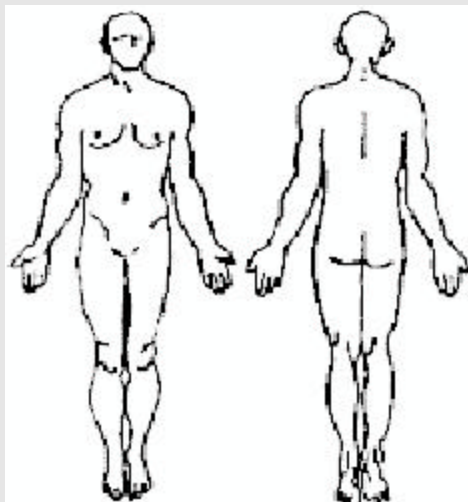


Patient's Daily Progress Report / Treatment Notes / Documentation / Soap Notes

Patient Name _____ Date _____ Patient # _____

- Subjective**
- See Notes
 - See Patient Notes
 - Symptoms B S W
 - Change
- Slight Moderate Substantial
- Pain / Tender
 - Headaches Cervical
 - Midback Low Back
 - Arm Legs Shoulder
 - Knee Feet Other
 - Patient Reports
 - New Injury
 - Re-Injury
 - Exacerbation
 - New Symptoms
 - See Re-Exam
 - Patient Progress Form

Please Indicate The Area Of Your Symptoms Using "XXXX"



Any NEW Conditions YES NO
NEW Accidents or Injuries YES NO

Name your conditions in the spaces below and grade the severity with the numbers 0 = Perfect - No Pain 10 = Most Severe Pain Compare this score to your last visit with better, same or worse.

1. _____
0 1 2 3 4 5 6 7 8 9 10
Better Same Worse

2. _____
0 1 2 3 4 5 6 7 8 9 10
Better Same Worse

Have you missed time from work? Y N 3. _____
Are you still off work? Y N
Last Date you worked _____

0 1 2 3 4 5 6 7 8 9 10
Better Same Worse

Patient Signature

- Objective**
- See Notes
 - Posture Analysis
 - Head Tilt Shoulder Tilt
 - Pelvic Tilt
 - Palpation C T L
 - Spasm C T L
 - Short Leg L / R
 - Short Arm L / R
 - Trigger Points
 - R.O.M. C T L
 - Gait
 - Reflexes _____
 - Sensory _____
 - Edema / Swelling
 - Joint Fixation _____

- Assessment**
- See Notes
 - Progress as expected
 - Progress slow but steady
 - Progress faster than expected
 - Immediate Improvement
 - Set Back Due To:
 - a) Re-injury b) Over use
 - c) Fatigue d) Age
 - e) Chronicity f) New Injury
 - g) Instability h) Pregnancy
 - i) Super-imposed injury
 - Continue Treatment
 - Discontinue Treatment
 - MCI / MMI
 - Change Treatment
 - Reduce Treatment
 - Adjustment is holding
 - Area stabilized
 - SEE DIAGNOSIS sheet
 - Trial of Therapy Begun

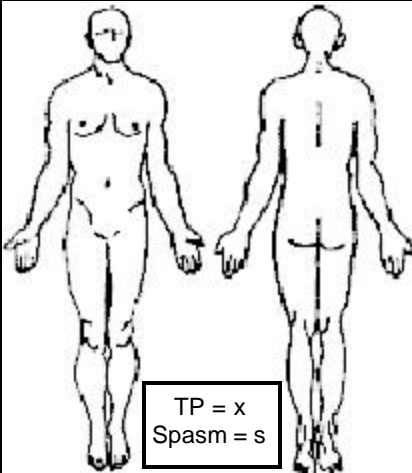
- Plan**
- See Notes
 - No Change in Plan.
 - Visit Frequency Change
 - Increase to _____ per week.
 - Decrease to _____ per week.
 - Discontinue treatment due to:
 - No response Adverse response
 - Improvement New Condition
 - Treatment Goals
 - Relief Strengthen
 - Stabilize Increase R.O.M.
 - Home Exercises
 - Home Stretches
 - Body Mechanics Review

- Prognosis**
- See Note
 - Too soon to tell
 - Expect to return to normal
 - Maximum chiropractic improvement
 - Expect residual impairment

Referral

MD Pod Accupuncture
Other _____
Date _____

- Therapies/ Modalities**
- See Notes
 - Cryotherapy
 - Hydrocollator
 - Diathermy
 - Axial traction
 - Intersegmental traction
 - Interferential
 - Ultrasound
 - Manual traction
 - TP therapy
 - Massage
 - Mechanical traction



- Adjustments**
- See Notes
 - Occiput
 - Cervical
 - Thoracic
 - Lumbar
 - Sacrum
 - Sacro-iliac
 - Pelvis
 - Shoulder
 - Elbow
 - Wrist
 - Hand
 - Hip
 - Knee
 - Ankle
 - Foot

- Technique**
- See Notes
 - Axial extension
 - Trigger point
 - SOT
 - Side Posture
 - Low Force
 - Gonstead
 - Diversified
 - AP
 - PA

- Supervised Rehabilitation**
- Rehab Eval C T L Ext.
 - First Session
 - Rehab

NOTES

Drs. Initials