

Hudson Valley Chiropractic Health Services P.C.

[] Patient went to NO Hospital on NO

Via: [] Ambulance [] Private Transportation [] The patient returned home to rest

XRAYS: Cervical Thoracic Lumbar Sacral Other: 2

MRI: Cervical Thoracic Lumbar Sacral Other: 3

CAT: Cervical Thoracic Lumbar Sacral Other: 3

[] Patient was evaluated, treated and released from the hospital on: N

[] Patient was prescribed: None

PAST MEDICAL HISTORY

Patient Illnesses Denies

Surgeries Denies

Medications Denies

Allergies Denies

Hx Denies

PRESENT COMPLAINTS

Headache: Constant Intermittent Location: Frontal Temporal Occipital All around

Neck Pain: Left Right Radiates to: L-Shoulder R-Shoulder Interscapular

Mid-Back Pain: Left Right Radiates to: Interscapular Low-back

Low Back Pain: Left Right Radiates to: Sacrum L/R buttocks L-Leg R-Leg

Extremity: Shoulder L/R Arm L/R Elbow L/R Forearm L/R Wrist L/R Hand L/R

Finger(s) L/R/Digit(s) Leg L/R Knee L/R

Chest Pain: Sternum Ribs L/R Breathing Difficult/Painful

Other: _____

PHYSICAL EXAMINATION

WEIGHT 150 LB HEIGHT 5' LB BP: R ____ mmHg L ____ mmHg

[X] Well nourished and maintained [X] Good [] Fair [] Poor

[X] The patient appears to be alert and oriented to person, place, and time

Gait