

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

Last Name: Banks First Name: Maya D.O.A. _____

Date: 7/27/23

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 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 Maya Banks DC. Signature: [Signature]

Date: _____

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 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 _____ DC. Signature: _____

Date: _____

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 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 _____ DC. Signature: _____