

Hudson Valley Chiropractic Health Services, P.C.
108 Kenilworth Pl.
Brooklyn, NY 11210

Last Name: Alexis First Name: Christopher D.O.A. _____

Date: 11/1/15
Subjective: ☐ Headaches ☒ Neck Pain ☒ Upper/Mid Back ☒ Low Back Pain
Other: _____ 99203 Initial ☐ 3-4 Regions

Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.
Assessment: Same Slightly Better Much Better Worse New Condition

Plan/Treatment: 98940 CMT ☐ 1-2 Regions 98941 ☐ 3-4 Regions 97112 ☐ Stretching 97110 ☐ Electric Stim
97014 ☐ Trigger Pt 97139 ☐ Other _____ Therapy _____ Traction _____ Activator _____ Myofascial Release _____ F/D

Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

Patient's Signature: X C Alexis DC. Signature: [Signature]

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