

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

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

Date: 6/5/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: _____

Objective: Cervical/Thoracic/Lumbar/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.

Assessment: Same Slightly Better Much Better Worse New Condition

Plan/Treatment CMT: 98941(4) 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 C Alexis DC. Signature: Dr RFA

Date: 6/16/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: I Lower Back pain Sharp Pain (Shoulder)

Objective: Cervical/Thoracic/Lumbar/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.

Assessment: Same Slightly Better Much Better Worse New Condition

Plan/Treatment CMT: 98941(3-4) 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 C Alexis DC. Signature: Dr RFA

Date: 7/3/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: _____

Objective: Cervical/Thoracic/Lumbar/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.

Assessment: Same Slightly Better Much Better Worse New Condition

Plan/Treatment CMT: 98941(3-4) 3-4 Regions 99203() Initial visit 97112() Stretching 97110() Electric Stim 97014
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Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

Patient's Signature: X C Alexis DC. Signature: Dr RFA