

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

Last Name: Banks First Name: Aaliya D.O.A. 6/16/23

Date: 6/19/23
Subjective: ☒ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain INITIAL

Other: _____

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

Plan/Treatment CMT: 98941(X) 3-4 Regions 99203(X) Initial visit 97112(X) Stretching 97110(X) Electric Stim 97014
() Trigger Pt Therapy Traction Activator Myofascial Release F/D

Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

Patient's Signature: X Aaliya Banks DC. Signature: Dr. Ryan

Date: 6/29/23
Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: _____

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

Plan/Treatment CMT: 98941(X) 3-4 Regions 99203() Initial visit 97112() Stretching 97110() Electric Stim 97014
() Trigger Pt Therapy Traction Activator Myofascial Release F/D

Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

Patient's Signature: X Aaliya Banks DC. Signature: Dr. Ryan

Date: _____
Subjective: ☐ Headaches ☐ Neck Pain ☐ Upper/Mid Back ☐ Low Back Pain

Other: _____

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

Plan/Treatment CMT: 98941() 3-4 Regions 99203() Initial visit 97112() Stretching 97110() Electric Stim 97014
() Trigger Pt Therapy Traction Activator Myofascial Release F/D

Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

Patient's Signature: X DC. Signature: _____