSD

- Nausea (O)occ (S)sometimes (P)persistent
- Vomiting (O) (S) (P)
- Disoriented (O) (S) (P)
- Amnesia (O) (S) (P)
- Irritability (O) (S) (P)
- Lethargy (O) (S) (P)
- Cognitive Changes (O) (S) (P)
- Vision Blurred (O) (S) (P)
- Altered Breathing (O) (S) (P)
- Loss of Consciousness (O) (S) (P)
- Headache (O) (S) (P)
- Migraine (O) (S) (P)
- Personality Changes (O) (S) (P)
- Ataxia/Walking Difficulty (O) (S) (P)
- Deviated Gaze / Eye Movement (O) (S) (P)
- Ringing in Ears (O) (S) (P)
- Light Sensitivity (O) (S) (P)
- Balance (O) (S) (P)

TBI = Traumatic Brain Injury MTBI = Mild Traumatic Brain Injury PTSD = Post Traumatic Stress Disorder

SEXUAL RELATIONS

- No Change Painful/ Limited Unable due to pain

Neck/Traps

Ranges of Motion	Pain Level		
Flexion _____/50	1	2	3
Extension _____/60	1	2	3
Right Lateral Flexion _____/45	1	2	3
Left Lateral Flexion _____/45	1	2	3
Right Rotation _____/80	1	2	3
Left Rotation _____/80	1	2	3
Orthopedic Findings:	Left	Right	Bilaterally
Jackson	+ -	+ -	+ -
Valsava	+ -	+ -	+ -
Soto-Hall	+ -	+ -	+ -
Distraction	+ -	+ -	+ -
Shoulder Depression	+ -	+ -	+ -
Cervical Compression	+ -	+ -	+ -
Upper Limb Tension Test	+ -	+ -	+ -
O'Donogue's	+ -	+ -	+ -

Lumbar/Lower Trunk

Ranges of Motion	Pain Level		
Flexion _____/60	1	2	3
Extension _____/25	1	2	3
Right Lateral Flexion _____/25	1	2	3
Left Lateral Flexion _____/25	1	2	3
Orthopedic Findings:	Left	Right	Bilaterally
Belt	+ -	+ -	+ -
Iliac compression	+ -	+ -	+ -
Straight Leg Raise	+ -	+ -	+ -
Minor's sign	+ -	+ -	+ -
Yeoman's test	+ -	+ -	+ -
Babinski sign	+ -	+ -	+ -
Bragard's sign	+ -	+ -	+ -
Kemp's test	+ -	+ -	+ -
Milgrams	+ -	+ -	+ -
Hibb's	+ -	+ -	+ -
Patrick Fabre	+ -	+ -	+ -
Valsalva's	+ -	+ -	+ -

Thoracic/Upper Trunk

Ranges of Motion **Pain Level**

Flexion _____/60 1 2 3

Right Rotation _____/30 1 2 3

Left Rotation _____/30 1 2 3

Orthopedic Findings:

	<i>Left</i>	<i>Right</i>	<i>Bilaterally</i>
Schepelmann's	+ -	+ -	+ -
Kemp's	+ -	+ -	+ -
Forester's	+ -	+ -	+ -

Objective

___ UE and LE neuro normal Deficits _____

___ Leg Length R L leg ___ cm _____

___ LE neuro normal _____

___ Trigger Points _____

___ ROM _____

___ Improvement _____

___ Muscle Spasm _____

___ Physical Examination _____

___ TBAI/Concussion Symptoms present _____

Assessment

___ Acute / Subacute / Chronic	___ Permanency
___ Multiple Injuries	___ Diagnosis Update
___ Imaging/Alt Prognosis	___ Physical Examination Clinical Corr
___ No Pre-existing	___ Informed Consent
___ Exacerbation	___ MRI Correlation
___ Improvement	___
___ Practice Focus	
___ Decreased Care Frequency	
___ Pregnancy and Imaging	
___ Imaging Necessary	

Prognosis

___ Good

___ Fair

___ Guarded

___ Prognosis Changed [must be included with Dx change]

Objective – Palpation

	Left	/	Right	
C	_____		_____	
T	_____		_____	
L	_____		_____	
Pelvic	_____		_____	
Sacrum	_____		_____	

Shoulder **L R B VAS: _____/10**

Severity: Mild Moderate Moderate/Severe Severe **Frequency:** Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered **Motion-** Stiffness Inflexibility Restricted Movement

