

Injury Screen

Create a new account with the Department of 'Injury Screen'. The Account Type will auto populate for you as 'Non-Contractual Income Account'. Fill in the client's Name, Phone, Location (your clinic), DOB, and Gender. No additional paperwork is required for this visit and it will NOT count on the visit log.

ATI Physical Therapy Patient Search SchedVsBilled Resource Search

Save Show Search Patient Info Account Summary Copy

General

| | | |
|-------------------|---------------|--|
| Patient ID: | 20639783 | <input type="checkbox"/> PPA Approved |
| First Name: | Injury Screen | Patient Status: Active |
| Middle Initial: | | Discharge Date: |
| Last Name: | Demo | Location: 0102 - Joliet |
| Street Address: | | Account Type: Non-Contractual Income Account |
| Address 2: | | Department: Injury Screen |
| City: | | Date of Birth: 11/19/1976 Age: 39 |
| State: { Select } | | Gender: Male |

Upon saving, Touchstone will create a Patient ID for you. Copy this ID and then create an appointment on the Scheduler. The appointment will default to the Injury Screen Attribute, and can only be scheduled with a PT/OT or ATC.

New Appointment

Save and Close Cancel and Close Recurrence

Patient: Demo, Injury Screen Clinician: PT John Duncombe

Department Type: IS Patient ID: 20639783 Clinic: Joliet

Attributes

Injury Screen

Appointment Comments

Patient Intake Comments

From the EMR Homepage, click on 'Add IS' to open up the document:

Search

20639783 - Demo, Injury Screen

| ID | Patient | Evaluation |
|----------|---------------------|--------------------------|
| 20639783 | Demo, Injury Screen | + Add IS |

Select the Body Part being screened from the drop down:

EMR Home | Print | Tools | Save

Injury Screen

Patient Name: Demo, Injury Screen - 20639783 **Date:** 10/12/2016

Age: 39 Sex: M

*** BodyPart:** **None**

Subjective: Cervical/Thoracic
Lumbar/SI
Knee
Foot/Ankle
TMJ

*** Nature of Injury:** Neurological

Pain Scale: Shoulder / 10
Hip / 10

Pain Reports: Headaches
Pelvic Floor

Objective: Vestibular
(One objective field is required) Fibromyalgia
Elbow/Wrist/Hand

Complete Nature of Injury and Pain Scale/Pain Reports are optional fields:

Subjective:

*** Nature of Injury:** Tripped while running and felt a pop in his R knee. Iced afterward, took NSAID's, but lingering soreness and twinges persist. No imaging performed to date.

Pain Scale: At Rest / 10
During Activity / 10

Pain Reports: twinges of pain in lateral knee with jumping, running, and full squatting

One Objective Field is required from ROM, Strength, and Additional Information:

Objective:
(One objective field is required)

ROM: R knee: 3-0-135
L knee: 1-0-125

Strength:

Additional Information: trace edema in suprapatellar pouch

Complete your Clinical impression of this injury and select a rating of Mild/Moderate/Severe. Note, if you choose Moderate or Severe, you will see an alert to try to schedule an appointment with a Physician before the client leaves your clinic.

***Impression:**

Pt has mild sprain in R knee with small loss of active motion, trace edema, and poor quad control on uneven surfaces.

*How would you rate this injury?

Mild Moderate Severe

Schedule the client's appointment with the physician before the client leaves clinic.

Recommendations: Choose any appropriate response(s) and then select Physicians to send this screen to. Type in the Physician's last name and choose from the list that populates. Please provide one to three Physicians whom you feel are appropriate and **check the box next to the Physician name for Auto Fax delivery.**

***Recommendations:**

- Recommend client follow up with physician for further medical consultation.
- Client may benefit from skilled PT/OT pending physician consult.
- If pain or problems persist, consult a physician.

***Recommended Physician:**

Enter Name (type ahead)

Select physician or physician location(s) to fax Injury Screen referral.

- Domb MD, Benjamin 1010 Executive Ct Ste 250, Westmont, IL, 6309202350(phone), 16307596492(fax)

The client must provide a verbal consent that the Injury Screen documentation can be submitted to a selected Physician from the recommendation list or the cover sheet will only include general referral information. Select the appropriate radio button (Yes/No) and then upon Sign off, if 'Yes' was selected, a Fax will be auto generated with proper cover sheet comments and Injury Screen attached. Only the cover page will go out if 'No' was chosen.

Are you comfortable with the information from your injury screening being sent to the recommended physicians? Yes No

Check to Sign-off as Completed, Print, and Auto-Fax

Sign Off

Options to send IS to Physician:

- 1. Upon Sign off** – By checking the box next to the Physician name, upon sign off a Fax will be sent out with their name and appropriate cover sheet comments.

