

Calloway Chiropractic Clinic

BEST PHONE NUMBER:

Please write your reasons for seeing the doctor today

1 _____

2 _____

3 _____

Rate the level of your health:

unhealthy- 0 1 2 3 4 5 6 7 8 9 10 -healthy

Rate the severity of your pain:

no pain- 0 1 2 3 4 5 6 7 8 9 10 -excruciating

Please write new medications, surgeries, illnesses, or anything new since the last visit:

Name: _____

Date: _____

EMAIL ADDRESS: _____

Mark the area of dysfunction below and put:

A = aching pain

B = burning pain

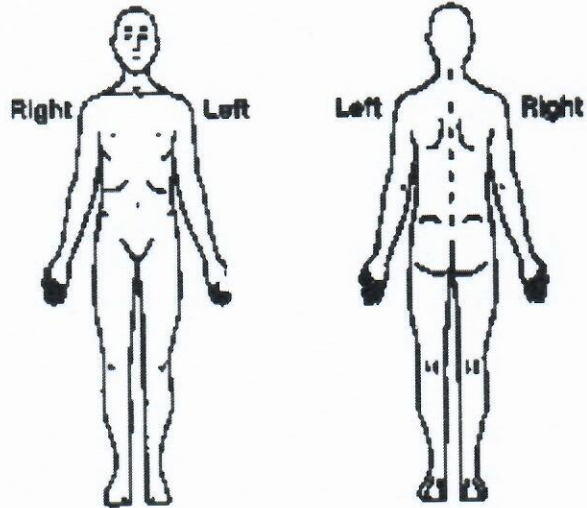
S = stabbing pain

P = pins & needles

N = numbness

D = discomfort

X = other: _____



DOCTOR'S NOTES:

<i>Primary Diagnosis</i>		<i>NOTES:</i>
M99.00 Head/Occiput		
M99.01 Cervical		
M99.02 Thoracic		
M99.03 Lumbar		
M99.04 Sacral		
M99.05 SI Joint		
<i>Secondary Diagnosis</i>		
R51 Headache		
J01.90 Sinusitis-Acute		
J32.9 Sinusitis-Chronic		
M54.2 Cervicalgia		
M53.1 Cer/Bra Syndrome		
M50.20 Cervical Disc Injury		
S43.409A Shoulder Sprain/Strain	HAND OUTS TO GIVE TO PATIENT:	HAND OUTS GIVEN BY DOCTOR:
M54.6 Thoracic Pain		
M54.5 Low Back Pain		
S39.012 Low Back Strain		
M51.26 Lumbar Disc Injury		
S33.9XXA SI Joint Sprain/Strain	NUTRITION TO CONTINUE TAKING:	NEV/ NUTRITION/INSTRUCTIONS:
S83.90XA Knee Sprain/Strain		
S93.40 Ankle Sprain/Strain		
M25.5 Arthralgia		
M62.4 Muscle Spasm		
R53.8 Fatigue		
K29.5 Gastritis		
K52.9 Colitis		
M79.609 Extremity Pain		
M60.9 Myalgia		
R21 Rash & skin eruption		
V89.2 Motor Vehicle Accident		
346.9 Migraine		
NEXT VISIT:		VISIT FEE: