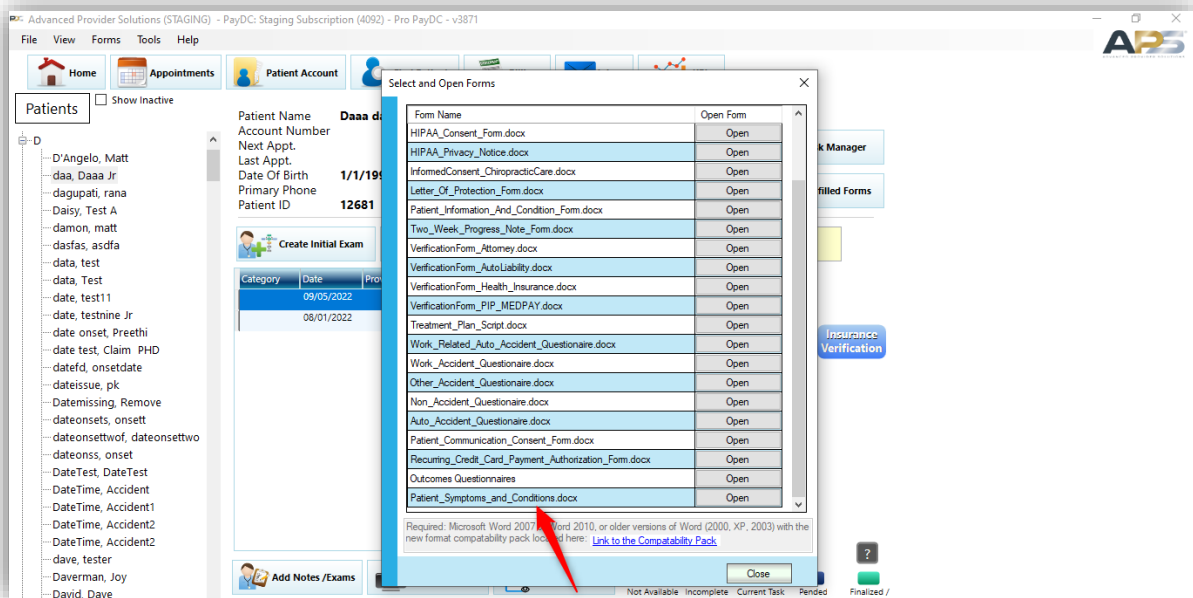




See What's New from PayDC!

Here's what's in this Release (September 16, 2022)

All questions regarding patient symptoms have been omitted from Condition Questionnaires and are now part of the **NEW** form named "Patient Symptoms and Conditions" in the Empty Forms list. This form is aligned with the Review of Systems (ROS) sections in both the patient demographics and SOAP notes screens.



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Patient Name _____ Date _____

Patient Symptoms and Conditions

Do you now have or have you ever had? Please check all that apply.

ALLERGIC/IMMUNOLOGIC: ☐ Hives/Eczema ☐ Hay fever ☐ Catch colds easily ☐ Frequent sinus trouble
☐ Frequent influenza ☐ HIV ☐ AIDS ☐ Allergies ☐ Fever

CARDIOVASCULAR: ☐ Murmur ☐ Chest pain ☐ Palpitations ☐ Dizziness ☐ Shortness of breath ☐ Swollen ankles
☐ Heart attack ☐ Irregular heartbeat ☐ Pressure over the chest ☐ Pain down the left arm ☐ High triglycerides
☐ High cholesterol levels ☐ Profuse sweating ☐ Nausea ☐ Vomiting ☐ Low blood pressure ☐ Fainting spells
☐ High blood pressure ☐ Difficulty lying flat

CONSTITUTIONAL: ☐ Weight loss ☐ Fatigue ☐ Fever

EAR/NOSE/THROAT: ☐ Difficulty hearing ☐ Buzzing in ears ☐ Ringing in ears ☐ Vertigo ☐ Sinus trouble
☐ Nasal stuffiness ☐ Hearing loss ☐ Ear pain ☐ Mouth sores ☐ Hoarseness ☐ Nose bleeds ☐ Dental problem
☐ Frequent sore throat ☐ Difficulty swallowing



Added “Unsure” and “Moderate” options to Accident Questionnaires.