FAX

| | |
|---|--|
| Date: 9/26/2016 12:12:04 PM | Pages: 2 (including cover) |
| To: Burt MD, David | From: Athletic & Therapeutic Institute of Oswego, LLC |
| Company: 24600 W 127th St Bldg B Ste 240, Plainfield, IL | Phone: 16305547815 |
| Fax: 16307596492 | Fax: 16305544849 |

Subject:

Dear Dr. David Burt MD:
An injury screen was performed on david test today. It was recommended that he/she follow up with you for further consultation. Please see attached note for pertinent findings and let me know if I can be of further assistance.
Sincerely,
David Ensign, PT

- 2. Email** – after getting client consent, save the IS as a PDF to your desktop and then attach it in an email. Clinician will write a short message in the email regarding the screen.
- 3. Re-fax via the Fax Page (EMR Tools)** – check the box for the IS and use the Comments section to leave the Physician a note, as the Cover Sheet will not have the IS information on it.

Fax Page

[Patient Document Search](#)
[Fax Page](#)
[Scanned Documents Search](#)
[Communication Log](#)
[Patient Electronic Forms and Surveys](#)
[Auth Tracking/Benefit Info](#)
[Patient Documents](#)
[Patient Intake](#)

Division: Midwest
Patient Name: 1013142
Location: CAM MSA/0255
Account Type: BCBS

Available Documents: Injury Screen, 10/03/2016(10/06/2016)
Fax Complete Chart:

Select fax recipients from the following list. If a response is needed, check the box to create an Incoming Document Record.

| | | Response Needed | Fax Cover Comments | No Cover Page |
|---------------------------|--|--------------------------|---|--------------------------|
| <u>Physician</u> | <input checked="" type="checkbox"/> Wolin MD, Preston M, Chicago Fax Number: (163) 075 - 96492 | <input type="checkbox"/> | <input type="text" value="Type Cover Page Comments Here!"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Please have Physician review, sign, and fax back. (Check to include on physician fax cover sheet) | | | |
| <u>Case Manager</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |
| <u>Insurance Adjustor</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> |

If you need to pull up the PDFs at any time (re-print or fax), the links are in the 'Print' menu drop down inside the IS. You can access the full IS document:

EMR Home | **Print** | **Tools**

Injury Screen | **Injury Screen** | **Recommended Physicians**

Patient Name: [Redacted] **Age:** 39 **Sex:** M
***BodyPart:** Knee

Subjective:
*** Nature of Injury:** Tripped while running and felt a pop in his R knee. Iced afterward, took NSAID's, but lingering soreness and twinges persist. No imaging performed to date.
Pain Scale: At Rest 2 / 10, During Activity 5-6 / 10
Pain Reports: twinges of pain in lateral knee with jumping

Objective:
 (One objective field is required)
ROM: R knee: 3-0-135, L knee: 1-0-125
Strength: [Redacted]
Additional Information: trace edema in suprapatellar pouch

*** Impression:** Pt has mild sprain in R knee with small loss of active motion, trace edema, and poor quad control on uneven surfaces.

ATI PHYSICAL THERAPY
 3082 Caton Farm Road, Joliet, IL 60435
 Phone: 815-577-9936
 Fax: 815-577-9938

Injury Screen - 10/10/2016
Name: Demo, Injury Screen **Age:** 39

Subjective:
Nature of Injury: Tripped while running and felt a pop in his R knee. Iced afterward, took NSAID's, but lingering soreness and twinges persist. No imaging performed to date.
Pain Reports: At Rest 2/10, During Activity 5-6/10; twinges of pain in lateral knee with jumping, running, and full squatting

Objective:
ROM/Flexibility: R knee: 3-0-135 L knee: 1-0-125
Additional Information: trace edema in suprapatellar pouch

Impression: Pt has mild sprain in R knee with small loss of active motion, trace edema, and poor quad control on uneven surfaces.

Recommendation:
 Client may benefit from skilled PT/OT pending physician consult.
 Electronically Signed By: John Duncombe, PT, OCS, CSCS October 10, 2016 2:54 PM

Or the list of recommended Physicians:

EMR Home | **Print** | **Tools**

Injury Screen | **Injury Screen** | **Recommended Physicians**

Patient Name: [Redacted] **Age:** 39 **Sex:** M
***BodyPart:** Knee

Subjective:
*** Nature of Injury:** Tripped while running and felt a pop in his R knee. Iced afterward, took NSAID's, but lingering soreness and twinges persist. No imaging performed to date.
Pain Scale: At Rest 2 / 10, During Activity 5-6 / 10
Pain Reports: twinges of pain in lateral knee

Objective:
 (One objective field is required)
ROM: R knee: 3-0-135, L knee: 1-0-125
Strength: [Redacted]
Additional Information: trace edema in suprapatellar pouch

*** Impression:** Pt has mild sprain in R knee with small loss of active motion, trace edema, and poor quad control on uneven surfaces.

