

# WHOLE FAMILY CHIROPRACTIC RE-EXAMINATION QUESTIONNAIRE

Today's Date: \_\_\_\_\_

HRN: \_\_\_\_\_

## PATIENT DEMOGRAPHICS

Name: \_\_\_\_\_

Has Any of Your Demographics Information Changed:  Yes  No

Has Your Insurance Information Changed:  Yes  No

Has Your Work Information Changed:  Yes  No

## HISTORY of COMPLAINT

Please identify the condition(s) that brought you to this office: Primarily: \_\_\_\_\_

Secondarily: \_\_\_\_\_ Third: \_\_\_\_\_ Fourth: \_\_\_\_\_

On a scale of 1 to 10 with 10 being the worst pain and zero being no pain, rate your above complaints by **circling the number**:

**Primary** or chief complaint is : 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

**Second** complaints is : 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

**Third** complaint: : 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

**Fourth** complaint: : 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

When did the problem(s) begin? \_\_\_\_\_ When is the problem at its worst?  AM  PM  mid-day  late PM

How long does it last?  It is constant **OR**  I experience it on and off during the day **OR**  It comes and goes throughout the week

How did the injury happen? \_\_\_\_\_

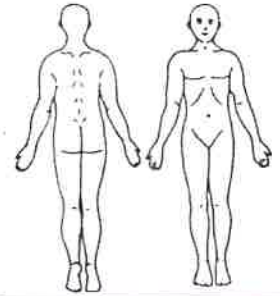
Condition(s) ever been treated by anyone in the past?  No  Yes If yes, when: \_\_\_\_\_ by whom? \_\_\_\_\_

How long were you under care: \_\_\_\_\_ What were the results? \_\_\_\_\_

Name of Previous Chiropractor: \_\_\_\_\_  N/A

**\*PLEASE MARK** the areas on the Diagram with the following **letters** to describe your symptoms:

**R** = Radiating **B** = Burning **D** = Dull **A** = Aching **N** = Numbness **S** = Sharp/ Stabbing **T** = Tingling



What relieves your symptoms? \_\_\_\_\_

What makes them feel worse? \_\_\_\_\_

### LIST RESTRICTED ACTIVITY:

### CURRENT ACTIVITY LEVEL

### USUAL ACTIVITY LEVEL

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your problem the result of ANY type of accident?  Yes,  No

I hereby authorize payment to be made directly to **Whole Family Chiropractic**, for all benefits which may be payable under a healthcare plan or from any other collateral sources. I authorize utilization of this application or copies thereof for the purpose of processing claims and effecting payments, and further acknowledge that this assignment of benefits does not in any way relieve me of payment liability and that I will remain financially responsible to Whole Family Chiropractic for any and all services I receive at this office.

\_\_\_\_\_  
Patient or Authorized Person's Signature

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date Form Reviewed



VITALS

REGEN MED REFERRAL: Y N

Blood Pressure	O2 %	Pulse	Height	Weight	Resp (bpm)	Temp	Awake/Alert or Under Duress	Grip Dynamometry
/		bpm		lbs	bpm	°F		R: lbs (P) L: lbs (P)

HOT BUTTON/ CONDITIONS REPORTEE ON INTAKE/ DURING HISTORY:

1.
2.
3.
4.
5.

LIFE EFFECT/ BUZZWORDS/ ADDITIONAL NOTES:

Life Effect #1: \_\_\_\_\_ Life Effect #2: \_\_\_\_\_ Life Effect #3: \_\_\_\_\_  
 Buzz-words: \_\_\_\_\_

ROM: Performed with:  VISUAL INSPECTION  MYOVISION  INCLINOMETER/ GONIOMETER

Cervical	N	Pt	P	Thoracic	N	Pt	P	Lumbar	N	Pt	P	Other:	Pt	P	Other:	Pt	P
Flexion	55			Flexion				Flexion	60			Flexion			Flexion		
Extension	60			Extension				Extension	25			Extension			Extension		
R Rotation	90			R Rotation				R Rotation				R Rotation			R Rotation		
L Rotation	90			L Rotation				L Rotation				L Rotation			L Rotation		
R Lat Flexion	45			R La. Flexion				R Lat Flexion	25			R Lat Flexion			R Lat Flexion		
L Lat Flexion	45			L La. Flexion				L Lat Flexion	25			L Lat Flexion			L Lat Flexion		

ORTHO/NEURO:

