

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

<b>HEAD INJURIES</b>	<input type="checkbox"/> M99.08 Segmental and somatic dysfunction of rib cage
<input type="checkbox"/> M99.00 Segmental and somatic dysfunction of head	<input type="checkbox"/> S23.41XA Sprain of ribs
<input type="checkbox"/> S06.0X1A Concussion with LOC 30 min or less	<input type="checkbox"/> M53.2X3 Spinal instabilities, cervicothoracic region
<input type="checkbox"/> S06.0X0A Concussion without LOC	<input type="checkbox"/> M53.2X4 Spinal instabilities, thoracic region
<input type="checkbox"/> S06.2X1A Diffuse Traumatic brain injury with LOC 30 min or less	<input type="checkbox"/> M53.2X5 Spinal instabilities, thoracolumbar region
<input type="checkbox"/> S06.2X0A Diffuse Traumatic brain injury without LOC	<b>THORACIC SIGNS &amp; SYMPTOMS</b>
<input type="checkbox"/> S06.9X0A Unspecified intracranial injury without LOC	<input type="checkbox"/> M54.6 Pain in thoracic spine
<b>CERVICAL INJURIES</b>	<input type="checkbox"/> M62.830 Muscle spasm of back
<input type="checkbox"/> M99.01 Segmental and somatic dysfunction of cervical region	<input type="checkbox"/> R07.82 Intercostal pain
<input type="checkbox"/> S13.4XXA Sprain of ligaments of cervical spine	<input type="checkbox"/> R07.9 Chest pain, unspecified
<input type="checkbox"/> S16.1XXA Strain of muscle, fascia and tendon at neck level	<input type="checkbox"/> M54.14 Radiculopathy, thoracic region
<input type="checkbox"/> M50.221 Other cervical disc displacement at C4-C5 level	<input type="checkbox"/> M47.814 Spondylosis, thoracic region
<input type="checkbox"/> M50.222 Other cervical disc displacement at C5-C6 level	<input type="checkbox"/> M48.04 Spinal Stenosis, thoracic region
<input type="checkbox"/> M50.223 Other cervical disc displacement at C6-C7 level	<input type="checkbox"/> M24.28 Ligament Laxity - Vertebrae
<input type="checkbox"/> M50.21 Other cervical disc displacement, high cervical region	<b>LUMBAR &amp; LUMBOSACRAL INJURIES</b>
<input type="checkbox"/> M50.23 Other cervical disc displacement, cervicothoracic region	<input type="checkbox"/> M99.03 Segmental and somatic dysfunction of lumbar region
<input type="checkbox"/> M53.2X1 Spinal instabilities, occipito-atlanto-axial region	<input type="checkbox"/> M99.04 Segmental and somatic dysfunction of sacral region
<input type="checkbox"/> M53.2X2 Spinal instabilities, cervical region	<input type="checkbox"/> M99.05 Segmental and somatic dysfunction of pelvic region
<input type="checkbox"/> M53.2X3 Spinal instabilities, cervicothoracic region	<input type="checkbox"/> S33.5XXA Sprain of ligaments of lumbar spine
<b>HEAD &amp; CERVICAL SIGNS &amp; SYMPTOMS</b>	<input type="checkbox"/> S33.8XXA Sprain of other parts of lumbar spine and pelvis
<input type="checkbox"/> G44.319 Acute post-traumatic headache, not intractable	<input type="checkbox"/> S33.6XXA Sprain of sacroiliac joint, initial encounter
<input type="checkbox"/> M54.2 Cervicalgia	<input type="checkbox"/> S39.012A Strain of muscle, fascia and tendon of lower back
<input type="checkbox"/> R42 Dizziness	<input type="checkbox"/> M51.25 Other intervertebral disc disorder, thoracolumbar region
<input type="checkbox"/> M62.830 Muscle spasm of back	<input type="checkbox"/> M51.26 Other intervertebral disc displacement, lumbar
<input type="checkbox"/> H53.8 Other visual disturbances	<input type="checkbox"/> M51.27 Other intervertebral disc displacement, lumbosacral
<input type="checkbox"/> H93.11 Tinnitus, right ear	<input type="checkbox"/> M53.2X5 Spinal instabilities, thoracolumbar region
<input type="checkbox"/> H93.12 Tinnitus, left ear	<input type="checkbox"/> M53.2X6 Spinal instabilities, lumbar region
<input type="checkbox"/> M54.12 Radiculopathy, cervical region	<input type="checkbox"/> M53.2X7 Spinal instabilities, lumbosacral region
<input type="checkbox"/> F07.81 Postconcussional syndrome	<b>LUMBAR &amp; LUMBOSACRAL SIGNS &amp; SYMPTOMS</b>
<input type="checkbox"/> R41.3 Other amnesia	<input type="checkbox"/> M54.50 Low back pain, unspecified
<input type="checkbox"/> R41.89 Other symptoms involving cognitive functions/awareness	<input type="checkbox"/> M54.41 Lumbago with sciatica, right side
