



OPTIONAL: USE PICTURE TO MARK SYMPTOMS

NAME _____

- Similar, Gradual improvement, Maintaining recent change Worse
 - I feel (some) better when holding the correction, but the symptoms return when I re-subluxate. I have had an injury. I have had a re-injury.
- Describe changes to your life & health since your last visit.

DO NOT WRITE BELOW THIS LINE

DATE _____

GRAPH _____ **PRE** **Post/Rest** **POST** Segment Listing SCP Position LOD

GRAPH _____ SP BAL _____ SP BAL _____ SP BAL _____

	PRE	Post/Rest	POST	
Joint Motion Restriction				
1				
2				
3				
4				
5				
6				
7				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
1				
2				
3				
4				
5				
Sac				
PI				
IN				

PLAN of CARE

PROGRESS NOTES

KEY: Circle= Inflammation
Drawing= Muscle Tension
Line= Bone & Posture
0 = good, 3-6 substantial,
7-10 severe.