

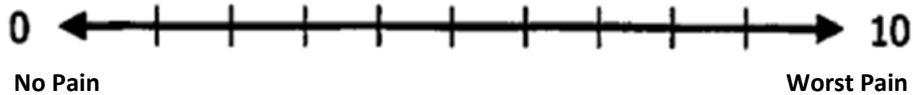
Glendale Clinic
7200 W. Bell Road
Glendale, AZ, 85308

Chandler Clinic
725 S. Dobson Road
Chandler, AZ, 85224

Chiropractic & Acupuncture Office Visit

Patient: _____

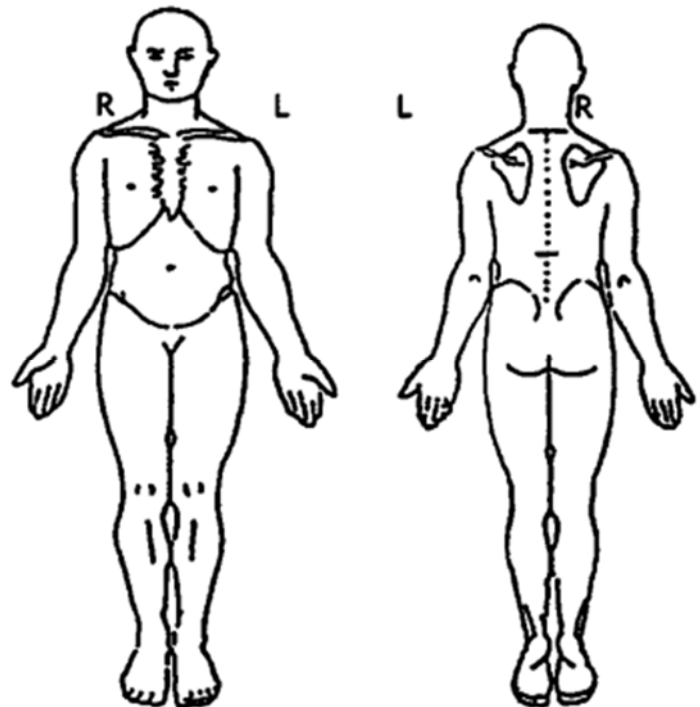
Date: _____



How much pain relief have you obtained?

None 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Where is your pain today?



What does your pain feel like?

Do you have any numbness, tingling, or weakness?

Are there any other issues or changes with your symptoms that you would like to address?
(Please direct questions regarding medication changes to your prescribing physician.)

This Section For Physician Use Only

Subjective:

Reeval
Insidious Reoccur
Improving
HEP
MVA

Vertebral Restrictions: C1234567 T123456789101112 L12345 S S/I-R S/I-LL
Tender Areas: C1234567 T123456789101112 L12345 S S/I-R S/I-LL

Right Left A/C G/H Hip Knee Elbow Wrist Thumb Ankle TMJ Medial Lateral

C/S ROM L/S ROM CS/LS/NEURO C/S ORTHOS L/S ORTHOS
N or explained N or see below R/L or see below R/L or see

Assessment:

Improving, No Change, Exacerbated, Irritated, Acute, Sub acute, Chronic
Acute exa of chronic, Reoccurrence MILD, MOD, SEVERE

			Tolerated,			Tolerated but slow,			Fair,		Slow,		Fast,		Guarded,		Not responding
C	T	L	S	C	T	L	LS	C	T	L	Knee		Hip				
DX: M99.01	M99.02	M99.03	M99.04	M50.30	M51.34	M51.36	M51.37	M50.20	M51.24	M51.26	M17.10		M16.10				
H/A:R51	Seg. Dys			DDD				HNP			OA		OA				

Plan:

New- 99201/ 99203/ 99204
Established- 99211/ 99212/ 99213/ 99214
Consults- 99241/ 99242/ 99243 -UHC
Div, Dis, Act
Manipulations/ adjustments
98940/ 98941/ 98942 Spine 98943- Extremity

Packages

Chiro 6, Chiro 12, CMP (two manips per month)
Decomp 6, Decomp 12, Decomp 20
Acp 4, Acp 6, Acp 8

Subocc C T L S RSI LSI
97140- Trp Therapy - Gua Sha, Joint Mob
97012-Traction, CT/LS 97014- EMS
97810- Acupuncture (needle only), 15 min
97811- Acupuncture (needle only), additional 15 min
97813- Electro Acupuncture, 15 min
97814- Electro Acupuncture, additional 15min
97535- A.D.L.'s with tape w/o tape
97110-Ther. Exercise- C/T, L/S ROM, SOMA, Shoulders,
Glut Med, Piriformis, QL, Traps, Rhomboids, Psoas, Hamstrings

Treatment plan

Continue ICE
Discussed Referral/To

Follow-up treatment plan	
1x	This Week
2x	Next Week
3x	# of Weeks
Daily	_____

RX: PT
RX: MRI- C/S, L/S W/contract, W/O contrast

Prescribed or dispensed items:

Lumbar brace TENS Unit TENS pads Custom Knee OA Lite Knee Universal Wrist

Provider: DANIEL BAUM, D.C.

TIFFANY MOAT- HOGAN, D.C.

KAITLIN BOWEN, D.C.