

CASE PRESENTATION GUIDELINES

You will need to submit a written case presentation that includes but is not limited to the guidelines below. You will present a brief synopsis of this case orally to the other testing candidates and the proctors. The test proctors will ask you clarifying questions about your case.

1. **Chief Complaint(s)**
 - a) Duration, severity and frequency
 - b) Aggravating and alleviating factors

2. **Relevant Health History:**
 - a) Previous treatment including surgical and drug history
 - b) Family Health history, personal health history, social (drinking, sleep, smoking, dietary and exercise habits)
 - c) Systems review

3. **Pertinent Findings from Physical Examination:**
 - a) Physical signs of disorders, which are preventable and/or treatable
 - b) Height, weight, pulse etc.
 - c) Relevant Exam findings

4. **Laboratory Evaluation:**
 - a) Radiographic or imaging studies
 - b) Scientifically valid special studies, blood, saliva CDSA, organic acid etc.
 - c) Defend test selection (Med necessity)

5. **Diagnosis:**
 - a) Differential Diagnosis
 - b) Working diagnosis

6. **Treatment Program:**
 - a) A treatment that is usual, reasonable, customary and consistent with the diagnosis
 - b) A treatment rationale including nutrition and diet
 - c) Referral if necessary

7. **Case Progress and Outcome:**
 - a) Does the case history reflect any change in the patient's condition based upon treatment program (symptom survey questionnaire, office notes etc.)
 - b) Follow up Results

Cases will need to be sanitized of all patient identifying information for HIPAA compliance. Any cases submitted that are not COMPLETELY Sanitized will be rejected.