

Midvale Chiropractic Orrin C. Smith, DC Chiropractic Physician
 1685 W. Valencia #101 Tucson, AZ 85746 (520) 889-9631 Fax (520) 295-0385

Nombre del Paciente: _____ Fecha: _____

Por favor liste todos sus sintomas y la gravedad (0 – 10) de cada sintoma

Que porcentaje del dia siente estos sintomas? _____

No Dolor	Poco Dolor	Moderadamente	Severo	Insoportable
0	1 2 3	4 5 6	7 8	9 10

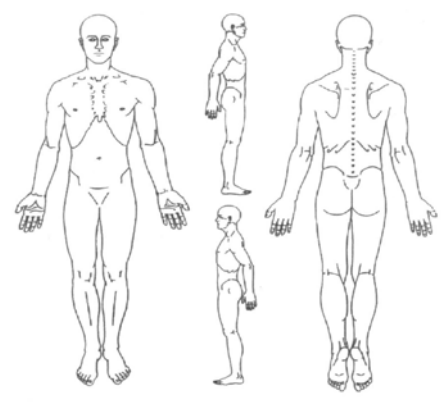
Sintoma: (Ejemplo: Dolor de espalda – 4)

1) _____ 2) _____

3) _____ 4) _____

Porfavor marque el diagrama a su derecha con los simbolos siguiente, de acuerdo con sus sintomas:
 SS = Espasmos ST= Rigidez DP = Poco dolor SP = Dolor fuerte
 SH = Dolor corrido TI = Estremecido NU = Adormecido O = Otro

Porcentaje de mejoramiento: 0 10 20 30 40 50 60 70 80 90 100%
Sintoma # _____



Las siguientes actividades me causan dolor:

La firma indica que la informacion dada es correcta y da permiso al doctor a tratar mi condicion lo mas que se pueda para mejorarme.

Firma del Paciente: _____ Fecha: _____ Personal: _____

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

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

Rehab Exercises performed to: Decrease Pain Increase Range of Motion Increase Flexibility Increase Muscular Strength
 Improve Balance & Proprioception

Patient Complying with Home Therapy/Exercise: Yes No

Patient Assessment: Progressing as expected / slower than expected Exacerbation Unchanged Worse Other/Explanation _____

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

Objective Findings: 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