Final Narrative Report The Wellness Studio

Patient Information

Label	Value
Patient	John 4
Date of Birth	2/1/2000
Gender	male
Marital Status	N/A
Injury Date	N/A

Ø=ßæ INITIAL VISIT

Chief Complaint:

Chief Complaint: Chief Complaint *

Chiropractic Adjustment:

Chiropractic Adjustment: Cervical Spine, Sacroiliac Spine, Ankle R / L

Acupuncture:

Acupuncture: Thoracic Spine, Hip R / L, Shoulder (GHJ) R / L

Physiotherapy:

Physiotherapy: EMS, NMR, Paraffin Wax

Rehabilitation Exercises:

Rehabilitation Exercises: Sacroiliac Spine

Imaging:

Diagnostic Ultrasound:

Diagnostic Ultrasound: Diagnostic Ultrasound

Nerve Study:

Nerve Study: EMG/NCV upper

Restrictions:

Restrictions:

{"avoidActivityWeeks":2,"liftingLimitLbs":3,"avoidProlongedSitting":false}

Other Notes:

Other Notes: john4444john4444john4444john4444

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Ø=ßé FOLLOW-UP VISIT

Areas:

Areas: Improving Exacerbated

Muscle Palpation:

Muscle Palpation: Muscle Palpation:

Pain Radiating:

Pain Radiating: Pain Radiating:

Range of Motion:

Range of Motion: WNL (No Pain) WNL (With Pain)

Orthopedic Tests:

Orthopedic Tests: Pain Radiating: Pain Radiating: - Pain Radiating:

Activities Causing Pain:

Activities Causing Pain: Pain Radiating:

Treatment Plan:

Treatment Plan: Pain Radiating: Times/Week - Pain Radiating:

Overall Response:

Overall Response: Improving

Diagnostic Study:

Diagnostic Study: {"study":"Pain Radiating:","bodyPart":"Pain Radiating:","result":"Pain Radiating:"}

Home Care:

Home Care: Pain Radiating:

Ø=Bå DISCHARGE VISIT

Diagnostic Study:

Diagnostic Study: {"study":"","bodyPart":"","result":""}

Recommended Future Medical Care:

Recommended Future Medical Care:

Home Care Instructions:

Home Care Instructions: