

Normal

CHIROPRACTIC



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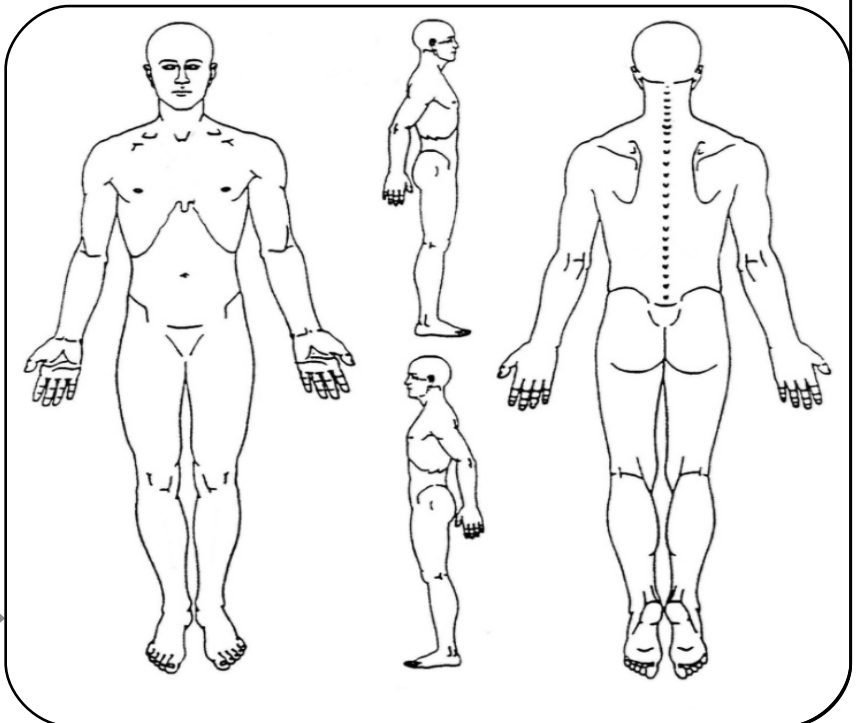


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Normal Chiropractic, PLLC
140 E 9th Street
Tyler, TX 75701
(903) 218-2238

**Acknowledgement of Receipt of
Notice of Privacy Practices**

This form will be retained in your medical record.

NOTICE TO PATIENT

We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Please sign this form to acknowledge receipt of the Notice.

Patient Name: _____ **Date of Birth:** ____/____/____

I acknowledge that I have **received and had the opportunity to review** the Notice of Privacy Practices on the date below on behalf of Normal Chiropractic.

I understand that the Notice describes the uses and disclosures of my protected health information by Normal Chiropractic and informs me of my rights with respect to my protected health information.

Patient's Signature or that of Legal Representative

Printed Name of Patient or that of Legal Representative

Today's Date

If Legal Representative, Indicate Relationship

****FOR OFFICE USE ONLY****

We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation it was not possible to obtain an acknowledgement
- Communications barriers prohibited obtaining the acknowledgement
- Other (please specify):

Employee Name

Today's Date

INITIAL EXAM
***** For Doctors Use Only *****

Name: _____ Date: / / Doctor: _____

Subjective Findings:

Denies: Bowel or Bladder Dysfunction, Unexplained Fever, Related Trauma, Relevant Surgery, Numbness/Tingling, Radiation of Pain, Relevant Imaging

Objective Findings:

Insp: WNL

Palp: WNL As Noted

ROM: Not Tested

	Cervical	Thoracic	Lumbar
Flexion	↑ ↓ P	↑ ↓ P	↑ ↓ P
Extension	↑ ↓ P	↑ ↓ P	↑ ↓ P
Left Lateral Flexion	↑ ↓ P	↑ ↓ P	↑ ↓ P
Right Lateral Flexion	↑ ↓ P	↑ ↓ P	↑ ↓ P
Left Rotation	↑ ↓ P	↑ ↓ P	↑ ↓ P
Right Rotation	↑ ↓ P	↑ ↓ P	↑ ↓ P

WNL: Cervical Thoracic Lumbar L. Shoulder R. Shoulder L. Hip R. Hip

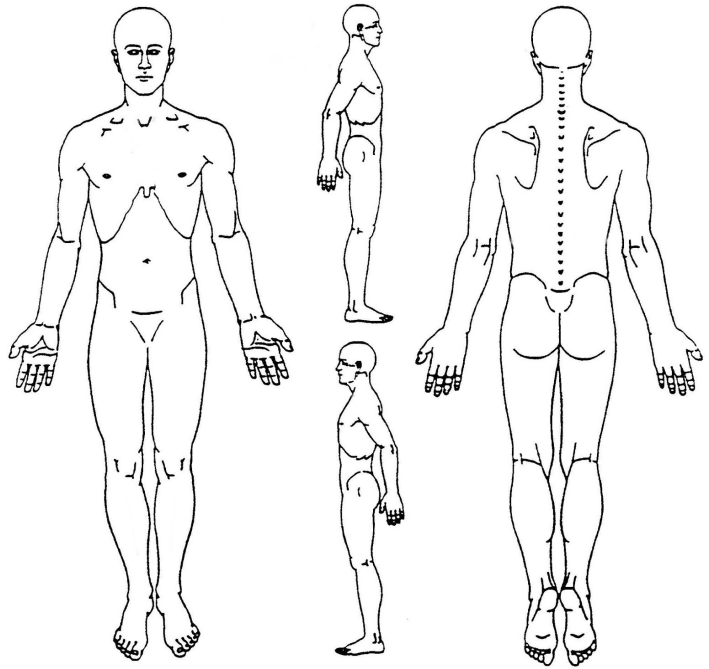
Ortho: Not Tested

Neuro: Not Tested

WNL: DTR (UE/LE) Muscle Strength (UE/LE) Sensation (UE/LE) CN UMNL Signs

Other:

Tender point (X) Restriction (0) Paresthesia (//) Pain (P) Posture (->) Stim (S)



Assessment:

Goals:

Therapeutic Modalities/Procedures:

- Acupuncture (97811) W/Stim (97813) _____ Minutes (Brief / Add-on)
- Cupping _____ Minutes
- Traction, Mechanical (97012) _____ Minutes (Cervical / Lumbar) LBS _____
- E-stim, Unattended (97014) _____ Minutes (Therapies Only)
- E-stim, Attended (97032) _____ Minutes
- Massage (97124) _____ Minutes
- Kinesio Tape w/ Movement Instruction (97112) _____ Minutes
- Manual Therapy (97140) 59 _____ Minutes (Brief / Add-on)
- Therapeutic Exercise (97110) _____ Minutes (Brief / Add-on)

Manipulative Procedures (HVLA):

- 1-2 (98940) 3-4 (98941) 5 (98942) ROM Only
- Occiput
- Cervical
- Thoracic
- Lumbar
- Sacral
- Pelvic
- Upper Extremity (98943)
- Lower Extremity (98943)

Levels/Part:

- Express
- 1234567
- 123456789101112
- 12345

Recommendations:

Return: 2-3 days 4-5 days 1 week 2 weeks As Needed
Begin therapeutic exercises as instructed, Rest, Ice, Heat, Request Imaging

Treatment Response:

All treatments were tolerated well

Notes:

Signature: _____