Pain- Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

Sensory- Crawling Pins & needles Prickly Tingling Numb **Location-** Localized in... Shooting into... Migrating to...
Radiating to _____

Knee **L R B VAS: _____/10**

Severity: Mild Moderate Moderate/Severe Severe **Frequency:** Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered **Motion-** Stiffness Inflexibility Restricted Movement

Pain- Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

	Left	Right	Bilateral
Apleys Scratch	+ -	+ -	+ - _____
Apprehension	+ -	+ -	+ - _____
Yergason's	+ -	+ -	+ - _____
Codmans/Supra-pres	+ -	+ -	+ - _____
Dawbarn's	+ -	+ -	+ - _____
Ant/Post Drawer	+ -	+ -	+ - _____
McMurray's	+ -	+ -	+ - _____
Val / Var Stress	+ -	+ -	+ - _____
Patella Comp	+ -	+ -	+ - _____
Distraction	+ -	+ -	+ - _____

Ankle **L R B VAS: _____/10**

Severity: Mild Moderate Moderate/Severe Severe **Frequency:** Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered **Motion-** Stiffness Inflexibility Restricted Movement

Pain- Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

Sensory- Crawling Pins & needles Prickly Tingling Numb **Location-** Localized in... Shooting into... Migrating to...
Radiating to _____

Elbow **L R B VAS: _____/10**

Severity: Mild Moderate Moderate/Severe Severe **Frequency:** Constant Occasional Intermittent Frequent

Status: Routine Initial Unchanged Improved Worse Recovered **Motion-** Stiffness Inflexibility Restricted Movement

Pain- Throbbing Burning Stabbing Sharp Achy Dull Pounding Pulsating Excruciating Stinging Numb achy

Anterior Drawer	+ -	+ -	+ - _____
Val / Var Stress test	+ -	+ -	+ - _____
Homan's sign	+ -	+ -	+ - _____
Thompson sign	+ -	+ -	+ - _____
Val / Var Stress test	+ -	+ -	+ - _____
Tinels sign	+ -	+ -	+ - _____

Causal Relationship

___ Bodily injury and consistent Comments: (to be added at end of macro) _____

___ 100% _____

Diagnosis Changes – Codes only Listed *Diagnosis update MUST BE checked

_____	_____	_____	_____	Diagnosis Updated [found in Diagnosis Patient Education]
_____	_____	_____	_____	728.4 Ligamentous Laxity Present
_____	_____	_____	_____	
_____	_____	_____	_____	

Research References – INSERT INTO BOTTOM OF ASSESSMENT

- Lumbar Support
- Chiropractic and Headache Treatment
- Chiropractic and Cost Effective
- Chiropractic and Pain Management
- Intervertebral Disc and Chiropractic Management
- Lower Back Pain
- Chiropractic and Autonomics
- Trigger Point Therapy
- Multiple Injuries
- Tinnitus
- Diabetes Increases Care
- Airbag Injury
- Carpal Tunnel and MVA
- Acute Schmorl's Nodes
- Prior Cervical Fusion and Bodily Injury
- Neck Injury Increased with Head Turned
- Disc Herniation Causes Headaches
- Discogenic Pain Causes Extremity Symptoms
- Sprains are Permanent
- Facet Syndrome
- Nerve Injury Permanent

- Degenerative Disc and Innervation
- Disc Injury and Whiplash Stats
- Whiplash and Persistent Pain
- Intervertebral Disc Pain Generator
- Ligament Injuries are Permanent
- Pre-existing Increases Bodily Injury
- Spinal Range of Motion Normal Reference

Treatment Plan

Visit Status - per week for weeks CONTINUE WITH SAME TREATMENT PLAN

Modality –

Adjustment –

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac
Shoulder L/R Knee L/R Ankle L/R Wrist L/R

Hot / Cold Pack -

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

E-Stim

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

Cryotherapy

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

Ultrasound

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

Therapeutic Exercises

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac (Bands / Bike / WBV / Stability step)
Shoulder Knee

Bracing

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac

Home Exercises

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

Range of Motion Exercises

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac Shoulder Knee

Vibratory Massage – Manual/Mechanical

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac

Traction – Mechanical

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac

Trigger Point Therapy

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac

Intersegmental Traction

Suboccipital Cervical Thoracic Lumbar Sacrum Left Sacroiliac Right Sacroiliac

Report To:

