

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!

