

Differential Diagnosis & Case Studies Write-up Sheet

Student's Name _____ ID#: _____ Date _____

Patient's age ____ Sex ____ Race _____ Height ____ ft. ____ in. Weight ____ lbs.

Circle as appropriate: Personal Insurance Cash Patient Medicare Workers Comp

Chief Complaint / History of Present Condition:

Drug History, Past Health History, Family History, Personal / Social History, LMP, Review of Systems [as relevant]:

Physical, Orthopedic, and Neurological Diagnostic Examinations [Positive findings]:

Provisional Differential Diagnosis:

- 1) _____
- 2) _____
- 3) _____

Diagnostic Imaging:

Laboratory Tests:

Definitive Diagnosis:

ICD-9 Code: _____

Management Plan: (Services, Tx Frequency, Supplies, Supplements, Home Exercises, etc.

Prognosis:

CPT [procedure] Code:

HCPCS [supplies] Code:

RB-RVU [fees] Code: N/A for write-ups

Student's Signature _____ Date _____

Instructor's Comments:

Grade: ☐ Pass ☐ Make corrections and return to instructor
☐ Fail: repeat entire assignment or present a new case study

Instructor's Signature _____ Date _____