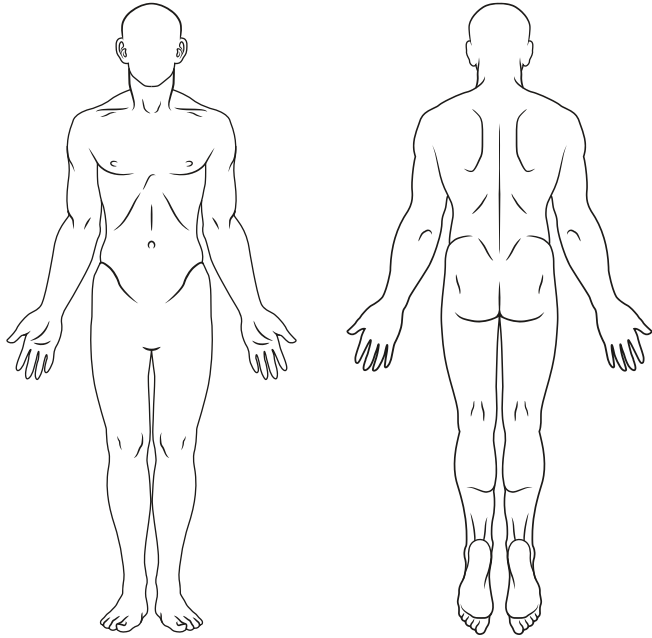


Chiropractor Note

Name: _____ Age: _____
Gender: _____ Date of visit: _____ Patient number: _____
Contact information: _____

Please use a pen or PDF editor to mark/label locations of pain or symptoms.



Legend

Feel free to use these or create your own.

- | | |
|----------------|-----------------|
| ✕ Adhesion | ≈ Spasm |
| ↻ Rotation | ○ Inflammation |
| ○ Pain | 9 Trigger point |
| ● Tender joint | / Elevation |
| ≡ Hypertension | |

Notes

Subjective										
Patient's description of symptoms and locations <i>Indicate level of pain using 1-10 scale</i>	1	2	3	4	5	6	7	8	9	10
Onset and durations of symptoms										
Factors aggravating/ relieving symptoms										
Functional limitations										
Objective										
Postural assessments <i>(indicate tests done and results, if any)</i>										
Range of motion	Cervical spine:		Normal		Reduced					
	Thoracic spine:		Normal		Reduced					
	Lumbar spine:		Normal		Reduced					
Orthopedic tests <i>(indicate tests done and results, if any)</i>										
Neurological exams <i>(indicate tests done and results, if any)</i>										
Gait analysis										
Ancillary treatments administered										
Assessment										
Diagnoses										
Clinical impressions										
Plan										
Chiropractic adjustments										
Frequency of visits										
Follow-up plan										
Insurance claims considerations										

Attending chiropractor's name: _____

License number: _____ Signature: _____