A screenshot of a Microsoft Word document titled "Auto-Accident Specific Information:". The document contains a series of checkboxes and text input fields for accident details. The "Moderate" and "Unsure" options for damage estimates are highlighted with red boxes. The form includes sections for: "Were you the:" (Driver, Passenger, Pedestrian, Bicyclist), "Automobile you were in:" (Year, Make, Model), "Damage to your car:" (Front, Rear, Pedestrian, Driver Side, Passenger Side, Bumper, Fender), "Damage Amount Estimate:" (\$, Minor, Major, Totaled, Moderate, Unsure), "Other Automobile:" (Year, Make, Model), "Damage to other car:" (Front, Rear, Pedestrian, Driver Side, Passenger Side, Bumper, Fender), "Where did the accident happen?" (Street Names, City/State), "Was it?" (Controlled Intersection, Uncontrolled, Not Intersection), "Was there a traffic light?" (None, Green, Red, Turn Arrow, Stop Sign), "Were you:" (Slowly Moving, Moving, Stopped), "Weather Conditions:" (Sunny, Rainy, Cloudy), "Street Surface:" (Dry, Wet, Slick, Icy, Pavement, Other), "Type of Impact:" (Rear end, Front, Side Impact, Roll Over), "Brakes on Impact:" (Locked Tight, Loosely Applied, Foot not on brake), "How far did your car move?" (Did not move, Moved 1-5 ft, Moved 6-10 ft, Moved over 10 ft), "Where were you seated in the vehicle:", "Wearing Seat belt?" (Yes, No), and "Shoulder harness:" (Yes, No, Headrest, Headrest Position).

Added “Bicyclist” option to Auto Accident Questionnaires.

A screenshot of a Microsoft Word document titled "Auto-Accident Specific Information:". The document contains a series of checkboxes and text input fields for accident details. The "Bicyclist" option for "Were you the:" is highlighted with a red box. The form includes sections for: "Were you the:" (Driver, Passenger, Pedestrian, Bicyclist), "Automobile you were in:" (Year, Make, Model), "Damage to your car:" (Front, Rear, Pedestrian, Driver Side, Passenger Side, Bumper, Fender), "Damage Amount Estimate:" (\$, Minor, Major, Totaled, Moderate, Unsure), "Other Automobile:" (Year, Make, Model), "Damage to other car:" (Front, Rear, Pedestrian, Driver Side, Passenger Side, Bumper, Fender), "Where did the accident happen?" (Street Names, City/State), "Was it?" (Controlled Intersection, Uncontrolled, Not Intersection), "Was there a traffic light?" (None, Green, Red, Turn Arrow, Stop Sign), "Were you:" (Slowly Moving, Moving, Stopped), "Weather Conditions:" (Sunny, Rainy, Cloudy), "Street Surface:" (Dry, Wet, Slick, Icy, Pavement, Other), "Type of Impact:" (Rear end, Front, Side Impact, Roll Over), "Brakes on Impact:" (Locked Tight, Loosely Applied, Foot not on brake), "How far did your car move?" (Did not move, Moved 1-5 ft, Moved 6-10 ft, Moved over 10 ft), "Where were you seated in the vehicle:", "Wearing Seat belt?" (Yes, No), and "Shoulder harness:" (Yes, No, Headrest, Headrest Position).



Added Radiating, Throbbing, Numbness, Stabbing pain types in all questionnaires.

Additional Information Related to the Condition:

Describe your pain: ☐ Sharp ☐ Dull ☐ Stabbing ☐ Aching ☐ Radiating ☐ Burning ☐ Throbbing ☐ Numbness

What caused it? _____

What aggravates it? _____

What relieves it? _____

Has the Patient ever had the same or similar condition or symptoms previous to this most recent occurrence? ☐ Yes ☐ No

When? ____/____/____

Describe: _____

Thank you for trusting us as your software vendor!

Questions? You can always ask our Service Desk.

- If you are a PayDC customer, the phone number is **(888) 306-1257**; please choose option 4 for Service Desk.
- If you are an Advanced Provider Solutions customer, the phone number is **(855) 283-4940**; please choose option 4 for Service Desk.
- If you would like to contact the Service Desk via **e-mail**, please use the [Contact Us form on our website](#). Please note: The Contact Us form is now secure, so you can include PHI in your description.