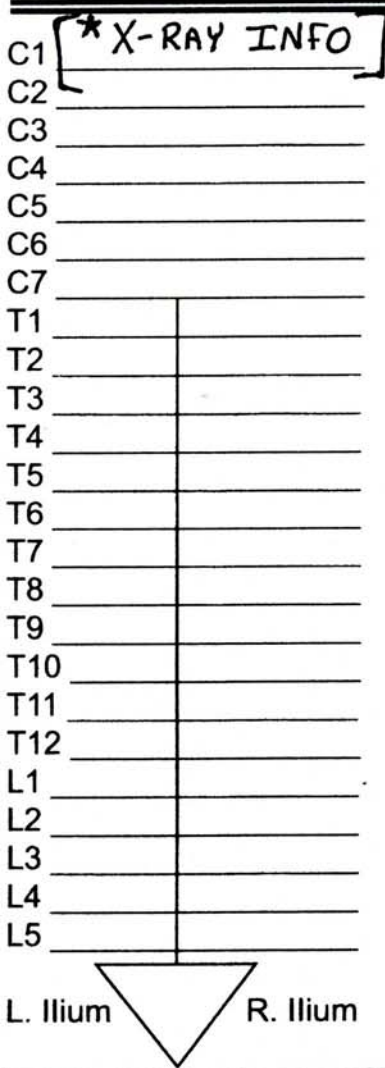


Patient's Name: Jane Doe Case #: \_\_\_\_\_ Date: 5/23/2008

Source: Referral from John Smith

CD Number: \_\_\_\_\_ CD Chapter: \_\_\_\_\_ DOB: 11/15/1970



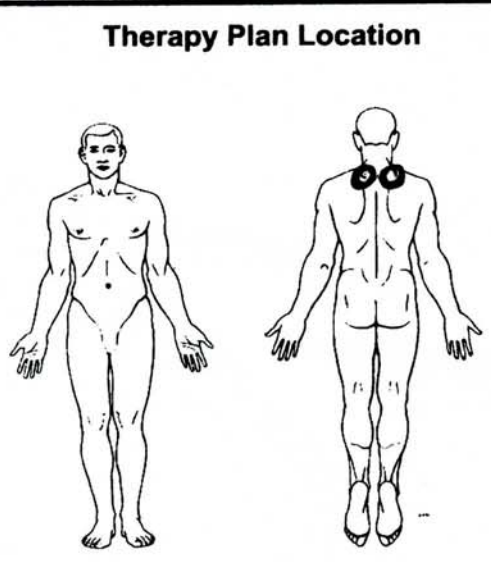
Condition	ADL Limit
1) <u>Headache</u>	1) <u>Driving (mod)</u>
2) <u>* Neck Pain</u>	2) <u>Lift children (mild)</u>
3) <u>upper trapezius pain</u>	3) <u>work (mild)</u>
4) _____	4) <u>Exercise (sev.)</u>
5) _____	5) _____
6) _____	6) _____
7) _____	7) _____
8) _____	8) _____

VAS Rating (0-10)	Diagnosis
Rest: <u>2</u> Active: <u>3</u> Date: <u>5/23/08</u>	1) <u>739.1</u> 5) _____
Rest: _____ Active: _____ Date: _____	2) <u>847.0</u> 6) _____
Rest: _____ Active: _____ Date: _____	3) <u>728.85</u> 7) _____
Rest: _____ Active: _____ Date: _____	4) _____ 8) _____

Dr. Steve Jones      5/23/08  
Doctor of Record      Date

Treatment Plan: 3 x per week for 4 week(s) until re-examination on 6/20/08  
to include: (whatever re-exam procedures you use in office)

- 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 \_\_\_\_\_



**Date:**

Step Adjuster Scan: 5/23/08

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

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

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

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

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

Custom Pillow: 5/23/08

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