

Diagnosis for _____ Date of Injury: _____

Diagnosis Status: Initial Update Date of Diagnosis: _____

Cervical Spine Injuries <ul style="list-style-type: none"><input type="checkbox"/> 847.0 Cervical Sp/St<input type="checkbox"/> 739.0 Occipitocervical Sublux.<input type="checkbox"/> 739.1 Cervicothoracic Sublux.<input type="checkbox"/> 728.4 Cerv. Ligt. Laxity<input type="checkbox"/> 728.5 Cerv. Hypermobility<input type="checkbox"/> 720.1 Cerv. Enthesopathy<input type="checkbox"/> 723.1 Cervicalgia<input type="checkbox"/> 728.85 Cerv. Myospasm<input type="checkbox"/> 729.1 Cervical Myalgia<input type="checkbox"/> 737.29 Loss of Cerv. Lordosis<input type="checkbox"/> 737.19 Traumatic Cerv. Kyphosis<input type="checkbox"/> 738.2 Acquired Cerv. Deformity<input type="checkbox"/> 722.0 Cerv. Disk Herniation/Neuritis<input type="checkbox"/> 953.0 Cerv. Nerve Injury<input type="checkbox"/> 723.2 Cervicobrachial Nerve Injury<input type="checkbox"/> 782.0 Cerv. Sensation Disturbance<input type="checkbox"/> 728.2 Upper Extremity Atrophy<input type="checkbox"/> 728.9 Upper Extremity Weakness<input type="checkbox"/> 722.4 Cervical DJD/DDD<input type="checkbox"/> 722.81 Post Cervical Laminectomy	Thoracic Spine Injuries <ul style="list-style-type: none"><input type="checkbox"/> 847.1 Thoracic Sp/St<input type="checkbox"/> 739.2 Thoracolumbar Sublux.<input type="checkbox"/> 728.4 Thor. Ligt. Laxity<input type="checkbox"/> 728.5 Thor. Hypermobility<input type="checkbox"/> 720.1 Thor. Enthesopathy<input type="checkbox"/> 724.1 Thoracalgia<input type="checkbox"/> 728.85 Thoracic Myospasm<input type="checkbox"/> 729.1 Thoracic Myalgia<input type="checkbox"/> 848.3 Ribs Sprain/Strain<input type="checkbox"/> 739.8 Rib Cage Subluxation<input type="checkbox"/> 848.41 Sternoclavicular Sp/St<input type="checkbox"/> 786.50 Chest Pain<input type="checkbox"/> 722.11 Thor. Disc Herniation<input type="checkbox"/> 853.1 Thor. Nerve Injury<input type="checkbox"/> 724.4 Thoracic Neuritis<input type="checkbox"/> 953.4 Brachial Plex. Nerve Inj.<input type="checkbox"/> 353.0 Brachial Plexus Lesion<input type="checkbox"/> 722.51 Thoracic DJD/DDD	Lumbar Spine Injuries <ul style="list-style-type: none"><input type="checkbox"/> 847.2 Lumbar Sp/St<input type="checkbox"/> 739.3 Lumbosacral Sublux<input type="checkbox"/> 728.4 Lumb.Ligt.Laxity<input type="checkbox"/> 728.5 Lumb.Hypermobility<input type="checkbox"/> 720.1 Lumb. Enthesopathy<input type="checkbox"/> 724.2 Lumbago<input type="checkbox"/> 728.85 Lumb. Myospasm<input type="checkbox"/> 729.1 Lumbar Myalgia<input type="checkbox"/> 722.10 Lumbar Disk Herniation<input type="checkbox"/> 953.2 Lumbar Nerve Injury<input type="checkbox"/> 724.4 Lumbar Neuritis<input type="checkbox"/> 782.0 Sensation Disturbance<input type="checkbox"/> 728.2 Leg Atrophy<input type="checkbox"/> 728.9 Leg Muscle Weakness<input type="checkbox"/> 729.5 Leg Limb Pain<input type="checkbox"/> 729.81 Leg Swelling<input type="checkbox"/> 722.52 Lumb DJD/DDD<input type="checkbox"/> 722.83 Post Laminectomy<input type="checkbox"/> 756.12 Spondylolisthesis<input type="checkbox"/> 719.7 Difficulty Walking
Upper Extremity Injuries <ul style="list-style-type: none"><input type="checkbox"/> 739.7 Upper Extremity Subluxation<input type="checkbox"/> 728.85 Upper Extremity Myospasm<input type="checkbox"/> 719.46 Upper Extremity Joint Pain<input type="checkbox"/> 729.81 Upper Extremity Swelling<input type="checkbox"/> 729.5 Upper Extremity Tissue Pain<input type="checkbox"/> 840.9 Shoulder Sprain/Strain<input type="checkbox"/> 719.46 Shoulder Pain<input type="checkbox"/> 726.10 Shoulder Enthesopathy<input type="checkbox"/> 841.9 Elbow Sprain/Strain<input