Patient Name:

MO	DAY	YR	DR#	PATIENT NUMBER

OBJECTIVE

Same Assessment

Leg Length Deficiency — Equal

	1/8	1/4	3/8	1/2	5/8	3/4	7/8	1	1 1/4	1 1/2	1 3/4	2
Left												
Right												

Biomechanical Exam

LEFT	Sublux	Spasm	Tender	Inflam	Radiate		Sublux	Spasm	Tender	Inflam	Radiate	RIGHT
C	X	S	T	I	R	U	X	S	T	I	R	C
	X	S	T	I	R	M	X	S	T	I	R	
	X	S	T	I	R	L	X	S	T	I	R	
T	X	S	T	I	R	U	X	S	T	I	R	T
	X	S	T	I	R	M	X	S	T	I	R	
	X	S	T	I	R	L	X	S	T	I	R	
L	X	S	T	I	R	U	X	S	T	I	R	L
	X	S	T	I	R	M	X	S	T	I	R	
	X	S	T	I	R	L	X	S	T	I	R	
Sacral	X	S	T	I	R	S	X	S	T	I	R	Sacral
Pelvic	X	S	T	I	R	P	X	S	T	I	R	Pelvic
U Ext	X	S	T	I	R	U	X	S	T	I	R	U Ext
L Ext	X	S	T	I	R	L	X	S	T	I	R	L Ext

Posture

L	R	
		Head Tilt
		High Shoulder
		High Hip
		Antalgia

Forward Flexion

Cervical

Lumbar

Range Of Motion

	Decreased	Normal	Mild	Moderate	Severe
Cervical			+	++	+++
DorsoLumbar			+	++	+++

Pain

TODAY'S TX-General Listings

Tx1	Inst	MM	FlxD	1	2	3
C	Oc	1 2	3 4	5 6 7		
T	1 2	3 4	5 6	7 8 9	10 11	12
L	1 2	3	4 5	Sacrum	Pelvis	

Tx2	Inst	MM	FlxD	1	2	3
C	Oc	1 2	3 4	5 6 7		
T	1 2	3 4	5 6	7 8 9	10 11	12
L	1 2	3	4 5	Sacrum	Pelvis	

L	R		L	R	
		AC Joint			Foot
		Clavicle			Patella
		Elbow			Coccyx
		Wrist			Psoas
		Hand			
		Thumb			

Patient Tolerated Procedure Well (Y) (N)

S 1 2 | O 1 2 | A 1 2 | P 1 2 | T 1 2

L1: P SUP A / L N R / INF

L2: P SUP A / L N R / INF

L3: P SUP A / L N R / INF

L4: P SUP A / L N R / INF / Facet

L5: P SUP A / L N R / INF / Facet

Sacrum: AI PS SUP PS AI / LAT N LAT / INF

Pubes: SUP INF N INF SUP / ANT ANT

Pelvis: PI AS N AS PI / IN EX EX IN

Trochanter: ANT POS POS ANT / SUP INF N INF SUP / LAT LAT

Fibula: PS PS / LAT N LAT / PD PD

Tibia: ANT ANT / POS N POS / IN EX EX IN

Knee: MED N MED / LAT LAT

SAT Except:

T1: P SUP A / RIB L N R RIB / INF

T2: P SUP A / RIB L N R RIB / INF

T3: P SUP A / RIB L N R RIB / INF

T4: P SUP A / RIB L N R RIB / INF

T5: P SUP A / RIB L N R RIB / INF

T6: P SUP A / RIB L N R RIB / INF

T7: P SUP A / RIB L N R RIB / INF

T8: P SUP A / RIB L N R RIB / INF

T9: P SUP A / RIB L N R RIB / INF

T10: P SUP A / RIB L N R RIB / INF

T11: P SUP A / RIB L N R RIB / INF

T12: P SUP A / RIB L N R RIB / INF

TMJ: Inst / MM / FlxD / 1 / 2 / 3 — SUP SUP / POS POS / LAT N LAT / ANT ANT / INF INF

Occiput: POS N POS / LAT INF LAT

Atlas: LAT LAT / ANT POS N POS ANT / SUP INF INF SUP

C2: P SUP A / L N R / INF

C3: P SUP A / L N R / INF

C4: P SUP A / L N R / INF

C5: P SUP A / L N R / INF

C6: P SUP A / L N R / INF

C7: P SUP A / L N R / INF

Humerus: ANT POS N POS ANT / EX IN IN EX

Scapula: SUP SUP / MED LAT N LAT MED / INF INF

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PLEASE MAKE NO MARKS IN THIS AREA

SYMPTOMS

If Your Symptoms HAVE NOT Changed Since Your Last Visit Indicate Here ◯ And Proceed To Section II
If Your Symptoms HAVE Changed Since Your Last Visit Please Complete Both Sections I and II

SECTION I

RIGHT SIDE

	Pain	Numbness	Tingling	Stiffness	Soreness	Swelling	Weakness	Mild	Moderate	Severe	Burning	Dull	Sharp	Shooting	Stinging	Throbbing	Occasional	Intermittent	Frequent	Constant	Improving	Worsening	Unchanged	Resolved
Head	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Neck	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Upr Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Mid Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Low Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Shoulder	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Elbow	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Wrist	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Hand	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Hip	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Knee	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Ankle	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Foot	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R

