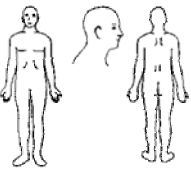
DC DAILY OFFICE NOTES

Patient # ______ Name: ______________________________ DOB: ___-___-_____
CC#1: ____________________ CC#2: ____________________ CC#3: ____________________

DATE OF VISIT: ____________ **CHIEF COMPLAINTS:** CC#1Pain ___ / 10, CC#2 Pain ___ / 10, CC#3 Pain ___ / 10
SUBJECTIVE: Patient reports: ______________________________

Symptoms: ❑Pain ❑Spasm ❑Tingling ❑Numbness _______ ______________________
Activities: ❑Physical Restrictions ❑Work Limitations ______________________
Home Care: ❑Ice ❑Heat ❑Exercise ❑Bed Rest _______ ______________________



OBJECTIVE: Observation, Palpation, Localization of Tenderness, Segmental Dysfunction
T=Palpable Tenderness M=Muscle Spasms X=Trigger Points

Subluxation Levels: C/S: Occ 1 2 3 4 5 6 7 **T/S:** 1 2 3 4 5 6 7 8 9 10 11 12 **L/S:** 1 2 3 4 5 **SI:** Rt Lt **ExSpinal:**

ASSESSMENT: ❑Improved ❑Regressed ❑Approaching MMI ❑At MMI
Additional Assessment: ______________________________
Phase of Care: ❑Acute ❑Sub-Acute ❑Rehab ❑Supportive ❑Wellness **Progress:** ❑Slower ❑Faster ❑As anticipated

PLAN: ❑Spinal Adjustment ❑Modalities ❑Manual Therapy ❑Massage ❑Rehab ❑Diagnostic Testing ❑Lab
❑ **C/S**: Occ 1 2 3 4 5 6 7 **T/S:** 1 2 3 4 5 6 7 8 9 10 11 12 **L/S:** 1 2 3 4 5 SI Rt Lt ❑**ExtraSpinal Adjust**: ______
Modalities: ❑EMS: ❑INF__ - __ Hz ❑Russian __ / __ Area(s): ❑C/S ❑T/S ❑L/S ❑Other ________ Time: ___ min.
❑Moist Heat ❑Ice ❑ Ice Massage ❑ Ultrasound Area(s): ❑C/S ❑T/S ❑L/S ❑Other _____ Time: ___ min.
❑Mechanical Traction ❑ Manual Traction Area(s): ❑C/S ❑T/S ❑L/S ❑Other ________ Time: ___ min.
Therapeutic Exercise: ❑Low Tech ❑High Tech ❑NMR Area(s): ❑C/S ❑T/S ❑L/S ❑Other ________ Time: ___ min.
Description: ______________________________
Additional Plan/Goals: ______________________________
❑ Treatment performed without incident. ❑ Continue current treatment plan as prescribed. ❑ Modify treatment plan.
❑ Change plan next visit: ______________________________
Dr. Signature: ______________________________

DATE OF VISIT: ____________ **CHIEF COMPLAINTS:** CC#1Pain ___ / 10, CC#2 Pain ___ / 10, CC#3 Pain ___ / 10
SUBJECTIVE: Patient reports: ______________________________

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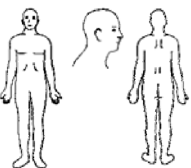

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