type="checkbox"/> 739.7 Elbow Subluxation<input type="checkbox"/> 726.3 Elbow Enthesopathy<input type="checkbox"/> 842.00 Wrist Sprain/Strain<input type="checkbox"/> 739.7 Wrist Subluxation<input type="checkbox"/> 726.4 Wrist Enthesopathy<input type="checkbox"/> 842.10 Hand Sprain/Strain<input type="checkbox"/> 739.7 Hand Subluxation	Lower Extremity Injuries <ul style="list-style-type: none"><input type="checkbox"/> 739.6 Lower Extremity Subluxation<input type="checkbox"/> 728.85 Lower Extremity Myospasm<input type="checkbox"/> 719.46 Lower Extremity Joint Pain<input type="checkbox"/> 729.81 Lower Extremity Swelling<input type="checkbox"/> 729.5 Lower Extremity Tissue Pain<input type="checkbox"/> 843.9 Hip/Thigh Sprain/Strain<input type="checkbox"/> 726.5 Hip Region Enthesopathy<input type="checkbox"/> 844.9 Knee Sprain/Strain<input type="checkbox"/> 726.6 Knee Enthesopathy<input type="checkbox"/> 845.00 Ankle Sprain/Strain<input type="checkbox"/> 726.7 Ankle/Foot Enthesopathy<input type="checkbox"/> 845.10 Foot Sprain/Strain<input type="checkbox"/> 719.7 Difficulty Walking	Pelvis/Hip/Sacrum <ul style="list-style-type: none"><input type="checkbox"/> 846.9 Sacroiliac Sp/St<input type="checkbox"/> 739.4 Sacroiliac Sublux.<input type="checkbox"/> 847.3 Sacrum Sp/St<input type="checkbox"/> 724.6 Sacrum Instability<input type="checkbox"/> 847.4 Coccyx Sp/St<input type="checkbox"/> 739.5 Hip/Pelvis Sublux.<input type="checkbox"/> 724.3 Sciatic Neuritis<input type="checkbox"/> 956.0 Sciatic NI<input type="checkbox"/> 953.3 Sacral NI
Brain Injuries <ul style="list-style-type: none"><input type="checkbox"/> 850.0 Concussion/No LOC<input type="checkbox"/> 850.1 Concussion/Brief LOC<input type="checkbox"/> 850.2 Concussion Mod. LOC<input type="checkbox"/> 854.00 Traumatic Brain Injury<input type="checkbox"/> 907.0 Late FX of Brain Injury<input type="checkbox"/> 784.0 Headache<input type="checkbox"/> 780.8 Sleep Disturbance<input type="checkbox"/> 780.89 Somnolescence<input type="checkbox"/> 780.7 Fatigue/Lethargy/Tired<input type="checkbox"/> 787.0 Nausea/Vomiting<input type="checkbox"/> 780.4 Dizzy/Lightheaded<input type="checkbox"/> 386.11 Positional Vertigo<input type="checkbox"/> Other _____	MISC <ul style="list-style-type: none"><input type="checkbox"/> 308.0 Anxiety<input type="checkbox"/> 300.4 Depression<input type="checkbox"/> 309.81 Post Traumatic Stress Disorder<input type="checkbox"/> 848.1 TMJ Sp/St<input type="checkbox"/> 524.60 TMJ Pain<input type="checkbox"/> 728.85 TMJ Myospasm<input type="checkbox"/> 388.31 Tinnitus<input type="checkbox"/> 401.1 Hypertension<input type="checkbox"/> 250.0 Aggravation of Diabetes<input type="checkbox"/> 781.9 Abnormal Posture 2ary to Trauma<input type="checkbox"/> 788.30 Urinary Incontinence<input type="checkbox"/> Other(s) _____<input type="checkbox"/> Disability to _____<input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Limitations _____<input type="checkbox"/> _____	Abrasions <ul style="list-style-type: none"><input type="checkbox"/> 910.0 Face, Neck, Head<input type="checkbox"/> 911.0 Abdomen, Torso<input type="checkbox"/> 912.0 Shoulder & Arm<input type="checkbox"/> 913.0 Elbow, Arm, Wrist<input type="checkbox"/> 914.0 Hand & Fingers<input type="checkbox"/> 916.0 Hip/Thigh/Leg/Ankle<input type="checkbox"/> 917.0 Foot & Toes
		Contusions <ul style="list-style-type: none"><input type="checkbox"/> 920.0 Face, Neck, Head<input type="checkbox"/> 922 Abdomen, Torso<input type="checkbox"/> 923.0 Shoulder & Arm<input type="checkbox"/> 923.1 Elbow, Arm, Wrist<input type="checkbox"/> 923.2 Hand & Fingers<input type="checkbox"/> 924.0 Hip/Thigh/Leg/Ankle<input type="checkbox"/> 924.2 Foot & Toes