MMT: (R)  WNL/ NAD (L)  WNL/ NAD

Test	Area	+	-	(P) / (R/L/BL)	Test	Area	+	-	(P) / (R/L/BL)	Test	R / 5	P	L / 5	P
For- Comp	Csp				SotoHall	CTLsp				Arm Abd	5-4-3-2-1-0		5-4-3-2-1-0	
For- Distr	Csp				Milgrams	Lsp				Arm Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Shoulder Dep	Csp				SLR	Lsp				Arm Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Apley Scratch	Shld				Thompson	Lsp				WrisFlex	5-4-3-2-1-0		5-4-3-2-1-0	
Lift Off	Shld				FAB-PAT	Lsp				Wrist Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Yergason	Shld				Ant/Post-Drawer	Knee				Fngr Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Speed	Shld				Bounce Home	Knee				Fngr Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Codman Drop	Shld				Patellar Grind	Knee				Thm Abd	5-4-3-2-1-0		5-4-3-2-1-0	
Neers	Shld				Kernig/Brudz	Men				Hip Add	5-4-3-2-1-0		5-4-3-2-1-0	
Kennedy Hawkings	Shld				Apley Comp/Dis	Knee				Hip Abd	5-4-3-2-1-0		5-4-3-2-1-0	
ODonoghue	CTL				Lachman	Knee				Knee Flx	5-4-3-2-1-0		5-4-3-2-1-0	
George's/ Valsal	Vbi/sol				Iliac Compress	SIJ				Knee Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Kemps	Lsp				Ely	Lsp				Hip Flex	5-4-3-2-1-0		5-4-3-2-1-0	
Bechterew	Lsp				Trandelenburg	SIJ				Hip Ext	5-4-3-2-1-0		5-4-3-2-1-0	
Valgus/Varus	Knee				Gillet	SIJ				DTR REFLEXES <input type="checkbox"/> WNL/ NAD				
Cozen	Elb				Ober	Hip				C5	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Pinch Grip	UE				Ant Drawer	Ankle				C6	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Phalen	UE				Pass Inv	Ankle				C7	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Finkelstein	UE				Adam's Sign	Lsp				T1	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Homans	LE				Hautant	Cere				L4	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Tinels	LE				Heel-Toe	Cere				L5	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4
Ant/Lat Compress	Tsp				Other:					S1	R	0 +1 +2 +3 +4	L	0 +1 +2 +3 +4

POSTURE: Performed with:  VISUAL INSPECTION  DIGITAL POSTURESREEN

CRANIAL NERVES  WNL/ NAD

Head	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion	EXAMINER INITIALS:	I (Olfactor)	+	V (Trig)	+	IX (Glossop)	+
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension		II (Optic)	+ <td>VI (Abd)</td> <td>+ <td>X (Vagus)</td> <td>+ </td></td>	VI (Abd)	+ <td>X (Vagus)</td> <td>+ </td>	X (Vagus)	+
Thorax	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion		III (Oculo)	+ <td>VII (Faci)</td> <td>+ <td>XI (Sp Acc)</td> <td>+ </td></td>	VII (Faci)	+ <td>XI (Sp Acc)</td> <td>+ </td>	XI (Sp Acc)	+
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension		IV (Troch)	+ <td>VIII (Vest)</td> <td>+ <td>XII (Hypogl)</td> <td>+ </td></td>	VIII (Vest)	+ <td>XII (Hypogl)</td> <td>+ </td>	XII (Hypogl)	+
Pelvis	L. Translation	L. Rotation	L. Lat Flex	Ant	Flexion		Abnormality Explained:					
	R. Translation	R. Rotation	R. Lat Flex	Post	Extension							

PALPATION

Level	C0	1	2	3	4	5	6	7	T1	2	3	4	5	6	7	8	9	10	11	12	L1	2	3	4	5	SAC	LSIJ	RSIJ	
Fix																													
Hypo																													
P																													

ROS:

Symptom	Explanation	Symptom	Explanation	Symptom	Explanation
HA/ Migraine		Dig Diff: IBS, HE, nausea, Constip, diarr, vomit, crmp		Falls/ Trauma, LOC	
Dizz/ Bal/ Lightheaded		Angina/ HTN		Meds/ Supp	
Fever, Chill, Night Swets		Change in B/BM $\neq$ req/Urg		Sleep Dist	
Sinus		SOB/ Asthm/ All/ Smoke		Preg. (#, Compl, C-sect)	
Tinnitus		Menstrual(cramp/bleed/irreg)		Exercise, Diet	
Vision (Blurry/ Double)		MVA		ADL's/ Hobbies/ Work	
N/T, Paresthesia		Surgery		Prev Chiro/ MD	

**ORTHO/ NEURO: PEDIATRICS**

<b>Test</b>	<b>Region/ Area</b>	<b>+</b>	<b>-</b>	<b>Pain/ Notes</b>
Head Circumference				
Chest Circumference				
McMullen Reverse Fencer pt1				
Heel Swing				
McMullen Reverse Fencer pt2				
Acetabular Pump				
Gluteal Cleft Deviation				
Leg Check Analysis				
Ortoloni				
Barlow				
Heel to Buttock				
Primitive Reflex				
Yawn, Sneeze, Hiccup, Blink				
Rooting Reflex				
Sucking Reflex				
Babinski				
Palmar Grasp				
Plantar Grasp				
Moro				
Placing				
Stepping				
Fencers				
Galant				
Perez				
Parachute				
Neck Righting				
Landau				
Femoral Torsion				
Tibial Torsion				
Pupil Constriction, Pupil Dilation				
Scapular Winging				
Ophthalmoscope				
Otoscope				
Cyanosis, Rashes				
APGAR				
Other:				
Other:				
Other:				
Other:				

**ADDITIONAL NOTES:**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ SUBLUXATIONS: \_\_\_\_\_ POSTURE DISTORTIONS: \_\_\_\_\_ HEALTH PROBS: \_\_\_\_\_

**WFC PATIENT CARE PLAN SUMMARY**

**PHASE I: INTENSIVE CARE**

*Transition your posture and body out of the immediate structural, neurological and health crisis.*

I:  Daily x \_\_\_ days  6 (3x2, 2x3)  12 (3x4, 2x6)  18 (3x3, 2x9)  24 (3x8) /week for \_\_\_\_\_ weeks Total Visits for INTENSIVE CARE: \_\_\_\_\_

**PHASE II: CORRECTIVE CARE**

*Strengthen your body towards your new posture as you recover your health.*

II:  12 (3x4, 2x6)  18 (3x6)  24 (3x8, 4x6)  36 (3x12, 4x9)  48 (3x16) /week for \_\_\_\_\_ weeks Total Visits for CORRECTIVE CARE: \_\_\_\_\_

**PHASE III: STABILIZATION CARE**

*Monitor the strength and stability of your new posture while we monitor your progression to optimal health.*

III:  12 ( 2 x per Week)  6, or 12 ( 1 x per Week)  24 ( 1 x per Week) /week for \_\_\_\_\_ weeks Total Visits for STABILIZATION CARE: \_\_\_\_\_  
 12 ( 1 x per Month)  24 ( 2 x per Month)  48 ( 4 x per Month)

**ALTERNATIVE PHASE: PREGNANCY/ PRE-NATAL/ INFANT CARE**

*Designed to improve the likelihood of a healthy pregnancy & delivery while minimizing complications and maximizing recovery.*

P:  12 (3x4, 2x6, 1x12)  18 (3x6, 2x9)  24 ( 1 x per Week) /week for \_\_\_\_\_ weeks Total Visits for PREGNANCY CARE: \_\_\_\_\_  
 12 ( 1x2wk-6weeks)  18 ( 1x2wk-9weeks)  24 ( 1x2wk-12weeks)

**ALTERNATIVE PHASE: EXACERBATION**

*Designed to achieve symptom resolution and return you to your current program.*

E:  Daily x \_\_\_ days  6 (3x2, 2x3, 1x6)  12 (3x4, 2x6)  18 (3x6, 2x9) /week for \_\_\_\_\_ weeks Total Visits for EXACERBATION CARE: \_\_\_\_\_

**PROGRAM VISITS SUMMARY:** \_\_\_\_\_ (Chiro:\_\_\_\_, Myo:\_\_\_\_, Rehab:\_\_\_\_, Exam:\_\_\_\_ Other:\_\_\_\_) Dr. Initials:\_\_\_\_  
\*\*\*(TRELLO:  Normal  Complicated  Auto) Work Comp/ Auto:  Close & Discharge to Wellness  WC/Auto Close Sheet  Update Services

