Check what treatment you received:    Exam-consultation		nerapist/center treated at:		
Exam-consultation	Address: Date:			-
Ultrasound   Acupuncture   Acu	Check what treatment you	received:		
Array of spine	□ Exam-consultation	□ Rehabilitation	□ Exercises	1
	☐ Insurance doctor	□ Ultrasound	□ Acupuncture	
Avay of arms	☐ X-ray of spine	☐ Chiropractic Adjustments	☐ Injection(s) to	
X-ray of legs	☐ X-ray of arms	□ Massage		_
Other X-rays	•	_	□ Neck collar (brace)	
MRI of	, -	□ Physical therapy		
CAT Scan of			□ Heat packs	
Muscle relaxants				
Name of hospital/doctor/therapist/center treated at: Address: Check what treatment you received: Check what treatment you	□ EMG/NCV test			
Name of hospital/doctor/therapist/center treated at: Address: Check what treatment you received: Check what treatment you	·			
Address:				
Check what treatment you received:    Exam-consultation				
Exam-consultation				
Insurance doctor	·		F	2
X-ray of spine				
X-ray of arms			•	
X-ray of legs	·	•	-	
Other X-rays	•	_	•	
MRI of				
CAT Scan of Pain medications   Ice packs				
BMG/NCV test			•	
Name of hospital/doctor/therapist/center treated at:  Address:			□ Ice packs	
Name of hospital/doctor/therapist/center treated at:  Address:  Date:  Check what treatment you received:  Exam-consultation Rehabilitation Acupuncture Name of hospital/doctor/therapist/center treated at:  Date:  Check what treatment you received:  Chiropractic Adjustments Injection(s) to  Neck collar (brace-splint) Neck collar (brace) Chiropractic Adjustments Neck collar (brace) Chiropractic Adjustments Chiropractic	□ EMG/NCV test	☐ Muscle relaxants		
Address:	□ Other			
Check what treatment you received:    Exam-consultation				
Exam-consultation	Address:		Date:	-
□ Insurance doctor □ Ultrasound □ Acupuncture   □ X-ray of spine □ Chiropractic Adjustments □ Injection(s) to	Check what treatment you	received:		3
□ X-ray of spine □ Chiropractic Adjustments □ Injection(s) to	□ Exam-consultation	□ Rehabilitation	□ Exercises	<u> </u>
□ 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	☐ Insurance doctor	□ Ultrasound	□ Acupuncture	
□ 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	☐ X-ray of spine	☐ Chiropractic Adjustments	☐ Injection(s) to	_
□ 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	☐ X-ray of arms	□ Massage	☐ Wrist brace-splint	
□ 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	□ X-ray of legs	☐ Muscle stimulation	□ Neck collar (brace)	
☐ MRI of ☐ Anti-inflammatory medications ☐ Heat packs ☐ CAT Scan of ☐ Pain medications ☐ Ice packs ☐ EMG/NCV test ☐ Muscle relaxants	□ Other X-rays	Physical therapy	□ Low back brace	
□ CAT Scan of □ Pain medications □ Ice packs □ EMG/NCV test □ Muscle relaxants			☐ Heat packs	
□ EMG/NCV test □ Muscle relaxants				
□ Other	□ EMG/NCV test		•	
	□ Other			

Patient Name: \_\_\_\_\_Today's Date \_\_\_\_\_