

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

Last Name: Banks First Name: Aaliya D.O.A. \_\_\_\_\_

Date: 9/25/23

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 ☒ 3-4 Regions 99203 ☐ Initial visit 97112 ☐ Stretching 97110 ☐ Electric Stim  
9701 ☐ 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: [Signature]

Date: 10/16/23

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 ☒ 3-4 Regions 99203 ☐ Initial visit 97112 ☐ Stretching 97110 ☐ Electric Stim  
9701 ☐ 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: [Signature]

Date: 11/13/23

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~~

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Comments: \_\_\_\_\_

Cavitation: Yes ~~No~~ Partial (With) Pain Yes ~~No~~

Patient's Signature: X Aaliya Banks

DC. Signature: [Signature]