**PROGRAM REQUIREMENTS:**

- Workshop Attendance: by \_\_\_/\_\_\_/\_\_\_
- 99202: V1-Brief Exam
- 99203: V1-Detailed Exam
- 99204: V1-Comprehensive Exam
- 99212: Progress Re-Exam (Brief) V#: 6, 12, 15, 18, 24, 30, 36
- 99213: Detail Re-Exam (Xray) V#: 6, 12, 15, 18, 24, 30, 36
- 99214: Comprehensive Re-Exam V#: 6, 12, 15, 18, 24, 30, 36
- 95851: MyoVision C/L-DEMG/ROM: V#: \_\_\_\_\_
- 99354: Extra Exam/F2F Time (\*Bill w/ Exam Code) (> 60min)
- 99355: Extra Exam/F2F Time (\*Bill w/ Exam Code) (0-30min)
- 99358: Records Review/ Non-FacetoFace) (30-74min)
- 99359: Records Review/ Non-FacetoFace) (>74min)
- 99402: V1-Nutrition Exam/ Initial BIA w/ Consult
- 99401: Progress Nutrition Exam
- X-Ray:**
- 72040-3C V1 RX  72050-4C V1 RX  72070-2T V1 RX
- 72100-2L V1 RX  72110-4L V1 RX  72020-1S V1 RX
- 72082-FS V1 RX
- SEE DAY 1 (V1) SERVICES RENDERED**
- 98940: Spinal Adj: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 98941: Spinal Adj: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 98943: Extremity Adj: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97010: ICE - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97012: Intersegmental Traction - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97012: C/L Disc Decompression - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97012: CBPMirrorImag Traction - ActT: Corr Well Prg Tot: \_\_\_\_\_
- 97014: Electric Muscle Stim - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- S8990: Cold Level Laser - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97035: Ultrasound - PassT: V1 Int Corr Well Prg Tot: \_\_\_\_\_
- 97153: Group Exercise - ActT: Corr Well Prg Tot: \_\_\_\_\_
- 97112: NMR/VibePlate Exercise - ActT: Corr Well Prg Tot: \_\_\_\_\_
- 97110: PhysTher Exercise - ActT: Corr Well Prg Tot: \_\_\_\_\_
- 97110: CBPMirrorImag Exercise - ActT: Corr Well Prg Tot: \_\_\_\_\_
- 97140: Myo60 - ActT: Int Corr Well Prg Tot: \_\_\_\_\_
- 97124: Stretch/ Percuss - ActT: Int Corr Well Prg Tot: \_\_\_\_\_
- 97535: ADL/ Home Exercise Instruction Int Corr Well Prg Tot: \_\_\_\_\_
- NC: E- V#: \_\_\_ P- V#: \_\_\_ R- V#: \_\_\_ X- V#: \_\_\_ Int Corr Well Prg Tot: \_\_\_\_\_
- NC: A \_\_\_ T \_\_\_ C \_\_\_ C \_\_\_ Int Corr Well Prg Tot: \_\_\_\_\_
- 97760: Orthotic Instruc. Initial Sole Support Scolibrace D-Roll CG Tot: \_\_\_\_\_
- L3020 (Sole Support: R)  L3020 (Sole Support: L)  LIFT (Misc.)
- L0180: CerviGuard  E0849: Posture Pump  L1005: SCOLIBRACE  E0900-NU: Scoli-Roll T L  OTHER:

*I understand my condition is progressive and could regress if I do not maintain the changes achieved with the recommendations provided. I accept responsibility to be consistent and compliant with all the above recommendations including any prescribed home care to allow the optimal opportunity for the restoration of my health.*

Patient: \_\_\_\_\_ Spouse/ Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please arrive 5 min early as the appointments may be different than what you may have become accustomed to and reflect the change in the goals for your care at the current time. Any exercises prescribed in this phase are mandatory upon instruction. Periodic re-evaluations will allow for discussion involving achievement obtained and provide an opportunity to explain any necessity for further treatment.

*Any new injuries/ aggravations of your condition should be reported immediately to your doctor and a staff member ASAP.*

MODIFICATIONS NECESSARY: \_\_\_\_\_

## CARE PLAN DETAILS

### PHASE I – INTENSIVE

**Details:** The Intensive Care Phase is a series of spinal and extremity adjustments accompanied by a variety of supervised passive therapies that are individualized to your exact needs. **The primary goals are relatively short-term in nature as this phase serves as the beginning of the healing process.** These include: symptom resolution, inflammation/ pain/ spasm relief, subluxation reduction and improved strength and range of motion. In doing so, the patient will experience a quicker recovery back to work, social activities, sports, and hobbies as quickly as possible.

