

POST-IMAGING REPORT

(TO BE COMPLETED BY RESEARCH STUDY PARTICIPANTS AFTER IMAGING RESULTS ARE RECEIVED)

Fax this completed report AND a copy of the *Radiologist's Report* summarizing the imaging findings to 1-888-368-0176.

PT Participant ID Number	
Referral Date	
Patient's Last Name	

POST-IMAGING ACTION TIMELINE

Number of (days) between date on the radiologist's report and: (for same day actions indicate "zero" days)	Number of Days	Comments (if applicable)
PT read radiologist's report		
PT discussed results with patient		
PT sent radiologist's report to PCP		
PT followed up with other healthcare providers as appropriate		(Specify type of other providers)

If the radiologist recommended additional testing, report on the following:	Number of Days	Comments (if applicable)
Length of time until recommendation for additional testing was communicated to all appropriate individuals		
Length of time until patient received additional testing (if known)		
If recommendation for further testing was dismissed based on clinical judgment what was the reason?	(Indicate rationale here)	

METHOD OF COMMUNICATION WITH PATIENT

PT discussed results with the patient using this method	<input type="checkbox"/> Results were discussed with patient during a regular PT visit
	<input type="checkbox"/> PT contacted patient via phone to discuss results
	<input type="checkbox"/> Other (please describe):

POST-IMAGING COURSE OF CARE

Please select the option the best describes the course of PT course of care post-imaging:	<input type="checkbox"/> “Hold PT and Consult” Hold PT and consult with another healthcare provider (i.e. findings required treatment outside scope of PT practice)
	<input type="checkbox"/> “Continue PT and Consult” Continue PT and refer to another healthcare provider for co-management
	<input type="checkbox"/> “Continue PT Without Consultation” Involvement of other healthcare providers was not needed

Was the Physical Therapy plan of care altered based on the imaging findings?	<input type="checkbox"/> Yes- please explain how the care plan was altered:
	<input type="checkbox"/> No- please explain why the care plan was not altered:

NOTES ON HIPPA COMPLIANCE:

The fax number noted on this form uses a HIPAA compliant secure TLS 1.2 for transport, and AES 256 encryption, with a dedicated e-portal only available to study staff.