- Same as last report (cc all)
- PCP Neurologist Lawyer
- Carrier Pain Management Other _____
- Orthopedic The Patient

Disability Status

- Working light duty
- Working Full time full duty
- Not Working

DIAGNOSIS LIST
ICD-10

R51	Headache		M25.511	Pain in right shoulder
G44.301	Post-traumatic headache, unspecified, intractable		M25.512	Pain in left shoulder
G44.309	Post-traumatic headache, unspecified, not intractable		M79.601	Pain in right arm
G44.311	Acute post-traumatic headache, intractable		M79.602	Pain in left arm
G44.319	Acute post-traumatic headache, not intractable		M79.621	Pain in right upper arm
G44.321	Chronic post-traumatic headache, intractable		M79.622	Pain in left upper arm
G44.329	Chronic post-traumatic headache, not intractable		M25.521	Pain in right elbow
			M25.522	Pain in left elbow
M54.2	Cervicalgia		M79.631	Pain in right forearm
M54.11	Radiculopathy, occipito-atlanto-axial region		M79.632	Pain in left forearm
M54.12	Radiculopathy, cervical region		M25.531	Pain in right wrist
M54.13	Radiculopathy, cervicothoracic region		M25.532	Pain in left wrist
M50.31	Other cervical disc degen, C2-C3, C3-C4		M79.641	Pain in right hand
M50.32	Other cervical disc degen, C4-C5, C5-C6, C6-C7		M79.642	Pain in left hand
M50.33	Other cervical disc degen, C7-T1		M79.644	Pain in right finger(s)
M46.02	Enthesopathy, cervical region		M79.645	Pain in left finger(s)
M48.01	Spinal stenosis, occipito-atlanto-axial region			
M48.02	Spinal stenosis, cervical region		M25.551	Pain in right hip
			M25.552	Pain in left hip
M54.6	Pain in thoracic spine		M79.604	Pain in right leg
M54.14	Radiculopathy, thoracic region		M79.605	Pain in left leg
M54.15	Radiculopathy, thoracolumbar region		M79.651	Pain in right thigh
M51.24	Other interv disc displace, thoracic		M79.652	Pain in left thigh
M51.25	Other interv disc displace, thoracic-columbar		M25.561	Pain in right knee
M51.34	Other interv disc degen, thoracic		M25.562	Pain in left knee
M48.04	Spinal stenosis, thoracic region		M79.661	Pain in right lower leg
			M79.662	Pain in left lower leg
M54.5	Low back pain		M79.671	Pain in right foot
M54.40	Lumbago with sciatica, unspecified		M79.672	Pain in left foot
M54.41	Lumbago with sciatica, right side		M25.571	Pain in right ankle and joints of right foot
M54.42	Lumbago with sciatica, left side		M25.572	Pain in left ankle and joints of right foot
M54.16	Radiculopathy, lumbar region		M79.674	Pain in right toe(s)
M54.17	Radiculopathy, lumbosacral region		M79.675	Pain in left toe(s)
M54.18	Radiculopathy, sacral and sacrococcygeal region			
M54.31	Sciatica, right side		M99.11	Cervical Subluxation M99.01 Segmental dysfunc
M54.32	Sciatica, left side		M99.12	Thoracic Subluxation M99.02 Segmental dysfunc
M51.26	Other intervertebral disc displace, lumbar region		M99.13	Lumbar Subluxation M99.03 Segmental dysfunc
M51.27	Other intervertebral disc displace, lumbosacral region		M99.14	Sacral Subluxation M99.04 Segmental dysfunc
M51.36	Other intervertebral disc degen, lumbar region		M99.15	Pelvic Subluxation M99.05 Segmental dysfunc
M51.37	Other intervertebral disc degen, lumbosacral region			
M48.06	Spinal stenosis, lumbar region		M41.22	Other idiopathic scoliosis, cervical region
			M41.23	Other idiopathic scoliosis, cervicothoracic region
R11.0	Nausea		M41.24	Other idiopathic scoliosis, thoracic region
R53.1	Weakness		M41.25	Other idiopathic scoliosis, thoracolumbar region
R53.81	Other Malaise		M41.26	Other idiopathic scoliosis, lumbar region
R42	Dizziness		M41.27	Other idiopathic scoliosis, lumbosacral region

