

CLIENT COMMUNICATOR (CC) – Side 2

Name CC#

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. To fill out this form properly, first put the Reporting Date, then the symptom's row number (1, 2, etc.) from page one, followed by additional information described in details. For example: When adding a new or pre-existing symptom to the list on page one, please provide details below, including when the symptom first occurred and how often you experience it, 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. 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.