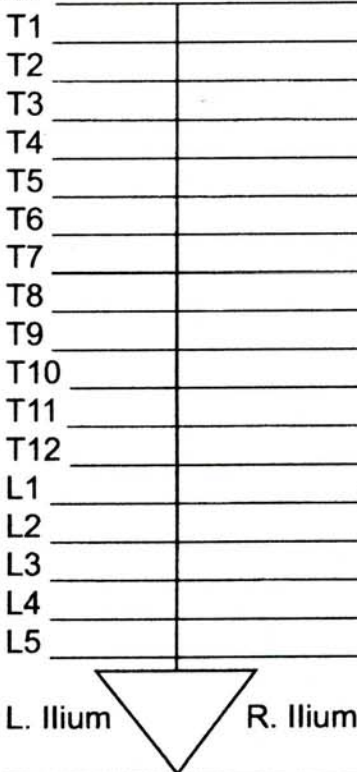


Patient's Name: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

Source: \_\_\_\_\_

CD Number: \_\_\_\_\_ CD Chapter: \_\_\_\_\_ DOB: \_\_\_\_\_

	Condition	ADL Limit
C1 _____	1) _____	1) _____
C2 _____	2) _____	2) _____
C3 _____	3) _____	3) _____
C4 _____	4) _____	4) _____
C5 _____	5) _____	5) _____
C6 _____	6) _____	6) _____
C7 _____	7) _____	7) _____
T1 _____	8) _____	8) _____
T2 _____		
T3 _____		
T4 _____		
T5 _____		
T6 _____		
T7 _____		
T8 _____		
T9 _____		
T10 _____		
T11 _____		
T12 _____		
L1 _____		
L2 _____		
L3 _____		
L4 _____		
L5 _____		



L. Ilium      R. Ilium

**VAS Rating (0-10)**

Rest: \_\_\_\_\_ Active: \_\_\_\_\_ Date: \_\_\_\_\_

Rest: \_\_\_\_\_ Active: \_\_\_\_\_ Date: \_\_\_\_\_

Rest: \_\_\_\_\_ Active: \_\_\_\_\_ Date: \_\_\_\_\_

Rest: \_\_\_\_\_ Active: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnosis**

1) \_\_\_\_\_ 5) \_\_\_\_\_

2) \_\_\_\_\_ 6) \_\_\_\_\_

3) \_\_\_\_\_ 7) \_\_\_\_\_

4) \_\_\_\_\_ 8) \_\_\_\_\_

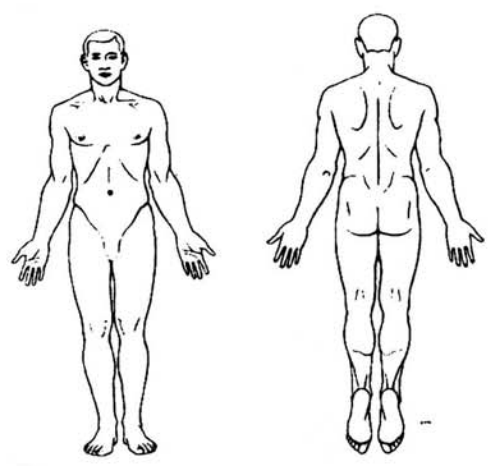
**Doctor of Record**

**Date**

Treatment Plan: \_\_\_\_\_ x per week for \_\_\_\_\_ week(s) until re-examination on \_\_\_\_\_  
to include: \_\_\_\_\_

- Manipulations**
- \_\_\_ 98940 1-2 Regions
  - \_\_\_ 98941 3-4 Regions
  - \_\_\_ 98943 Extremity
- Therapies**
- \_\_\_ 97110 One on one
  - \_\_\_ 97140 Manual Therapy
  - \_\_\_ 97140 Joint Mobilization
  - \_\_\_ 97150 Group Exercise
  - \_\_\_ 97530 Therapeutic Activity
  - \_\_\_ G0283 Elec. Muscle Stim
- S/P Wellness**
- \_\_\_ S8990-1 \_\_\_\_\_
  - \_\_\_ S8990-2 \_\_\_\_\_
  - \_\_\_ S8990-3 \_\_\_\_\_
  - \_\_\_ S8990-4 \_\_\_\_\_
  - \_\_\_ S8990-5 \_\_\_\_\_

**Therapy Plan Location**



**Date:**

Step Adjuster Scan: \_\_\_\_\_

Step Adjuster Order: \_\_\_\_\_

Step Adjuster Fitting: \_\_\_\_\_

Nutrition Consultation: \_\_\_\_\_

Consultation 2nd: \_\_\_\_\_

Consultation 3rd: \_\_\_\_\_

Custom Pillow: \_\_\_\_\_

I/O Workshop: \_\_\_\_\_