DIAGNOSIS LIST
ICD-10

M79.1	Myalgia		M43.11	Spondylolisthesis, occipito-atlanto-axial region
M62.830	Muscle spasm of back		M43.12	Spondylolisthesis, cervical region
M62.831	Muscle spasm of calf		M43.13	Spondylolisthesis, cervicothoracic region
			M43.14	Spondylolisthesis, thoracic region
R07.1	Chest pain on breathing		M43.15	Spondylolisthesis, thoracolumbar region
R07.0	Pain in throat		M43.16	Spondylolisthesis, lumbar region
R07.82	Intercostal pain		M43.17	Spondylolisthesis, lumbosacral region
R07.89	Other chest pain		M43.18	Spondylolisthesis, sacral and sacrococcygeal region
R10.0	Acute abdomen		M43.19	Spondylolisthesis, multiple sites in spine
R10.84	Generalized abdominal pain			
R10.10	Upper abdominal pain, unspecified		R64.84	Jaw Pain
R10.11	Right upper quadrant pain		M26.6	TMJ Articular Disorder
R10.12	Left upper quadrant pain		M26.62	TMJ Arthralgia
R10.31	Right lower quadrant pain		M26.63	Articular Disc Disorder of TMJ
R10.32	Left lower quadrant pain		S03.4xxA	TMJ Sprain
R10.817	Generalized abdominal tenderness		G50.0	Trigeminal Neuralgia
M43.21	Fusion of spine, occipito-atlanto-axial region		M50.1	Cervical disc disorder with radiculopathy
M43.22	Fusion of spine, cervical region		M51.14	Thoracic disc disorder with radiculopathy
M43.23	Fusion of spine, cervicothoracic region		M51.16	Lumbar disc disorder with radiculopathy
M43.24	Fusion of spine, thoracic region			
M43.25	Fusion of spine, thoracolumbar region		M50.20	Other cervical disc displacement, unspecified
M43.26	Fusion of spine, lumbar region		M51.26	Other lumbar disc displacement, unspecified
M43.27	Fusion of spine, lumbosacral region		M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M43.28	Fusion of spine, sacral and sacrococcygeal region			
			V49.88X*	Car occupant (driver)
			V49.59X*	Passenger injured in collision with other mv, in traffic
M35.7	Hypermobility of Segment			
M24.20	Laxity of Ligament		S16.1XXA	Strain of Muscles/fascia/tendons of neck - Intial Enc
M21.769	Unequal leg length (aquired)		S16.1XXD	Strain of Muscles/fascia/tendons of neck - Sub Enc
G89.4	Chronic Pain syndrome (fibromyalgia)		S39.012A	Strain of Muscles/fascia/tendons of lumbar Initial. Enc
			S39.012D	Strain of Muscles/fascia/tendon of lumbar Sub Enc
S13.4XXA	Sprain of Ligments - Cervical - Initial Enc.		S39.013A	Strain of Muscles/fascia/tendon of Pelvis Initial Enc
S13.4XXD	Sprain of Ligments - Cervical -Subsequent Enc.		S39.013D	Strain of Muscles/fascia/tendon of Pelvis Sub. Enc
S23.3XXA	Sprain of Ligaments - Thoracic - Initial Enc		S46.812A	Strain of Muscles/fascia/tendon of left sh - Initial Enc
S23.3XXD	Sprain of Ligaments - Thoracic - Sebsequent Enc		S46.812D	Strain of Muscles, fascia/tendon of left sh - Sub Enc
S33.5XXA	Sprain of Ligaments - Lumbar - Initial Enc		S46.811A	Strain of Muscles, fascia/tendon of right sh - Initial Enc
S33.5XXD	Sprain of Ligaments - Lumbar - Sebsequent Enc		S46.811D	Strain of Muscles, fascia/tendon of right sh - Sub Enc
S33.6XXA	Sprain of sacroiliac joint, initial Enc			
S33.6XXD	Sprain of sacroiliac joint, Subsequent Enc		M99.06	Segmental and somatic dysfunction of lower extremity.
			S76.011A	Strain of muscle, fascia and tendon of right hip, init
M99.07	Segmental and somatic dysfunction of upper extremity.		S76.012A	Strain of muscle, fascia and tendon of left hip, init
S43.51XA	Sprain of right acromioclavicular joint, initial encounter			
S43.52XA	Sprain of left acromioclavicular joint, initial encounter			
S43.411A	sprain of right coracohumeral (ligament), initial encounter			
S43.412A	sprain of left coracohumeral (ligament), initial encounter			