

Alternatives for Muscle, Joint and Spine Dysfunction

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***** Evaluation Request *****

Patient Name: _____ DOB: _____ Phone #: _____

Chief Complaint: _____ Contraindications: _____

Reason for Referral: Evaluate & Treat Spinal Consult Kinesiology Consult Clinical Nutrition Consult

Condition Related To?: Motor Vehicle Accident Workplace Injury Pregnancy Sports Injury Other: _____

Appointment Urgency: Urgent (24-48 hours) First Available # Visits Requested: _____ Expiration Date: _____

Please circle all preliminary diagnoses:

Spinal - Cervical

Cervical Facet Syndrome	723.8
Cervicalgia	723.1
Cervical DJD	722.4
Post-laminectomy Syndrome	722.81
Cervicocranial Syndrome	723.2
Cervical Segmental Dysfunction	739.1
Neck Sprain/Strain	847.0

Spinal - Thoracic

Thoracic Pain NOS	724.1
Diaphragm Restriction	519.4
Kyphosis	737.10-737.19
Scoliosis	737.30-737.39
Thoracic Outlet Syndrome	353.0
Thoracic Segmental Dysfunction	739.2
Thoracic Sprain/Strain	847.1
Sternum Sprain/Strain	848.40-848.49
Rib Segmental Dysfunction	739.8
Rib Sprain/Strain	848.3

Spinal - Pelvic

Sacroiliac Syndrome	724.6
Piriformis Syndrome	724.3
Coccygodynia	724.79
Pelvic Segmental Dysfunction	739.5
Pelvic Sprain/Strain	848.5
Sacroiliac Sprain/Strain	846.0-846.9

Spinal - Lumbar

Lumbar Facet Syndrome	724.8
Lumbago	724.2
Lumbar DJD	722.52
Lumbar Disc Herniation	722.10-722.11
Post-laminectomy Syndrome	722.83
Lumbosacral Segmental Dysfunction	739.3-739.4
Spondylolisthesis	738.4
Lumbar Sprain/Strain	847.2
Scoliosis	737.30-737.39

Extremities

Lateral/Medial Epicondylitis	726.31-726.32
Frozen Shoulder	726.0
Shoulder Sprain/Strain	840.0-840.9
Bicipital Tendonitis	726.12
Elbow/forearm Sprain/Strain	841.0-841.9
Olecranon Bursitis	726.33
Wrist/Hand Sprain/Strain	842.00-842.19
Carpal Tunnel Syndrome	354.0
Upper Segmental Dysfunction	739.7
Hip/thigh Sprain/Strain	843.0-843.9
Iliotibial Band Syndrome	728.89
Knee/lower leg Sprain/Strain	844.0-844.9
Patellar Tendonitis	726.64
Patellofemoral Syndrome	719.46
Osgood-Schlatter Disease	732.4
Tenosynovitis of Foot and Ankle	727.06

Extremities, cont'd

Ankle Sprain/Strain	845.00-845.09
Anterior Compartment Syndrome	729.9
Foot Sprain/Strain	845.10-845.19
Achilles Tendonitis	726.71
Tarsal Tunnel Syndrome	355.5
Lower Segmental Dysfunction	739.6
Pain in Limb	729.5

Headaches

Tension	307.81
Cluster	346.20-346.21
Migraine	346.00-346.91
Cervicogenic/NOS	784.0
TMJ/TMD	524.60-524.69

Myofascial Pain

Fibromyalgia	729.1
Chronic Fatigue Syndrome	780.71

Inflammatory Conditions/Other

Neuritis	729.2
Nerve Entrapment	354.0-355.9
Plantar Fasciitis	728.71
Heel Spur	726.73
Malnutrition	263.0-263.9

Comments/Special Instructions: _____

Please fax this form when completed and signed • Preferred Method of Reports: Mail Fax Phone call

Referred By: _____ Phone #: _____ Fax #: _____

Signature: _____ Date: _____

Thank you for your referral!

