

Patient: _____

DOS: _____

Condition#1 _____

Condition#2 _____

____ Bilateral
____ Right ____ Left (____ Dom. ____ Non-Dom.)

____ Bilateral
____ Right ____ Left (____ Dom. ____ Non-Dom.)

Location: _____

Location: _____

Severity: _____

Severity: _____

Source: _____

Source: _____

Accident/Intent: _____

Accident/Intent: _____

Source: _____

Source: _____

Encounter: (circle one)

Encounter: (circle one)

Initial Subsequent Sequela

Initial Subsequent Sequela

Notes: _____

Notes: _____

Condition#3 _____

Condition#4 _____

____ Bilateral
____ Right ____ Left (____ Dom. ____ Non-Dom.)

____ Bilateral
____ Right ____ Left (____ Dom. ____ Non-Dom.)

Location: _____

Location: _____

Severity: _____

Severity: _____

Source: _____

Source: _____

Accident/Intent: _____

Accident/Intent: _____

Source: _____

Source: _____

Encounter: (circle one)

Encounter: (circle one)

Initial Subsequent Sequela

Initial Subsequent Sequela

Notes: _____

Notes: _____