Hudson Valley Chiropractic Health Services P.C. 108 Kenilworth Pl.

Brooklyn, NY 11210

| [] Patie | ent went to | Metr | O New Mospital | Ion <u>5-8</u> | -23 | | | |
|---|---------------------------------------|---------------------|----------------------------|--|--------------|----------------|-----------------------|--|
| | | | [] Private Transportation | | | | returned home to rest | |
| | XRAYS: | Cervical | Thorac | ric Lumba | r Sacral | Other: | | |
| | MRI: Cervica | l | Thoracic | Lumbar Sacral | Other: | | | |
| | CAT: Cervica | 1 | Thoracic | Lumbar Sacral | Other: | 0 | | |
| []Patie | ent was evaluate | d, treated and re | eleased from the | Lumbar Sacral Metro h ospital on: | Vienca | 1/2 (n | jatin | |
| [] Patient was prescribed: | | | | | | | | |
| PAST MEDICAL HISTORY | | | | | | | | |
| Patient : | Illnesses | | | | | [] <i>þ</i> [] | enies | |
| Surgerie | es | | | | | []D | enies | |
| Medicat | tions | | | | ~~~ | []D | enies | |
| Allergies [] Denies | | | | | | | | |
| Нх | · · · · · · · · · · · · · · · · · · · | | | | ÷ | [[D | enies | |
| | | | PRESEN | NT COMPLAIN | TS | | | |
| Headac | he: Consta | nt Intermi | ittent Locat | tion: Frontal | Temporal | Occipital Alla | around | |
| Neck Pa | ain: Left | Right | Radiates to: | L-Shoulder | R-Shoulder | Interscapular | | |
| Mid-Ba | ck Pain: Left | Right | Radiates to: | Interscapular | Low-back | | | |
| Low Ba | ck Pain: Left | Right | Radiates to: | Sacrum | L/R buttocks | L-Leg R-Leg | | |
| | • | der L/R Digit(s) | | Elbow L/R RKnee L/R | Forearm L/R | Wrist L/R | Hand L/R | |
| Chest P | Pain: Sternun | n Ribs L/ | R Breath | ing Difficu | lt/Painful | | | |
| Other: _ | | | | | | | | |
| PHYSICAL EXAMINATION | | | | | | | | |
| WEIGHTLB HEIGHTLB BP: RmmHg LmmHg | | | | | | | | |
| [] Well nourished and maintained [] Good [] Fair [] Poor | | | | | | | | |
| The patient appears to be alert and oriented to person, place, and time | | | | | | | | |