ATI PHYSICAL THERAPY
 3082 Caton Farm Road, Joliet, IL 60435
 Phone: 815-577-9936
 Fax: 815-577-9938

Name: Demo, Injury Screen **Age:** 39

Physicians for consideration:

- Dr. Benjamin Domb MD
 1010 Executive Ct Ste 250
 Westmont, IL
 (630) 920-2350 office
 (163) 075-96492fax
- Dr. Giridhar Burra MD
 2940 Rollingridge Rd Ste 1
 Naperville, IL
 (630) 579-6500 office
 (163) 075-96492fax
- Dr. Barry Anderson DC
 101 Hempstead Place
 Joliet, IL
 (815) 722-6111 office
 (163) 075-96492fax


In an effort to facilitate a referral to a specialist related to the screening findings, your information will be provided to the above physician(s). Please timely contact the physician to secure an appointment for a complete evaluation. Thank you.

If needed, client may visit ATI again after a physician consult:

ATI Physical Therapy
 3082 Caton Farm Road, Joliet, IL 60435
 Phone: 815-577-9936

Communication Log: will capture auto faxes sent out similar to a Full Evaluation

COMMUNICATION LOG

Patient: 


Patient: Test,IS
DOB: 1/7/1980
Clinic: Joliet
Therapist:
Physician:
Adjustor:

Initial Evaluation Date:
Discharge Date:
Account Type:
Claim/Policy Number:
CaseManager:
Attorney:

| Created Date | Created By | Contact Method | Contact Type | Contact Name | Contact Phone | Contact Fax | Comments |
|--------------|---------------|----------------|--------------|------------------|---------------|-------------|---|
| 10/6/2016 | Admin, System | Fax Server | Other | Burt MD, Charles | | 16307596492 | Injury Screen for Test,IS faxed to Burt MD, Charles at 16307596492 via fax server on Wednesday, October 5 at 1:56PM. Faxed by Tara Smith Edit |

Front Office Fax Que will still be notified if the Fax attempt fails delivery. Note, if the IS is manually re-faxed, the clinician/front office will need to add in comments in the 'Fax Cover Comments' section as nothing will auto-populate on the IS cover sheet.

Check for CBO:

Division: State: Location: Start Date: End Date: 

| Date/Time | Patient Id | Patient Name | AccountType | Clinician Name | Clinic | Comments |
|----------------------|------------|----------------|-------------|----------------|---------|---|
| Oct 06, 2016/8:56 AM | 1013142 | Valentine,Lily | BCBS | | CAM MSA | Fax Failure After 5 attempts: Injury Screen for Valentine,Lily faxed to Snow MD, Dan G at 16307596492 via fax server on Thursday, October 6 at 8:56AM. Front Office to research and refax. Edit |

If an IS has been started, but not finished, there will be a ToDo item comment alerting the clinician of the unfinished documentation.

Sample Fax Cover Pages:

FAX

Date: 9/26/2016 12:12:04 PM

To: Burt MD, David

Company: 24600 W 127th St Bldg B Ste
240, Plainfield, IL

Fax: 16307596492

Pages: 2 (including cover)

From: Athletic & Therapeutic Institute of
Oswego, LLC

Phone: 16305547815

Fax: 16305544849

Subject:

Dear Dr. David Burt MD:

An injury screen was performed on david test today. It was recommended that he/she follow up with you for further consultation.

Please see attached note for pertinent findings and let me know if I can be of further assistance.

Sincerely,

David Ensign, PT



Fax Server

9/26/2016 6:34:07 PM PAGE 1/001 Fax Server

www.ATiPT.com



FAX

Date: 9/26/2016 11:11:46 AM

To: Burt MD, David

Company: 24600 W 127th St Bldg B Ste
240, Plainfield, IL

Fax: 16307596492

Pages: 1 (including cover)

From: ATI Physical Therapy, location:
Rockford

Phone: 18152264365

Fax: 18152264589

Subject:

Dear Dr. David Burt MD:

An injury screen was performed on John Smith today. It was recommended that he/she follow up with you for further consultation.

Please let me know if I can be of further assistance.

Sincerely,

Tara Smith, PT