<input type="checkbox"/> R45.89 Other symptoms and signs involving emotional state	<input type="checkbox"/> M54.42 Lumbago with sciatica, left side
<input type="checkbox"/> M40.202 Unspecified kyphosis, cervical region	<input type="checkbox"/> M62.830 Muscle spasm of back
<input type="checkbox"/> G50.1 Atypical facial pain	<input type="checkbox"/> M54.16 Radiculopathy, lumbar region
<input type="checkbox"/> R41.840 Attention and concentration deficit	<input type="checkbox"/> M54.17 Radiculopathy, lumbosacral region
<input type="checkbox"/> H53.143 Visual discomfort, bilateral	<input type="checkbox"/> M48.061 Spinal stenosis, lumbar region
<input type="checkbox"/> R43.8 Other disturbances of smell and taste	<input type="checkbox"/> M48.07 Spinal stenosis, lumbosacral region
<input type="checkbox"/> M26.601 Right temporomandibular joint disorder, unspecified	<input type="checkbox"/> M40.56 Lordosis, unspecified, lumbar region
<input type="checkbox"/> M26.602 Left temporomandibular joint disorder, unspecified	<input type="checkbox"/> M46.1 Sacroiliitis
<input type="checkbox"/> H93.231 Hyperacusis, right ear	<input type="checkbox"/> M24.28 Ligament Laxity - Vertebrae
<input type="checkbox"/> H93.232 Hyperacusis, left ear	<b>OTHER SIGNS &amp; SYMPTOMS</b>
<input type="checkbox"/> G44.309 Post-traumatic headache, unspecified, not intractable	<input type="checkbox"/> V89.2XXA Person injured in motor-vehicle accident, traffic
<input type="checkbox"/> M48.02 Spinal stenosis, cervical region	<input type="checkbox"/> F43.0 Acute stress reaction
<input type="checkbox"/> R47.81 Slurred speech	<input type="checkbox"/> G47.9 Sleep disorder, unspecified
<input type="checkbox"/> R41.841 Cognitive communication deficit	<input type="checkbox"/> M25.60 Stiffness of unspecified joint, not elsewhere classified
<input type="checkbox"/> M24.28 Ligament Laxity - Vertebrae	<input type="checkbox"/> R11.0 Nausea
<b>THORACIC INJURIES</b>	<input type="checkbox"/> R11.2 Nausea with vomiting
<input type="checkbox"/> M99.02 Segmental and somatic dysfunction of thoracic region	<input type="checkbox"/> M62.838 Other muscle spasm
<input type="checkbox"/> S23.3XXA Sprain of ligaments of thoracic spine	<input type="checkbox"/> R10.9 Unspecified abdominal pain
<input type="checkbox"/> S23.9XXA Sprain of unspecified parts of thorax	<input type="checkbox"/> R53.83 Other Fatigue
<input type="checkbox"/> S29.012A Strain of muscle and tendon of back wall of thorax	<input type="checkbox"/> R60.0 Localized edema
<input type="checkbox"/> M50.23 Other cervical disc displacement, cervicothoracic region	<input type="checkbox"/> M62.81 Muscle Weakness
<input type="checkbox"/> M51.24 Other intervertebral disc disorder, thoracic region	<input type="checkbox"/> F41.9 Anxiety disorder, unspecified
<input type="checkbox"/> M51.25 Other intervertebral disc disorder, thoracolumbar region	<input type="checkbox"/> R68.84 Jaw pain

<b>ABRASIONS &amp; CONTUSIONS</b>	<input type="checkbox"/> S63.501A Unspecified sprain of right wrist
<input type="checkbox"/> S00.83XA Contusion of other part of head	<input type="checkbox"/> S63.502A Unspecified sprain of left wrist
<input type="checkbox"/> S00.81XA Abrasion of other part of head	<input type="checkbox"/> S46.011A Strain of muscle/tendon of rotator cuff, right shoulder
<input type="checkbox"/> S20.211A Contusion of right front wall thorax	<input type="checkbox"/> S46.012A Strain of muscle/tendon of rotator cuff, left shoulder
<input type="checkbox"/> S20.311A Abrasion of right front wall of thorax	<input type="checkbox"/> S66.911A Strain of muscle/fascia/tendon at wrist and hand level, right hand
<input type="checkbox"/> S20.212A Contusion of left front wall of thorax	<input type="checkbox"/> S66.912A Strain of muscle/fascia/tendon at wrist and hand level, left hand
<input type="checkbox"/> S20.312A Abrasion of left front wall of thorax	<input type="checkbox"/> S93.601A Unspecified sprain of right foot
<input type="checkbox"/> S00.03XA Contusion of scalp	<input type="checkbox"/> S93.602A Unspecified sprain of left foot