LEFT SIDE

	Pain	Numbness	Tingling	Stiffness	Soreness	Swelling	Weakness	Mild	Moderate	Severe	Burning	Dull	Sharp	Shooting	Stinging	Throbbing	Occasional	Intermittent	Frequent	Constant	Improving	Worsening	Unchanged	Resolved
Head	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Neck	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Upr Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Mid Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Low Back	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Shoulder	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Elbow	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Wrist	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Hand	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Hip	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Knee	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Ankle	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R
Foot	P	N	T	S	S	S	W	M	M	S	B	D	S	S	S	T	O	I	F	C	I	W	U	R

SECTION II

How Would You Rate Your Pain Today With 0 Being The Best And 10 Being The Worst

0 1 2 3 4 5 6 7 8 9 10

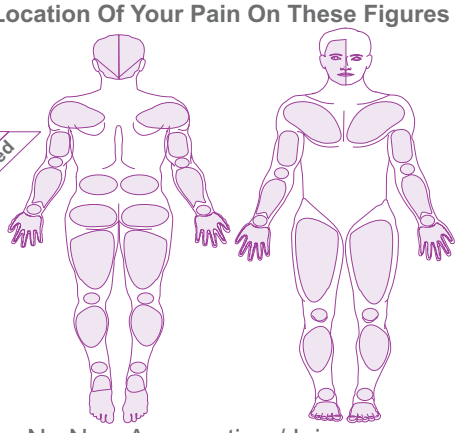
No Pain — Worst Pain Possible

If Your Symptoms Change, When Are They Worse

◯ Morning ◯ Evening ◯ Afternoon
◯ Night ◯ Other_____

PAIN DIAGRAMS

Please Mark The Location Of Your Pain On These Figures



◯ No New Aggravation / Injury
◯ New Injury

PATIENT SIGNATURE: **DATE:**

ASSESSMENT

Diagnosis: ◯ Prevs. Unchanged ◯ New Additional

Progress: ◯ Resolved ◯ Unchanged ◯ Improving ◯ Worsening
◯ Of Addt'l Note

Response To Tx In %:

Reduced Spasm 0 10 20 30 40 50 60 70 80 90 100	Increased Mobility 0 10 20 30 40 50 60 70 80 90 100
Reduced Tenderness 0 10 20 30 40 50 60 70 80 90 100	Increased Activities of Daily Living 0 10 20 30 40 50 60 70 80 90 100
Reduced Inflammation 0 10 20 30 40 50 60 70 80 90 100	Other 0 10 20 30 40 50 60 70 80 90 100

TODAY'S TREATMENT

Modalities ◯ Same Tx

	Ice	Diathermy	Hydro Therapy	Moist Heat	Interseg Traction	Mech. Traction	Massage	Ultrasound	Ischemic Comp.	LV Galvanic	HV Galvanic	Interferential	Russian Stim	Other 1	Other 2	Other 3
Head	H	H		H			H		H					H	H	H
U Cerv	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
M Cerv	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
L Cerv	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
U Thor	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
M Thor	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
L Thor	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Upr LS	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Mid LS	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Low LS	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Right SI	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Left SI	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
R/U Ext	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
L/U Ext	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
R/L Ext	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
L/L Ext	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Attend	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
5 Min	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
10 Min	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
15 Min	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
30 Min	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30

PLAN

◯ Per Initial/Prev. Plan ◯ Changed As Follows:_____

Additional Recommendations
◯ Observation ◯ Re-Exam_____
◯ X-Ray_____ ◯ Other_____
◯ Addt'l. Diagnostic Testing_____

Home Care Instructions
◯ Rest ◯ Moist Heat
◯ Ice ◯ Gen. Measures
◯ Exercise_____
◯ Other_____

Visit Schedule
Daily ◯1 ◯2 Weekly ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 Monthly ◯1 ◯2 ◯PRN
Visits This Plan ◯10 ◯20 ◯30 ◯40 ◯50 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9

Exam ◯ New Patient ◯ Established ◯ Established/TX ◯ Consultation
◯ Level I ◯ Level II ◯ Level III ◯ Level IV ◯ Level V

Rehab Therapy

(USER DEFINED) ◯ Same Tx

	Cervical	Shoulder	Low Back	Abdominal	Multipelvic Hip	Elbow	Wrist	Knee	Bike	Treadmill	Exercise Tubing	Exercise Ball	Other 1	Other 2
Attend	A	A	A	A	A	A	A	A	A	A	A	A	A	A
5 Min	5	5	5	5	5	5	5	5	5	5	5	5	5	5
10 Min	10	10	10	10	10	10	10	10	10	10	10	10	10	10
15 Min	15	15	15	15	15	15	15	15	15	15	15	15	15	15
30 Min	30	30	30	30	30	30	30	30	30	30	30	30	30	30

Man/Adj

98940	98941	98942	98943	98943-51
◯	◯	◯	◯	◯

Case 1 2 3 4 5

Pillows 1 2 3
Support C L E
◯ Orthotics
◯ Ice Pack 1 2 3 4 5 6
Other

X-Rays

◯ Full Spine A-P
◯ Cerv A-P/Lat
◯ Thor A-P/Lat
◯ Lum A-P/Lat
◯ Lum Compl
◯ Cerv Dav Ser
◯ Cerv Compl
◯ S View 14X17
◯ S View 10X12
◯_____

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