

Patient Sign-in & SOAP Documentation

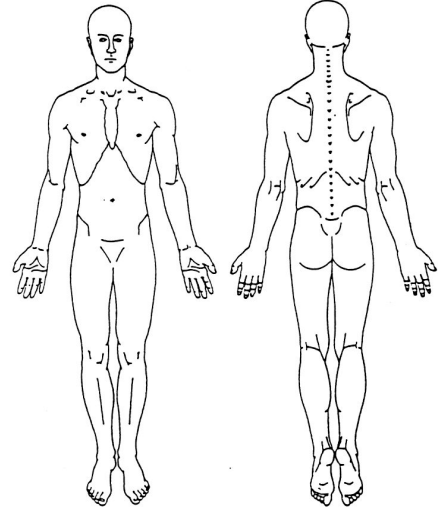
Patient Name _____

Date: ____ - ____, 20____

Patient Signature _____

Chief Complaint: _____

"X" Areas of Pain/Discomfort:



Worsening Factors?: _____

Relieving Factors: _____

Subjective: How you feel today?

Pain Scale: 0 Pain Free 1,2,3 Mild 4,5,6 Moderate
7,8,9 Severe 10 Extreme

Symptoms: Dull Sharp Stabbing Shooting/Shock-like
Numb/Pins & Needles Tight/Stiff Achy
Burning Cold Headache or Migraine

Frequency: Intermittent Often Frequent Constant

Have you seen other healthcare providers for this condition? NO YES, please explain:

ATTENTION: PLEASE STOP HERE, THE REST OF THIS FORM IS FOR BILLING & INSURANCE

Procedures Completed:

Exam: Consultation/Report Initial Exam 99201 99202 Re-Exam 99211 99212

CMT: 98940 98941 98942 98943

Modalities:

97012 Intersegmental Traction Long Axis Traction C L weight _____ #
97110 Therapeutic Exercises/Stretches _____ units C T L P Extremity _____ TMJ
97112 Neuromuscular Reeducation _____ units C T L P Extremity _____
97124 Massage Therapy _____ units C T L P Extremity _____ TMJ
97140 Man Therapy _____ units C T L P Extremity _____ TMJ
97140 Man Therapy Lumbar Flexion-Distraktion _____ units (Hill Laboratories AFT Table)
Laser Therapy Initial Single Tx Follow-up 6Pack (_____ of _____)
Rock Tape C T L P Extremity _____ \$
Pulsed EMF INTRO 1 6 9 12 18 (_____ of _____) \$

Region: _____

Physician Signature _____ Date: _____

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OBJECTIVE FINDINGS: (P=Pain, MS=M.Spasm, TP=Trigger Point, ADH= M. Adhesions, E/I=Edema/Inflammation)

L/R Neck P MS TP E/I ↑ ROM ↓ ROM ADH L/R Lumbar/Sacrum P MS TP E/I ↑ ROM ↓ ROM ADH

L/R Thoracic P MS TP E/I ↑ ROM ↓ ROM ADH L/R Ilium P MS TP E/I ↑ ROM ↓ ROM ADH

Extremities P MS TP E/I ↑ ROM ↓ ROM ADH

DIAGNOSIS: Continuation of Same New/Add Replace See Attached Dx Document and/or Patient File

PROGRESS: As Expected

Slower than Expected w/ Limiting Factors: _____

Receiving clinically necessary therapeutic/rehabilitative care with further care required

PROGNOSIS: This is patient's first visit, prognosis TBD at future visit

Good: Uncomplicated Case; continued improvement anticipated, no permanent residuals expected

Fair: Complicated Case; continuing improvement anticipated, permanent residuals possible and/or likely

Guarded: Complicated Case with slow improvement anticipated, permanent residuals probable

TREATMENT PLAN:

As needed for flare-ups/exacerbations and/or new conditions: _____

Treatment: _____ days/week for _____ weeks: _____

Temporary Total Disability: unable to perform normal work and home activity through: _____

Temporary Partial Disability: restricted home and work activity to: _____

Patient issued instructions for work/home: _____

Patient dismissed from care and/or referred to other provider: _____

Doctor Recommendations: _____

TREATMENT GOALS:

↑ Function of Activities of Daily Living ↓ Nerve Pressure ↓ Antalgic Posture ↓ Antalgic Gait

↓ Pain & Inflammation/Edema ↑ Stability of Connective Tissues Increase Strength & Endurance

Myofascial Release ↓ Trigger Points & Muscle Spasm ↓ Mm. Adhesions Improve ROM & Flexibility

Neuromuscular Reeducation of Supporting Soft Tissues Correct Interosseous Relationships

Stimulate Mechanoceptive Pathways of Soft Tissues Mobilize Spinal Segments ↑ Joint Strength

TODAY'S TREATMENT:

Spinal: _____ Extremity: _____

Therapies: (see attached documents for specific information regarding therapies)

97110 _____ units, to develop strength & endurance, ROM and flexibility: _____ minutes

REGION: CERV THOR LUM SAC PELVIC FACIAL/CEPHALIC EXTREMITY: UPPER LOWER

97112 _____ units, to develop strength & endurance, ROM and flexibility: _____ minutes

REGION: CERV THOR LUM SAC PELVIC FACIAL/CEPHALIC EXTREMITY: UPPER LOWER

97124 Massage Therapy _____ units (_____ minutes)

REGION: CERV THOR LUM SAC PELVIC FACIAL/CEPHALIC EXTREMITY: UPPER LOWER

97140 Man Tpy _____ units: Trigger Pt Tpy, Myofascial Release Soft Tissue Tpy (_____ minutes)

REGION: CERV THOR LUM SAC PELVIC FACIAL/CEPHALIC EXTREMITY: UPPER LOWER

97140 Man Therapy~B/L Lumbar Flexion-Distractio_____ units: to ↓ spinal nerve pressure, ↓ intradiscal pressure, ↑ spinal canal foraminal area, ↓ inflammation of lumbar facet joints, ↑ space b/t lumbar facet joints, ↑ motion within spinal joints and IVD spaces, elongate lumbar erector spinae mm group, ↓ sciatica symptoms (_____ minutes)

Physician Signature _____ Date: _____