<input type="checkbox"/> S00.01XA Abrasion of scalp	<input type="checkbox"/> S96.911A Strain of muscle and tendon at ankle and foot level, right foot
<input type="checkbox"/> S40.011A Contusion of right shoulder	<input type="checkbox"/> S96.912A Strain of muscle and tendon at ankle and foot level, left foot
<input type="checkbox"/> S40.211A Abrasion of right shoulder	<input type="checkbox"/> S73.101A Unspecified sprain of right hip
<input type="checkbox"/> S40.012A Contusion of left shoulder	<input type="checkbox"/> S73.102A Unspecified sprain of left hip
<input type="checkbox"/> S40.212A Abrasion of left shoulder	<input type="checkbox"/> S76.011A Strain of muscle, fascia and tendon of right hip
<input type="checkbox"/> S60.221A Contusion of right hand	<input type="checkbox"/> S76.012A Strain of muscle, fascia and tendon of left hip
<input type="checkbox"/> S60.511A Abrasion of right hand	<input type="checkbox"/> S43.491A Other sprain of right shoulder joint
<input type="checkbox"/> S60.222A Contusion of left hand	<input type="checkbox"/> S43.492A Other sprain of left shoulder joint
<input type="checkbox"/> S60.512A Abrasion of left hand	<b>EXTREMITY SIGNS &amp; SYMPTOMS</b>
<input type="checkbox"/> S80.01XA Contusion of right knee	<input type="checkbox"/> M25.511 Pain in right shoulder
<input type="checkbox"/> S80.211A Abrasion, right knee	<input type="checkbox"/> M25.512 Pain in left shoulder
<input type="checkbox"/> S80.02XA Contusion of left knee	<input type="checkbox"/> M25.561 Pain in right knee
<input type="checkbox"/> S80.212A Abrasion, left knee	<input type="checkbox"/> M25.562 Pain in left knee
<input type="checkbox"/> S90.01XA Contusion of right ankle	<input type="checkbox"/> M25.571 Pain in right ankle and joints of right foot
<input type="checkbox"/> S90.511A Abrasion, right ankle	<input type="checkbox"/> M25.572 Pain in left ankle and joints of left foot
<input type="checkbox"/> S90.02XA Contusion of left ankle	<input type="checkbox"/> M25.531 Pain in right wrist
<input type="checkbox"/> S90.512A Abrasion, left ankle	<input type="checkbox"/> M25.532 Pain in left wrist
<input type="checkbox"/> S70.01XA Contusion of right hip	<input type="checkbox"/> M79.641 Pain in right hand
<input type="checkbox"/> S70.211A Abrasion, right hip	<input type="checkbox"/> M79.642 Pain in left hand
<input type="checkbox"/> S70.02XA Contusion of left hip	<input type="checkbox"/> M25.551 Pain in right hip
<input type="checkbox"/> S70.212A Abrasion, left hip	<input type="checkbox"/> M25.552 Pain in left hip
<input type="checkbox"/> S20.229A Contusion of back wall of thorax	<input type="checkbox"/> M79.604 Pain in right leg
<input type="checkbox"/> S10.83XA Contusion of other part of neck	<input type="checkbox"/> M79.605 Pain in left leg
<input type="checkbox"/> S40.021A Contusion of right upper arm	<input type="checkbox"/> M79.631 Pain in right forearm
<input type="checkbox"/> S40.811A Abrasion of right upper arm	<input type="checkbox"/> M79.632 Pain in left forearm
<input type="checkbox"/> S40.022A Contusion of left upper arm	<input type="checkbox"/> M79.661 Pain in right lower leg
<input type="checkbox"/> S40.812A Abrasion of left upper arm	<input type="checkbox"/> M79.662 Pain in left lower leg
<b>EXTREMITY INJURIES</b>	<input type="checkbox"/> M79.644 Pain in right finger(s)
<input type="checkbox"/> M99.06 Segmental/somatic dysfunction of lower extremity	<input type="checkbox"/> M79.644 Pain in left finger(s)
<input type="checkbox"/> M99.07 Segmental/somatic dysfunction of upper extremity	<input type="checkbox"/> M79.674 Pain in right toe(s)
<input type="checkbox"/> S43.421A Sprain of right rotator cuff capsule	<input type="checkbox"/> M79.675 Pain in left toe(s)
<input type="checkbox"/> S43.422A Sprain of left rotator cuff capsule	<input type="checkbox"/> M79.651 Pain in right thigh
<input type="checkbox"/> S83.91XA Sprain of right knee	<input type="checkbox"/> M79.652 Pain in left thigh
<input type="checkbox"/> S83.92XA Sprain of left knee	<input type="checkbox"/> M25.521 Pain in right elbow
<input type="checkbox"/> S93.401A Sprain of ligament of right ankle	<input type="checkbox"/> M25.522 Pain in left elbow
<input type="checkbox"/> S93.402A Sprain of ligament of left ankle	