



PATIENT INFORMATION

Field	Details
Patient	John 2
Date of Birth	1/2/2000
Gender	male
Marital Status	N/A
Injury Date	N/A

INITIAL VISIT

• Chief Complaint:

Chief Complaint: ss

• Chiropractic Other Notes:

Chiropractic Other Notes:

• Acupuncture Other Notes:

Acupuncture Other Notes:

• Treatment Frequency:

Treatment Frequency: null times/week, re-eval in null weeks

• Imaging:

Imaging: XRAY: ; MRI: ; CT:

• Restrictions:

Restrictions: Avoid activity for null weeks, lifting limit null lbs

DISCHARGE VISIT

• Diagnostic Study:

Diagnostic Study: of :