

**M** Patient Name: \_\_\_\_\_

Primary complaint: \_\_\_\_\_

Subjective patient's statement: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Objective: **P** \_\_\_\_\_ pain (motion/palpation) sharp... dull... radiating... \_\_\_\_\_/10

**A** \_\_\_\_\_ asymmetry unleveled: head..... shoulders.... pelvis.... legs

Dr.'s Initials

**R** \_\_\_\_\_ range of motion inc/decrease **T** \_\_\_\_\_ taut/tender fibers

Assessment: \_\_\_\_\_ improving Progress: \_\_\_\_\_ as anticipated Comments:

\_\_\_\_\_ regressed \_\_\_\_\_ slower

\_\_\_\_\_ no change \_\_\_\_\_ faster

Plan:

Plan and treatment \_\_\_\_\_ continue as planned change to \_\_\_\_\_

Manipulation **C** 1 2 3 4 5 6 7 **T** 1 2 3 4 5 6 7 8 9 10 11 12 **L** 1 2 3 4 5 **R** L sacroiliac

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