

Name: _____

Date: ____ / ____ / ____

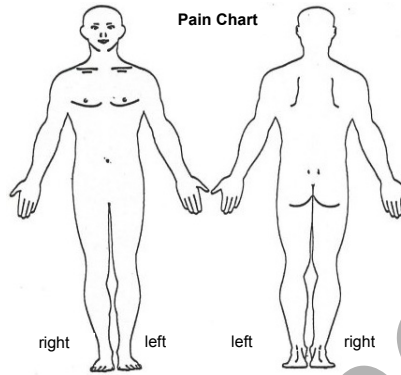
Signature: _____

Total Fee: _____ Payment: _____ Balance: _____

S

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Neck-Shoulder-Arm Pain

On a scale of zero to 10, I rate my discomfort as follows: _____

0 no pain severe pain 10

Mid Back Pain

On a scale of zero to 10, I rate my discomfort as follows: _____

0 no pain severe pain 10

Low Back and Leg Pain

On a scale of zero to 10, I rate my discomfort as follows: _____

0 no pain severe pain 10

O

	Taut Tender Fibers	Ext. Rest.	Rotation Restriction	Lateral Flexion Restriction	Joint Dysfunction
C1	L R		L R	L R	
C2	L R		L R	L R	
C3	L R		L R	L R	
C4	L R		L R	L R	
C5	L R		L R	L R	
C6	L R		L R	L R	
C7	L R		L R	L R	
T1	L R		L R	L R	
T2	L R		L R	L R	
T3	L R		L R	L R	
T4	L R		L R	L R	
T5	L R		L R	L R	
T6	L R		L R	L R	
T7	L R		L R	L R	
T8	L R		L R	L R	
T9	L R		L R	L R	
T10	L R		L R	L R	
T11	L R		L R	L R	
T12	L R		L R	L R	
L1	L R		L R	L R	
L2	L R		L R	L R	
L3	L R		L R	L R	
L4	L R		L R	L R	
L5	L R		L R	L R	
LS1			X	X	
LS2					

R.O.M.		
Cervical	Flexion	Lumbar
60°	105°	
75°	15°	
45°	25°	
45°	25°	
80°		
80°		

Trigger Points

Other

A

Much better _____
 Somewhat improved _____
 About the same _____
 No more complaints _____
 Other _____
 New Condition _____

P

Tx. consisted of manipulation:
(Diversified/Thompson/Activator)

Cerv.	1 2 3 4 5 6 7
Thoracic	1 2 3 4 5 6 7 8 9 10 11 12
Lumbar	1 2 3 4 5
Ilium	L R
Sacrum	_____
Extremity	_____

Services	OFFICE VISITS	CPT
<input type="checkbox"/> Level 1	New 99201	Est. 99211
<input type="checkbox"/> Level 2	99202	99212
<input type="checkbox"/> Level 3	99203	99213
<input type="checkbox"/> Manipulation (Medicare)		98940QB-AT
<input type="checkbox"/> Manipulation (Medicare)		98941QB-AT
<input type="checkbox"/> Manipulation		98940
<input type="checkbox"/> Manipulation		98941
<input type="checkbox"/> Spinal Intersegmental Trac.		97012
<input type="checkbox"/> Interferential Therapy		97014
<input type="checkbox"/> EMS		
<input type="checkbox"/> Ultrasound Therapy		97035
<input type="checkbox"/> Hot/Cold Therapy		97010
<input type="checkbox"/> Trigger Point Therapy		
<input type="checkbox"/> Myofascial Release		97140-59
<input type="checkbox"/> Therapeutic Exercises		97110
<input type="checkbox"/> Neuromuscular Re-education		97112
<input type="checkbox"/> Cervical Spine (AP/Lat)		72040
<input type="checkbox"/> Cervical Spine (4 Views)		72050
<input type="checkbox"/> Thoracic Spine (AP/Lat)		72070
<input type="checkbox"/> Lumbar Spine (AP/Lat)		72100
<input type="checkbox"/> Full Spine		72010
<input type="checkbox"/> Single Spinal Film		72020

DIAGNOSIS	ICD-9 CODE	DIAGNOSIS	ICD-9 CODE
<input type="checkbox"/> Cervical	739.1	<input type="checkbox"/> SI Sprain	846.1
<input type="checkbox"/> Thoracic	739.2	<input type="checkbox"/> Lumbosacral Sprain	846.0
<input type="checkbox"/> Lumbar	739.3	<input type="checkbox"/> Sciatic Neuralgia	724.3
<input type="checkbox"/> Sacral	739.4	<input type="checkbox"/> Muscle Spasm	728.85
<input type="checkbox"/> Pelvic	739.5	<input type="checkbox"/> Brachial Neuritis	723.4
<input type="checkbox"/> Cervicalgia	723.1	<input type="checkbox"/> TMJ Dysfunction	524.6
<input type="checkbox"/> Pain in Thoracic Spine	724.1	<input type="checkbox"/> Tendinitis	726.90
<input type="checkbox"/> Lumbago	724.2	<input type="checkbox"/> Dizziness	780.4
<input type="checkbox"/> Headache	784.0	<input type="checkbox"/> Median nerve Neuritis	354.1
<input type="checkbox"/> Brachial Neuritis	723.4	<input type="checkbox"/> Arthralgia of:	
<input type="checkbox"/> Myalgia	729.1	<input type="checkbox"/> Shoulder	719.41
<input type="checkbox"/> Sciatica	724.3	<input type="checkbox"/> Elbow	719.42
<input type="checkbox"/> Cervical VSC	839.08	<input type="checkbox"/> Hand/Wrist	719.44
<input type="checkbox"/> Cerv. Sprain/Strain	847.0	<input type="checkbox"/> Knee	719.46
<input type="checkbox"/> Headache	784.0	<input type="checkbox"/> Ankle/Foot	719.47
<input type="checkbox"/> Thoracic VSC	839.21	<input type="checkbox"/> Gait Abnormality	781.2
<input type="checkbox"/> Thoracic Sprain/Strain	847.1	<input type="checkbox"/> Scoliosis	734.43
<input type="checkbox"/> Rib Subluxation	839.69	<input type="checkbox"/> DJD	715.9
<input type="checkbox"/> Rib Strain/Sprain	848.3	<input type="checkbox"/> Pes Planus	754.61
<input type="checkbox"/> Lumbar VSC	839.20	<input type="checkbox"/> Genu Valgus	736.41
<input type="checkbox"/> Lumbar Sprain/Strain	847.2	<input type="checkbox"/> Adhesive Capsulitis	726.0
<input type="checkbox"/> Sacral Subluxation	839.42		

Restrictions

Lifting _____
Work _____

Recommendations

Exercises _____
Ice _____
Heat _____

Next Pt. visit as needed ____ / ____ / ____