



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

**Today I have complaints of: (circle all that pertain)**

Neck Pain	That is:	Extreme	Severe	Moderate	Mild
Upper Back Pain	That is:	Extreme	Severe	Moderate	Mild
Lower Back Pain	That is:	Extreme	Severe	Moderate	Mild
Headaches	That is:	Extreme	Severe	Moderate	Mild
Digestive Problems	That is:	Extreme	Severe	Moderate	Mild
Arm Pain/Numbness	That is:	Extreme	Severe	Moderate	Mild
Leg Pain/Numbness	That is:	Extreme	Severe	Moderate	Mild
Other _____	That is:	Extreme	Severe	Moderate	Mild

Please explain any thing new you have to report (falls, accidents, new aches or pains, etc.) \_\_\_\_\_

**Insurance category**

PPO PI WC Cash MC MCD

**Diagnosis Codes**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

From my examination today the patient exhibited:

Joint dysfunction was noted from a structural analysis in the:	Neck	Mid Back	Low Back
Temperature Gradient study revealed an increased temp in the c-spin to the:	Right	Left	No Increase
Leg check analysis showed a short leg on the:	Right	Left	
Upon Range of Motion study, restrictions were found in the:	C-spine	T-spine	L-spine

Levels Adjusted: C1 C2 C3 C4 C5 C6 C7 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 L1 L2 L3 L4 L5  
RS LS LI RI

Based on these findings I performed the following (circled or highlighted)

Suggested activities of daily living to do: \_\_\_\_\_

Patient is to: Follow new treatment plan of: \_\_\_\_\_ Follow treatment plan as recommended.

**E/M New Patient**

99202 New Patient Expanded Focused  
99203 New Patient Detailed  
99204 New Patient Comprehensive  
99205 New Patient Comprehensive  
99050 After Hours/Emergency Visit  
99054 Sunday/Holiday Visit

**E/M Confirmatory Consult**

99271 Pt. Initiated Problem Focused  
99272 Pt. Initiated Expanded Focused  
99273 Pt. Initiated Detailed  
99274 Pt. Initiated Comprehensive  
99275 Pt. Initiated Comprehensive

99241 Prof. Initiated Problem Focused  
99242 Prof. Initiated Expanded Focused  
99243 Prof. Initiated Detailed  
99244 Prof. Initiated Comprehensive  
99245 Prof. Initiated Comprehensive

99371 Phone Consultation  
99361 Team Conference

**E/M Established Patient**

99211-25 Established Minimum  
99212-25 Established Prob Focused  
99213-25 Established Expanded  
99214-25 Established Detailed  
99215-25 Established Comprehensive

**Physical Therapy / Rehab**

97110 Therapeutic Exercise \_\_\_\_\_Units  
97112 Neuromuscular Reeducation  
97116 Gait Analysis  
97140-59 Manual Therapy \_\_\_\_\_Units  
97530 Therapeutic Activities  
97535 Activities of Daily Living (Home)  
97537 Activities of Daily Living (Work)  
97012 Resting

**Chiropractic**

98940 CMT 1-2 Regions  
98941 CMT 2-3 Regions  
98942 CMT 4+ Regions  
98943 CMT Extremities  
(AT) Change of Symptoms

**X-Rays**

72020 Single View  
72040 Cervical 2 View  
72050 Cervical 4 View  
72052 Davis Series  
72070 Thoracic AP&LAT  
72100 Lumbar AP&LAT  
72110 Lumbar 4 Views

73560 Knee AP&LAT  
73030 Shoulder 2 Views  
73070 Elbow 2 Views  
73090 Forearm 2 Views  
73100 Wrist 2 Views  
73500 Hip Unilateral  
73550 Femur 2 Views

**Diagnostics**

95831 59 Muscle Test - Cerv  
95831-59 Muscle Test - Lumb  
95851-59 ROM Test - Cerv 3  
95851-59 ROM Test - Lumb 2  
97750-59 Phys Perf. Test  
(Comp Muscle Test)