

Name \_\_\_\_\_

Date \_\_\_\_\_

Symptom:	1. _____	2. _____	3. _____
Type of Discomfort:	sharp aching burning numbness tingling dull shooting throbbing tight	sharp aching burning numbness tingling dull shooting throbbing tight	sharp aching burning numbness tingling dull shooting throbbing tight
Frequency:	Continuous intermittent Occasional Frequent	Continuous intermittent Occasional Frequent	Continuous intermittent Occasional Frequent
Changes in Movement:	Decreases same increases	Decreases same increases	Decreases same increases
Intensity:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Time in Discomfort:	10% 20% 30% 40% 50% 60% 70% 80% 90% 100%	10% 20% 30% 40% 50% 60% 70% 80% 90% 100%	10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Since my last visit:	Better same worse Aggravated my condition Y N	Better same worse Aggravated my condition Y N	Better same worse Aggravated my condition Y N

Medicare Patient: I have been notified by my physician that he or she believes that, in my case, Medicare will deny payment for some services provided. When Medicare denies payment for any x-rays, or physiotherapy, I agree to be personally responsible for payment.

Patient Signature \_\_\_\_\_

Assessment	Guarded improving no change decreased pain resolved exacerbation slow-noncompliance slower than expected	Guarded improving no change decreased pain resolved exacerbation slow-noncompliance slower than expected	Guarded improving no change decreased pain resolved exacerbation slow-noncompliance slower than expected

OBJECTIVE

<b>VISUAL ROM</b> – decreased in the following planes:	<b>CERVICAL:</b> flexion extension Lt Lateral flexion Rt lateral flexion Lt rotation Rt rotation
	<b>LUMBAR:</b> flexion extension Lt Lateral flexion Rt lateral flexion Lt rotation Rt rotation
<b>TRIGGER POINTS located:</b>	Suboccipital-L R   Paraspinal-L R   Trapezius-L R   Levator scapulae-L R   Rhomboid muscle-L R   Right rhomboid-L R   Supraspinatus-L R   Subscapularis-L R   Erector spinae-L R   Piriformis-L R   Quadricep-L R   Hamstring-L R   Tibialis -L R   Gastrocnemius-L R   Deltoid-L R   Glutes-L R
<b>SPASM located:</b>	Suboccipital-L R   Paraspinal-L R   Trapezius-L R   Levator scapulae-L R   Rhomboid muscle-L R   Right rhomboid-L R   Supraspinatus-L R   Subscapularis-L R   Erector spinae-L R   Piriformis-L R   Quadricep-L R   Hamstring-L R   Tibialis -L R   Gastrocnemius-L R   Deltoid-L R   Glutes-L R
<b>Spinal Subluxations</b>	<b>Upper Extrem Subluxations</b> <b>Lower Extrem Subluxations</b>

PLAN

<input type="checkbox"/> Spinal manipulation 1-2 regions-OV	<b>Treatment Frequency:</b> Daily 3x-wk 2x-wk 1x-wk 2 weeks 3 weeks monthly 2months 3 months 4 months 6 months 8 months yearly PRN RELEASED Next Visit: M T W TH FR SA SU	<b>Exam and X-ray</b> <input type="checkbox"/> New Patient-DE <input type="checkbox"/> Established Patient-RE <input type="checkbox"/> Computer ROM -ROM <input type="checkbox"/> Cervical AP-XC1 <input type="checkbox"/> Cervical AP/Lat-XCAL <input type="checkbox"/> Cervical Lat-XCL <input type="checkbox"/> Cerv Flex/ext-XCFEN <input type="checkbox"/> Cervical Davis-XCDS <input type="checkbox"/> Thoracic AP -XT1 <input type="checkbox"/> Thoracic-Lat -XT2 <input type="checkbox"/> Thoracic AP/Lat-XT3 <input type="checkbox"/> Lumbar AP-XL1 <input type="checkbox"/> Lumbar AP/Lat-XLAL <input type="checkbox"/> Lumbar Lat-XLL <input type="checkbox"/> Pelvis -XP <input type="checkbox"/> Sacral Base-XSB <input type="checkbox"/> Other _____ <input type="checkbox"/> No Treatment-NT Visit# :
<input type="checkbox"/> Spinal manipulation 3-4 regions-OV3		
<input type="checkbox"/> Extra spinal manipulation-OVE		
<b>Physio Therapy Area / Time / Settings</b>	<b>Reason performed</b>	
<input type="checkbox"/> Therap Act-ST (Lumbar)	Improve balance, strength, ROM	
<input type="checkbox"/> Therap Exercise-TE ( C T L )	Strengthen damaged tissue, regain function, increase ROM	
<input type="checkbox"/> Therap Exercise-BT (lumbar)	Strengthen damaged tissue, regain function, increase ROM	
<input type="checkbox"/> Therap Exercise-NS (cervical)	Regain cervical curve, regain function, increase ROM	
<input type="checkbox"/> Neuro Reeducatin-NR ( C T L )	Improve balance, coordination, proprioception and posture	
<input type="checkbox"/> Neuro Reeducatin-PP. ( C T L )	Improve balance, coordination, proprioception and posture	
<input type="checkbox"/> Electrotherapy-INT ( C T L )      Min      Int	Pain control, muscle retraining, reduce swelling, reduce edema	
<input type="checkbox"/> Diathermy-D ( C T L )      Min      Int	Muscle relaxation, pain relief, vasodilatation	
<input type="checkbox"/> Mech Trac-DTS ( C T L )      °      Min      Wt	Increase ROM, increase disc space, improve nerve transmission, improve circulation, stimulate nerve roots, increase and restore joint flexibility.	
<input type="checkbox"/> Mech Trac-IE (Lumbar 90°)      Min      Wt		
<input type="checkbox"/> Ultrasound-US area ( C T L )      Min      Int	Promote healing, reduce pain, increase absorption of heat.	

Modality Doctor's signature:

Adjusting Doctor's signature:

Notes:

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