

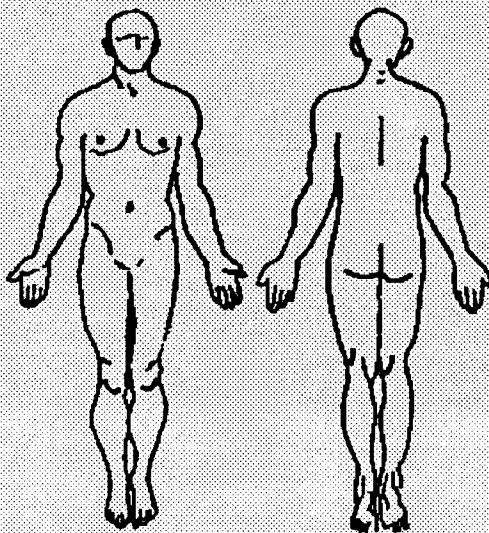
Patient's Daily Progress Report / Treatment Notes / Documentation / Soap Notes

Patient Name _____ Date _____ Patient # _____

I SUBJECTIVE

1. See Notes
 2. See Patient Notes
 3. Symptoms B S W
 4. Change
- Slight Moderate Substantial
5. Pain / Tender
- Headaches Cervical
Midback Low Back
Arm Legs Shldr
Knee Feet Other
6. Patient Reports
 New Injury
 Re-injury
 Exacerbation
 New Symptoms
 7. See Re-exam
 Patient Progress Form

PLEASE INDICATE THE AREA OF YOUR SYMPTOMS USING "XXXX"



Any NEW Conditions? yes no
Accidents/injury yes no

Name your conditions in the spaces below and grade severity with the numbers (0 -10)

0 = Perfect / 10= severe pain
& Compare to last visit with
better same worse

A. _____
 0 1 2 3 4 5 6 7 8 9 10
 Better Same Worse

B. _____
 0 1 2 3 4 5 6 7 8 9 10
 Better Same Worse

C. _____
 0 1 2 3 4 5 6 7 8 9 10
 Better Same Worse

II OBJECTIVE

1. See Notes
2. Weight Balance Initial
 _____ L / R
3. Weight Balance Post Tx
 _____ L / R
4. Posture Analysis
5. Palpation
6. Spasm C T L
7. Short Leg L / R
8. Short Arm L / R
9. Trigger Points
10. R.O.M. C T L
11. Gait
12. Pain Algometer
13. X-ray
14. Reflex _____
15. Dynatron 2000 _____

Have you missed time from work? yes no

Are you still off? yes no

Last date worked _____

Comments _____

Patient Signature _____

IV PLAN

1. See Notes
 2. No change
 3. Visit Frequency
- Increase to _____ per week
Decrease to _____ per week

Discontinue Treatment due to:
No response Adverse response
Improvement New condition

4. Treatment Goals
 Relief Strengthen
 Stabilize Increase R. O. M.

PROGNOSIS

1. See Note
2. Too soon to tell
3. Expect return to normal
4. Maximum Chiropractic Improvement
5. Expect Residual impairment

PROCEDURES

1. See notes above/ below

V ADJUSTMENTS

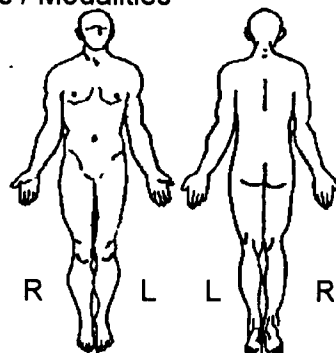
1. See Notes
2. Occiput
3. Cervical
4. Thoracic
5. Lumbar
6. Sacrum
7. Sacro-iliac
8. Pelvis
9. Shoulder
10. Elbow
11. Wrist
12. Hand
13. Hip
14. Knee
15. Ankle
16. Foot

VI TECHNIQUE

1. See Notes
2. Axial extension
3. Trigger Point
4. SOT
5. Side Posture
6. Low Force
7. Gonstead
8. Diversified
9. AP
10. PA

VII Therapies / Modalities

1. _____ See Notes
2. _____ Cryotherapy
3. _____ Hydrocollator
4. _____ Diathermy
5. _____ Axial Traction Mech.
6. _____ Intersegmental Traction
7. _____ Interferential
8. _____ Russian Stimulation
9. _____ Galvanic
10. _____ Ultrasound
11. _____ Manual Traction
12. _____ Trigger Point Therapy
13. _____ Therapeutic Massage
14. _____ Reflex Therapy
15. _____ Mechanical Traction



Therapist Initials

VIII Supervised Rehabilitation

1. Evaluation C T L
2. First Session Instruction
3. Rehab Session Daily 5x 4x 3x

Next Visit M T W T H F S S n

Daily 5x 4x 3x 2x 1x 2 wks 4wks

see over (if circled) Drs. Initials

Date

NOTES

