

DAILY NOTES

NAME: _____

DOCTOR:

DATE:

SUBJECTIVE : THE PATIENT REPORTED THE FOLLOWING INFORMATION :

THERE IS NO CHANGE IN MY CONDITION THERE IS CHANGE IN MY CONDITION

PAIN GRADES : 1: MILD 2: MODERATE 3: SEVERE 4: VERY SEVERE

	RIGHT	LEFT	BOTH
HEADACHE			
NECK			
MID BACK			
LOW BACK			
JAW			
SHOULDER			
ELBOW			
WRIST			

	RIGHT	LEFT	BOTH
HAND			
FINGERS			
HIP			
THIGH			
KNEE			
LOWER LEG			
FOOT			
TOES			

ADDITIONAL COMMENTS:

Based on the report of the patient, additional information regarding this date of service may be found in the patient's file.

OBJECTIVE :	S: SPASM	E: EDEMA	TP: TRIGGER POINTS	FX: FIXATION		
	CERVICAL	THORACIC	LUMBAR	SACRUM	PELVIS	TRAPEZIUS
	PIRIFORMIS	QUADRI LUM				RHOMBOIDS

RANGE OF MOTION : PAIN(SAME GRADES AS ABOVE): R: RESTRICTION

CERVICAL : FLEX EXT. RT.ROT. LFT.ROT. RT.LAT.FLEX LFT.LAT.FLEX

THORACIC : FLEX RT.ROT. LEFT.ROT.

LUMBAR : FLEX EXT. RT.LAT.FLEX LFT.LAT.FLEX

ADDITIONAL COMMENTS:

Based on the examination finding, additional information regarding this date of service may be in the patient's life .

ASSESSMENT : No change Improving Flair up As expected Slower than expected

Due to nature of patient's condition, they should : stop all activities reduce all activities resume light activities resume all activities

TREATMENT : All treatment is benign rendered based on subjective complaints and examination findings and is medically necessary.

C: Cervical T: Thoracic L:Lumbar D/L: Dorsolumbar SI: Sacroiliac TJ: Tempromandibular joint

CODE :

Doctor Signature :

Patient's Signature :