Clinical Information Summary Sheet

The purpose of the Clinical Information Summary Sheet is to document the significant clinical findings that contribute to the formulation of the member's diagnosis and treatment protocol. It is the standard tool you may use to communicate with the peer clinical evaluation manager when submitting treatment/services for verification of Medical Necessity. This tool is a summary, does not constitute a complete or adequate record, and should not be used as your primary history and examination form.

The Clinical Information Summary Sheet may be used for:

1. Documenting findings from a new patient examination
2. Documenting an established patient's clinical exam findings if they suffer a new injury/condition
3. Documenting an established patient's clinical exam findings if they suffer an exacerbation which requires a new treatment plan
4. Documenting established patient examination findings if continuing care is necessary or the member is not progressing as expected

The following are general guidelines for completing the Clinical Information Summary Sheet.

Section I: Services provided prior to today and the treatment outcome

In this section you should list any treatments you have already rendered for this episode of care and how the patient responded to those visits. It is especially important to note changes in Pain levels and Functional Ability.

Section II: Historical Information

In this section list each Chief Complaint, the date each complaint began (or if the date is unknown use a descriptor such as "gradual", "insidious", or "unknown"), the pain level for each complaint on a zero to ten scale with ten being the worst, the mechanism of injury (how each complaint began), and any pertinent past medical history or co-morbid condition that may affect recovery from the current episode (such as obesity, prior injury, diabetes, previous surgery, etc.).

Section III: Examination Information

This section allows you to report what you found in your examination. List any Range of Motion findings as degrees or percent (%) limited. List any pertinent orthopedic or neurologic findings. Be sure to be specific regarding the findings. For example, do not merely state a test was positive. A finding reported as "positive" is not meaningful without a description of the side on which the finding was noted and the location and character of the pain/symptom produced. List any Palpation or Observation findings that contribute to the clinical picture such as the location of trigger points, muscle tightness, and tenderness to touch. You should also list any specific acupuncture evaluation findings such as Tongue or Pulse signs. It is helpful to list your goals of treatment (e.g. "pain relief"; "improvement in the ability to bend and lift"; "normal range of motion"; etc.). In addition, provide information regarding your plans for patient self-care such as exercises or home care measures.

Additional Comments

Please do not hesitate to provide any additional information you feel is important for us to know regarding the patient's condition that will aid us in making a medical necessity determination.

Clinical Information Summary Sheet

Practitioner Name: _____

Patient Name: _____

I. Services provided prior to today and the treatment outcome:

Total # of Treatments _____ performed. Patient's response to care: _____

_____

Pain has ☐ Decreased ☐ No Change ☐ Worsened ☐ Decreased only for a short period of time

Functional Ability Change ☐ Improving ☐ No Change ☐ Getting Worse. Explain:_____

_____

II. Historical Information:

Current main complaint(s) _____

_____

Mechanism of injury/date of onset ☐ Traumatic ☐ Repetitive ☐ Exacerbation ☐ Recurrent / Chronic ☐ Unknown ☐ Post-Surgical (Describe): _____

Pertinent health history _____

Other ongoing treatments (e.g., medications, therapies)_____

_____

III. Examination Information:

Height_____, **Weight**_____lb, **BP**_____ / _____ mmHg, **Temperature** _____, **Pulse** _____

Summary of your examination findings (or attach page 2): Date of exam _____ / _____ / _____

Findings: _____

Activities of Daily Living are ☐ normal ☐ mildly affected ☐ severely affected: _____

Observation_____

Palpation_____

Range of Motion_____

Orthopedic Testing_____

Neurological Assessment_____

Tongue Signs_____, **Pulse Signs R:** _____ **L:** _____

Additional Clinical Findings_____

Therapeutic Goals: _____

Signature of treating acupuncture practitioner (Required)_____

Date_____

_____