

Condition Record Worksheet

Purpose: Pull the verified information relevant to one condition or health issue out of your master record and organize it into one focused view.

Use a separate copy of Tool 7 for each condition or health issue you are organizing.

Condition / Health Issue:		Date Started (if known):	
Current Provider(s):			

BLANK IS INFORMATION. If you do not find something in the records reviewed, leave the field blank or write **Not found in records reviewed**. Do not infer a diagnosis, finding, treatment response, date, or other fact simply because the worksheet has a space for it.

A. Diagnosis / Documented Condition

Diagnosis or Documented Condition	Date	Provider / Source	Record / File	Page / Location	Verified?
					☐
					☐
					☐
					☐

B. Objective Findings

Finding	Date	Provider / Source	Record / File	Page / Location	Verified?
					☐
					☐
					☐
					☐
					☐

C. Imaging & Diagnostic Testing

Test / Study	Date	Key Documented Finding	Provider / Facility	Record / File	Page / Location	Verified?
						☐
						☐
						☐
						☐
						☐

D. Treatment

[illegible]

E. Provider-Documented Functional Effects

What the Provider Documented	Date	Provider / Source	Record / File	Page / Location	Verified?
					☐
					☐
					☐
					☐
					☐

F. Clinical Progression

Date / Period	What Changed or Happened	Source / Location

Tool 7 is descriptive: organize what the record contains. Do not use this worksheet to predict a rating, establish nexus, or decide what evidence a claim requires.