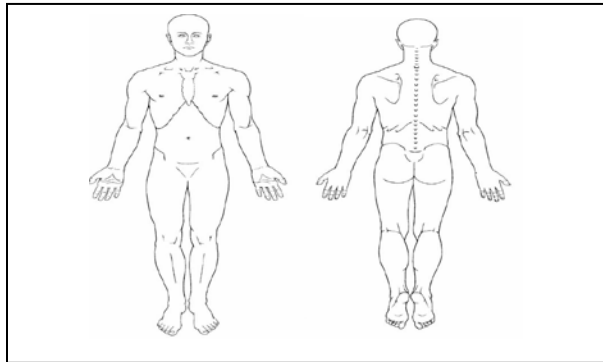


Patient Name: _____ Date: _____

Put an "X" where your pain is



Circle the level of pain (1 = mild, 10 = severe)

- Neck pain 1-2-3-4-5-6-7-8-9-10
- Headache 1-2-3-4-5-6-7-8-9-10
- Upper back pain 1-2-3-4-5-6-7-8-9-10
- Mid back pain 1-2-3-4-5-6-7-8-9-10
- Low back pain 1-2-3-4-5-6-7-8-9-10
- Pelvic pain 1-2-3-4-5-6-7-8-9-10
- Arm pain 1-2-3-4-5-6-7-8-9-10
- Hand pain 1-2-3-4-5-6-7-8-9-10
- Leg pain 1-2-3-4-5-6-7-8-9-10
- Foot pain 1-2-3-4-5-6-7-8-9-10
- Other: _____ 1-2-3-4-5-6-7-8-9-10

STOP HERE – BELOW IS FOR THE DOCTOR’S NOTES ONLY

OBJECTIVE

Muscle spasms are present in the following circled areas:

- Rt Lt suboccipital
- Rt Lt trapezius
- Rt Lt cervical paraspinal
- Rt Lt rhomboid
- Rt Lt thoracic paraspinal
- Rt Lt lumbar paraspinal
- Rt Lt gluteal
- Rt Lt other: _____

The following circled segments were noted as hypomobile chiropractic subluxations:

C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 Sacrum Rt-iliac Lt-iliac other: _____

The following circled segments were tender to touch:

C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 Sacrum Rt-SI Lt-SI other: _____

ASSESSMENT

___ guarded ___ good ___ improving ___ same ___ regressing ___ MMI ___ pre-injury status ___ other: _____

PLAN

Specific chiropractic spinal adjustments were made as follows:

___ All segments identified as subluxations under "objective" were adjusted
___ circled were adjusted: C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5 Sacrum Rt-SI Lt-SI other: _____

The following circled procedures were performed: 99211 99212 99213 98940 98941 98942 other: _____

Diagnosis: ___ unchanged

1. _____ 2. _____ 3. _____ 4. _____ D.O.O.: _____

Goal: ___ reduce pain ___ reduce spasm ___ reduce swelling ___ supportive ___ other: _____

Response to treatment:

___ tolerated w/out incidence ___ less pain in following area(s): _____ ___ more pain in following area(s): _____

Treatment plan: _____ listed on travel card ___ unchanged ___ pt. will call

Misc. Notes: _____

Physician Signature