Midvale Chiropractic Orrin C. Smith, DC Chiropractic Physician

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Patient Name:_____ **Date:** _____

Please list your symptoms below and the relative pain intensity (0 – 10) <u>for each</u> symptom.

What percentage of the day do you feel the symptoms? _____

No Pain 0 1 **Mild** 2 3 **Moderate** 4 5 6 **Severe** 7 8 **Unbearable** 9 10

Symptoms: (*<u>Example: Low back pain – 4</u>*)

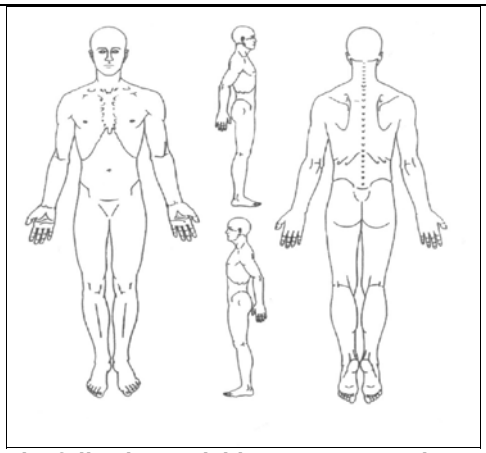
1) _____ **2)** _____

3) _____ **4)** _____

Please mark on the diagram to the right the following symbols as they relate to your symptoms:

SS= spasms ST= stiffness DP= dull pain SP= sharp pain
SH= shooting pain TI= tingling NU= numbness O= Other

Percentage of improvement: 0 10 20 30 40 50 60 70 80 90 100%
Symptom #



The following activities cause me pain:

_____

Signing below indicates the above information is correct and gives the doctor permission to treat my condition as deemed necessary**.**

Patient Signature: _____ **Date:** _____**Staff:** _____

……..Please Do Not Write Below the Dotted Line ……

<u>Vibratory Massage 97124</u> <u>Area</u> R L B C UT MT L SI Extremity:	<u>Time</u> 5 6 8 10	**<u>Ice 97010</u>** <u>Time</u> <u>Area</u> R L B 10 12 15 C UT MT L SI <u>Extremity:</u> <u>Comments:</u>
<u>Intersegmental Traction 97012</u> <u>Area:</u> C UT MT L SI	<u>Time</u> 8 10 12 15	**<u>Neuromuscular Reeducation 97112</u>** <u>Type:</u> <u>Area</u> R L B <u>Time</u> □ Fitball C UT MT L SI 10 12 15 □ Wobble Bd <u>Extremity:</u> □ Floor

<u>Rehab Exercises performed to</u>: ☐ Decrease Pain ☐Increase Range of Motion ☐Increase Flexibility ☐Increase Muscular Strength ☐ Improve Balance & Proprioception

<u>Patient Complying with Home Therapy/Exercise</u>: ☐ Yes ☐ No

<u>Patient Assessment</u>:☐ Progressing as expected / slower than expected ☐ Exacerbation ☐ Unchanged ☐ Worse ☐ Other/Explanation_____

Today's Procedures: 98940 98941 98943 97124 97012 97110 97010 _____ _____

<u>Objective Findings</u>: ***Subluxations Levels and *Area(s) of Manipulation***

Right																											
	Occ	**C1**	**2**	**3**	**4**	**5**	**6**	**7**	**T1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**L1**	**2**	**3**	**4**	**5**	**Sac**	**SI**	**Coccyx**
Left																												

_____

_____

Palpation:Spasm_____***Hypertonicity***_____***Tenderness***_____

_____

_____

_____

Re-Schedule _____ **Provider Signature** _____ **Date** _____

Act=Activator C=Cervical, UT=Upper Trapezius, MT=Middle Trapezius, L=Lumbar, SI=Sacroiliac, Rt=Right, Lt=Left, B=Bilateral
DTR=Deep Tendon Reflex D=Drop, Pn =Pain, Sx = Symptoms, Pt = Patient
All spinal manipulations were performed using Diversified technique unless otherwise noted

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