

CASE DOCUMENTATION FACESHEET-FORM 121

Applicant's Name _____ Exam Year _____

This cover page is to be TYPED or PRINTED CLEARLY, and **must precede** all pertinent chart materials; a separate cover page is required for each case requested for complete review.

All of the information herein must be clearly documented in the actual patient records submitted or the case will be disqualified.

Case Number (i.e A3, G4) _____ Category Name _____

Patient's Initials _____

Date First Seen _____ Number of Encounters _____ Date Last Seen _____

<p>Primary Diagnosis _____</p> <p>Other Diagnoses _____</p> <p>_____</p>

Ancillary testing, ordered or performed by candidate (i.e. labs, imaging, vascular testing, biomechanical evaluation)

Brief description of treatment modalities (i.e. physical therapy, injections, casting, use of orthoses, surgery, etc.)

Brief description of interdisciplinary care (i.e. interaction with the patient's primary care physician, referral to/from other specialist)

Brief description of recommendations for ongoing or preventative care, if any
