

# **PATIENT INFORMATION**

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



## **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

#### • Treatment Frequency:

Treatment Frequency: 2 times/week, re-eval in 3 weeks

#### • Referrals:

Referrals: Orthopedist, Neurologist, Pain Management

#### • Imaging:

Imaging: XRAY: T/S, Sacroiliac Joint L, Knee R, Ankle L; MRI: C/S, Sacroiliac Joint R, Hip L, Ankle R; CT: Elbow R, Hip R, L/S, Knee L, Shoulder R

#### • Diagnostic Ultrasound:

Diagnostic Ultrasound: Diagnostic Ultrasound

#### • Nerve Study:

Nerve Study: EMG/NCV upper

### • Restrictions:

Restrictions: Avoid activity for 2 weeks, lifting limit 3 lbs

### • Disability Duration:

Disability Duration: 1 week

#### Other Notes:

Other Notes: john4444john4444john4444john4444



## **FOLLOW-UP VISIT**

Areas Status:

Areas Status: '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)! Improved

Orthopedic Tests:

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

Activities Causing Pain:

Activities Causing Pain: Pain Radiating: Pain Radiating:

• Treatment Plan:

Treatment Plan: Pain Radiating: (Pain Radiating: times/week)

• Overall Response:

Overall Response: ! Improving

• Diagnostic Study:

Diagnostic Study: Pain Radiating: of Pain Radiating: Pain Radiating:

• Home Care:

Home Care: Pain Radiating:

# **DISCHARGE VISIT**

• Range of Motion:

Range of Motion: 10% of pre-injury ROM

• Diagnostic Study:

Diagnostic Study: of: