Patient Name: _____Today's Date _____

Name of hospital/doctor/therapist/center treated at: _____
Address: _____ Date:_____

Check what treatment you received:

1

□ Exam-consultation	□ Rehabilitation	□ Exercises
□ Insurance doctor	□ Ultrasound	□ Acupuncture
□ X-ray of spine	□ Chiropractic Adjustments	□ Injection(s) to _____
□ X-ray of arms	□ Massage	□ Wrist brace-splint
□ X-ray of legs	□ Muscle stimulation	□ Neck collar (brace)
□ Other X-rays_____	□ Physical therapy	□ Low back brace
□ MRI of _____	□ Anti-inflammatory medications	□ Heat packs
□ CAT Scan of _____	□ Pain medications	□ Ice packs
□ EMG/NCV test	□ Muscle relaxants	

□ Other _____

Name of hospital/doctor/therapist/center treated at: _____
Address: _____ Date:_____

Check what treatment you received:

2

□ Exam-consultation	□ Rehabilitation	□ Exercises
□ Insurance doctor	□ Ultrasound	□ Acupuncture
□ X-ray of spine	□ Chiropractic Adjustments	□ Injection(s) to _____
□ X-ray of arms	□ Massage	□ Wrist brace-splint
□ X-ray of legs	□ Muscle stimulation	□ Neck collar (brace)
□ Other X-rays_____	□ Physical therapy	□ Low back brace
□ MRI of _____	□ Anti-inflammatory medications	□ Heat packs
□ CAT Scan of _____	□ Pain medications	□ Ice packs
□ EMG/NCV test	□ Muscle relaxants	

□ Other _____

Name of hospital/doctor/therapist/center treated at: _____
Address: _____ Date:_____

Check what treatment you received:

3

□ Exam-consultation	□ Rehabilitation	□ Exercises
□ Insurance doctor	□ Ultrasound	□ Acupuncture
□ X-ray of spine	□ Chiropractic Adjustments	□ Injection(s) to _____
□ X-ray of arms	□ Massage	□ Wrist brace-splint
□ X-ray of legs	□ Muscle stimulation	□ Neck collar (brace)
□ Other X-rays_____	□ Physical therapy	□ Low back brace
□ MRI of _____	□ Anti-inflammatory medications	□ Heat packs
□ CAT Scan of _____	□ Pain medications	□ Ice packs
□ EMG/NCV test	□ Muscle relaxants	

□ Other _____