**\*\*\*Biomechanical imbalances and instabilities may persist upon conclusion of the Intensive Care Phase depending on the condition of the underlying spinal structure of the patient. Therefore, the Corrective Care Phase will be required upon conclusion of the Intensive Care Phase to prevent these injuries from returning in the future.**

**Goals Include:**

- |   |   |
|---|---|
| 1. Inflammation and Symptom Resolution        | 5. Enhanced Nervous System Function and Organ Health                    |
| 2. Subluxation Reduction                      | 6. Return to Work, Sports, Hobbies                                      |
| 3. Improved Strength, ROM, and Coordination   | 7. Begin Lifestyle Modifications Based on Magnificent 7 Recommendations |
| 4. Short-Term Pain Relief and Decreased Spasm | 8. Preparation for Corrective Care Phase                                |

Approx. Appointment Time: **10-20min**. Adjustment times are **1-3 minutes** and the remainder of your time in the office is for therapies to help enhance the health of the nervous system and achieve the above desired goals. Please arrive 5 min early. Child supervision is available for patients in this phase. Any exercises prescribed in this phase are mandatory upon instruction.

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### PHASE II – CORRECTIVE

**Details:** The Corrective Care Phase is a series of advanced spinal and postural adjustments that are unique to this office and aimed at correcting the biomechanical instabilities and postural imbalances that are the underlying cause of the patient's condition and reduced quality of life. **The primary goals in this phase include long-term relief and maximizing organ function and spinal position.** In doing so, the patient will experience a higher quality of living and improved overall health and wellness.

**Goals Include:**

- |  |  |
|--|--|
| 1. Subluxation Correction  | 4. Long-Term Pain Relief                             |
| 2. Postural Correction and Curve Restoration                       | 5. Enhanced Nervous System Function and Organ Health |
| 3. Regeneration of Intervertebral Discs/ Prevent Accelerated Aging | 6. Improve Strength, Range of Motion, Coordination   |

Approx. Appointment Time: **15-20min**. Adjustment times are **1-3 minutes** and the remainder of your time in the office is spent exercising to restore spinal alignment and enhance the health of your nervous system for lifelong health and wellness. Child supervision is available for patients in this phase. Please arrive 5 min early as the appointments may be different than what you may have become accustomed to and reflect the change in the goals for your care at the current time. Any exercises prescribed in this phase are mandatory upon instruction.

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### PHASE III – STABILIZATION

**Details:** The Stabilization Care Phase is a series of spinal and postural adjustments aimed at maintaining the changes achieved in the Corrective Care Phase. This phase of care also incorporates multiple improvements in lifestyle factors that may not have been previously addressed. **The primary goal of this phase is achieving lifetime stabilization of your healthy posture and spinal structure.**

Approx. Appointment Time: **5-10min**. Approx. Adjustment Time: **1-3min** (*The remainder of your time in the office is spent exercising to maintain spinal alignment and enhance the health of your nervous system for lifelong health and wellness.*)

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### \*\*\*EXACERBATION CARE

**Details:** The Exacerbation resulting from a CURRENT PLAN AGGRAVATION, or from a LAPSE IN CARE RE-INJURY can be the outcome of a regression back into a subluxated unhealthy posture or the result of a new subluxation created by a new injury. This phase is designed to be a temporary transition for you to get back onto your original care plan, or back on to your Lifetime Wellness Plan. **The primary goal of this Exacerbation Phase is to achieve symptom resolution and to return you to your current program that will produce a stronger and healthier posture and spinal structure and limit the likelihood of recurrent problems.**

**\*\*\*Biomechanical imbalances and instabilities may persist upon conclusion of the Exacerbation Plan depending on the condition of the underlying spinal structure of the patient and how much progress was obtained in their current recommended plan prior to the exacerbation. Therefore, resuming the initial recommendations following resolution of the aggravated condition is recommended upon conclusion of the Exacerbation Care Phase to prevent these injuries from returning in the future.**

