

Patient Name: _____

AARAGON CHIROPRACTIC INC
1201 W. Gore Blvd., Suite A
Lawton, OK 73501
(580) 353-6776

Date: _____

File #: _____

MC - PI - INS - WC - CASH

SUBJECT: Please check/circle all that apply.

- _____ I feel (better same worse) today.
- _____ Experiencing good/bad days.
- _____ I have pain in the (neck mid low) back.
- _____ Pain in (shoulder arm elbow hand).
- _____ Pain in (hip leg knee ankle foot).
- _____ Muscle spasms in (neck mid low) back.

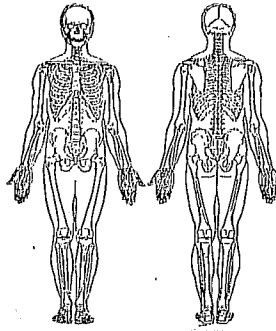
Please circle current level of Pain:

0 1 2 3 4 5 6 7 8 9 10

I acknowledge receipt of medical services and authorize the release of any medical information necessary to process this claim for healthcare payment only.
I authorize payment to the provider.

Patient Signature: _____ (DO NOT WRITE BELOW THIS LINE.)

Please indicate the areas of your symptoms using XXX on figure below



My pain is :

Please circle all that apply:

- sharp dull burning numbness
- aching stabbing constant
- comes and goes tingling
- worse on motion at night

Since your last visit:

Any New Conditions? YES NO

New Accident/Injury? YES NO

Seen another doctor? YES NO

OBJECTIVE:

- P: Pain on palpation C - T - L spine. _____
- Pain in shoulder - elbow - wrist - hand. _____
- Pain in SI - hip - leg - knee - ankle - foot. _____
- Swelling Spasms Inflammation. _____
- A: Subluxation/fixation C - T - L spine, demonstrated by X-Ray YES / NO. _____
- Pain / Fixations: 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. S 1-2, Hip
- R: Reduced/improved ROM C - L Spine. _____
- T: Myospasms/ hypotonic C - T - L spine. _____
- Increase/decreased muscle tone. _____

ASSESSMENT:

- _____ Patient improvement with TX is mild - moderate - significant.
- _____ Patient's response to care is as expected - steady - erratic - slow - w/o incident.
- _____ Patient feels better - same - worse.

Home Instructions:

Ice Heat Stretching Rest Exercise

PLAN: Return Visit M T W TH F 1wk 2 wk 3wk 1 mo PRN

Examination: New Patient Level 1 - 99201 Level 2 - 99202 Level 3 - 99203	Established Patient: Level 1 - 99211 Level 2 - 99212 Level 3 - 99213	Manipulation: O-C-T-L - SI 98942 C - T - L Spine 98941 LB-SI Pelvic 98941 C - T - L Spine 98940 Ribs 98940	Extremities R L 98943 PN/NMR 97112 MFR 97140 TEM 97110 97111	Therapy: IST CT IE Chair 97012 IF G0283 97014 US 97035 HV 97032 Light 97028 HM 97039 Massage 97124 Diathermy 97024 Hot / Cold 97010 B-12 Vitamins Supports/ Pillow/ Heel Lift Other:
X-Rays: Cerv. AP/Lat 72040 Lumbar Ap/Lat 72100 Hip 2 view 73510 Knee 73560 Elbow AP/Lat 73070	Cerv. Davis 5 72052 Lumbar 4 view 72110 Foot 2 view 73620 Shoulder 1 view 73020 Wrist 2 view 73100	Thoracic AP/Lat 72070 Hip 1 view 73500 Ankle 2 view 73600 Shoulder 2 view 73030 Hand AP/Lat 73120		

Total Charge : _____

Tax: _____

Payment: _____ CSH CK CC

Check # : _____

Dr. Rose Lepien

Dr. Blaine Adair