CLIENT COMMUNICATOR (CC) – Pg 2

Name: FBD

Use this form to provide additional information on the symptoms listed on page one of the Client Communicator and to report injuries, surgeries, other doctor visits, etc. Describe details. For example: Write Report Date on first available row, circle the date. Then provide any additional information about the symptoms, such as describe intensity and frequency. If a symptom has come and gone since your last report, list it on page one and describe the intensity/frequency at the onset, its duration, many hours/days/weeks you suffered before it left. If a new symptom occurred between the report dates, put the date of its onset and describe intensity and frequency. Also, use this space to provide the reason for visit or phone call to other doctors or healthcare professionals and the diagnosis, advice, treatment, exams, testing, and/or new or changed drug(s) [R_x] [prescription or over-the-counter (OTC)] that has occurred since last report, including return dates and describe follow-up. If you have had an accident, describe date, injury, what you did to help yourself or if taken to the E/R, or physician's office, what are dates, diagnosis, treatment, drugs , hospitalized (dismissal date) & follow-up.