Patient Summary Form

PSF-750 (Rev: 7/1/2015)

Instructions
Please complete this form within the specified timeframe. All PSF submissions should be completed online at www.myoptumhealthphysicalhealth.com unless otherwise instructed.

Please review the Plan Summary for more information.

Patient Information

Patient name Last	First	MI	◯ Female ◯ Male	Patient date of birth

Patient address	City	State	Zip code

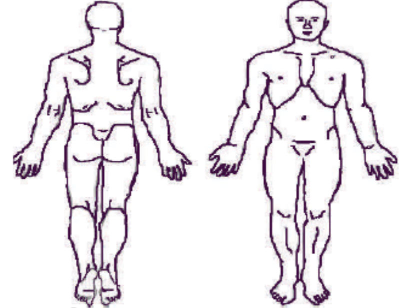
Patient insurance ID#	Health plan	Group number

Patient Completes This Section:

(Please fill in selections completely)

Symptoms began on: ☐☐☐

Indicate where you have pain or other symptoms:



1. Briefly describe your symptoms: ______________________

2. How did your symptoms start? ______________________

3. Average pain intensity:

Last 24 hours: **no pain** (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) **worst pain**

Past week: **no pain** (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) **worst pain**

4. How often do you experience your symptoms?

(1) Constantly (76%-100% of the time) (2) Frequently (51%-75% of the time) (3) Occasionally (26% - 50% of the time) (4) Intermittently (0%-25% of the time)

5. How much have your symptoms interfered with your usual daily activities? (including both work outside the home and housework)

(1) Not at all (2) A little bit (3) Moderately (4) Quite a bit (5) Extremely

6. How is your condition changing, since care began at *this* facility?

(0) **N/A — This is the initial visit** (1) Much worse (2) Worse (3) A little worse (4) No change (5) A little better (6) Better (7) Much better

7. In general, would you say your overall health right now is...

(1) Excellent (2) Very good (3) Good (4) Fair (5) Poor

Patient Signature: X ______________________ **Date:** __________

The Keele STarT Back Screening Tool

Thinking about the **last 2 weeks** tick your response to the following questions:	**No** 0	**Yes** 1
1 Has your back pain spread down your leg(s) at some time in the last 2 weeks?	☐	☐
2 Have you had pain in the shoulder or neck at some time in the last 2 weeks?	☐	☐
3 Have you only walked short distances because of your back pain?	☐	☐
4 In the last 2 weeks, have you dressed more slowly than usual because of back pain?	☐	☐
5 Do you think it’s not really safe for a person with a condition like yours to be physically active?	☐	☐
6 Have worrying thoughts been going through your mind a lot of the time?	☐	☐
7 Do you feel that your back pain is terrible and it’s never going to get any better?	☐	☐
8 In general have you stopped enjoying all the things you usually enjoy?	☐	☐

9. Overall, how **bothersome** has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much	Extremely
☐	☐	☐	☐	☐
0	0	0	1	1

Total score (all 9): ______________ **Sub Score (Q5-9):** ______________