

Chiropractic Treatment Plan

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Contact information:	
Medical history:	
Comprehensive assessment	
Presenting complaint(s):	
Lifestyle factors (e.g., occupation, activity level, stress):	
Assessment methods used:	
<input type="checkbox"/> Physical examination	
<input type="checkbox"/> Orthopedic/neurological testing	
<input type="checkbox"/> Imaging (X-ray or MRI)	
<input type="checkbox"/> Range of motion assessment	
<input type="checkbox"/> Postural evaluation	
<input type="checkbox"/> Others specify:	
Findings and diagnosis:	

Tailored treatment plan	
I. Primary goals:	
<input type="checkbox"/> Pain reduction	Prevent recurrence
<input type="checkbox"/> Improve mobility	Others specify:
<input type="checkbox"/> Restore function	
From:	To:
II. Short-term goals:	
From:	To:
III. Long-term goals:	
From:	To:
Expected frequency of visits:	/week for weeks
IV. Techniques used:	
<input type="checkbox"/> Spinal adjustments	Soft tissue techniques
<input type="checkbox"/> Manual therapy	Lifestyle modification
<input type="checkbox"/> Therapeutic exercises	Others specify:
Spinal adjustments	
I. Areas of focus:	
<input type="checkbox"/> Cervical	Sacral/pelvic
<input type="checkbox"/> Thoracic	Others specify:
<input type="checkbox"/> Lumbar	
II. Adjustment techniques:	
<input type="checkbox"/> Diversified	Thompson drop
<input type="checkbox"/> Gonstead	Others specify:
<input type="checkbox"/> Activator method	

Therapeutic exercises

I. Exercise objectives:

- | | |
|--|------------------|
| <input type="checkbox"/> Muscle strengthening | Balance training |
| <input type="checkbox"/> Flexibility improvement | Others specify: |
| <input type="checkbox"/> Posture correction | |

II. Prescribed exercises (include reps/sets/frequency):

Lifestyle guidance

I. Education topics covered:

- ☐ Posture and ergonomics
- ☐ Home/workplace modifications
- ☐ Nutrition and anti-inflammatory diet
- ☐ Stress management techniques
- ☐ Sleep hygiene
- ☐ Others specify:

II. Patient resources:

- | | |
|---|----------------------|
| <input type="checkbox"/> Handouts | Online portal access |
| <input type="checkbox"/> Exercise sheets | Others specify: |
| <input type="checkbox"/> Referral to specialist | |

Follow-up and re-evaluation plan

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Weekly progress reviews | Patient self-reporting logs |
| <input type="checkbox"/> Monthly re-assessment | Functional outcome measures |

Next review date:

Practitioner notes/comments:

Additional notes**Healthcare professional information****Name:****License ID number:****Signature:**