**Goals Include:**

- |   |   |
|---|---|
| 1. Inflammation and Symptom Resolution        | 5. Enhanced Nervous System Function and Organ Health                    |
| 2. Subluxation Reduction                      | 6. Return to Initial Care Plan Recommendations                          |
| 3. Improved Strength, ROM, and Coordination   | 7. Begin Lifestyle Modifications Based on Magnificent 7 Recommendations |
| 4. Short-Term Pain Relief and Decreased Spasm | 8. Preparation for Corrective Care Phase                                |

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### \*\*\*PREGNANCY/ INFANT CARE

**Details:** The Pregnancy/ Infant Care Phase is a series of advanced pre-natal, post-natal and infant adjustments that are unique to this office and aimed at correcting the biomechanical instabilities and postural imbalances that are the underlying cause of the patient's condition and reduced quality of health during the various stages of pregnancy and following the birthing process with any associated traumas resulting from it. **The primary goals in this phase include minimize complications while pregnant, recovery of pre-pregnancy strength, coordination and balance after delivery and maximizing organ function and spinal position in the growing infant.** In doing so, the patient will experience a higher quality of living and improved overall health and wellness.

**Goals Include:**

- |  |   |
|--|---|
| 1. Subluxation Reduction & Enhanced Nervous System Function and Organ Health           | 4. Assist with Lactation Concerns, Postural Habits, Torticollis, Milestones     |
| 2. Assist with Intrauterine Constraint/ Abnormal Positioning                           | 5. Review Appropriate Nutritional Support During and After Pregnancy & Delivery |
| 3. Recovery from Birth Trauma (difficult labor, shoulder dystocia, hip dysplasia, etc) | 6. Improve Strength, Range of Motion, Coordination, and Pain During Pregnancy   |

OFFICE VISIT	NEW	EST	CHARGE	XRAYS	CODE	CHARGE
<input type="checkbox"/> Consult & Screen - C	CPE1	CPE2	130/30	<input type="checkbox"/> Full Spine: AP/LAT	72082	305
<input type="checkbox"/> Brief Focused Exam	CPE1	99211	80/125	<input type="checkbox"/> Full Spine: AP/LAT C		230
<input type="checkbox"/> Problem Focused Exam	99201	99212	230/205	<input type="checkbox"/> Spine: Single View/ 1 Region	72020	170
<input type="checkbox"/> Expanded Exam	99202	99213	330/305	<input type="checkbox"/> Spine Single View/ 1 Region - CPX		80
<input type="checkbox"/> Detailed Exam	99203	99214	430/405	<input type="checkbox"/> Cervical: 3-View or Less	72040	280
<input type="checkbox"/> Comprehensive Exam	99204		530	<input type="checkbox"/> Cervical: 4-5 View	72050	300
<input type="checkbox"/> Additional Exam - Procedures/ Time/ Scan	99354	99355	155	<input type="checkbox"/> Cervical: 6 View	72052	310
<input type="checkbox"/> Notes Review	99358	99359	130	<input type="checkbox"/> Thoracic: 2 View	72070	220
<input type="checkbox"/> Activities of Daily Living (ADLs)		97535-I/C	95 / 25	<input type="checkbox"/> Thoracolumbar: 2 View	72080	230
<input type="checkbox"/> Computer Range of Motion/ Neck or LB (MyoVision)		95851C/L	115	<input type="checkbox"/> Ribs: 2 Unilat	71110	120
<input type="checkbox"/> Nutritional and/or Detox Consult - BIA	99402		130	<input type="checkbox"/> Lumbosacral: 2 View	72100	215
<input type="checkbox"/> Nutritional and/or Detox Consult - BIA		99401	80	<input type="checkbox"/> Lumbosacral: 4 View	72110	305
<b>CHIROPRACTIC SPINAL ADJUSTMENT</b>		<b>CODE</b>	<b>CHARGE</b>	<input type="checkbox"/> Lumbosacral Comp/Bending	72114	330
<input type="checkbox"/> Adjustment 1-2 Regions		98940	75	<input type="checkbox"/> Shoulder: 1 View	73020	155
<input type="checkbox"/> Adjustment 1-2 C			42	<input type="checkbox"/> Shoulder: 2 View	73030	230
<input type="checkbox"/> Adjustment 3-4 Regions		98941	90	<input type="checkbox"/> Elbow: 2 View	73070	125
<input type="checkbox"/> Adjustment 3-4 C			55	<input type="checkbox"/> Wrist: 2 View	73100	120
<input type="checkbox"/> Adjustment 5 Regions		98942	105	<input type="checkbox"/> Hand: 2 View	73120	160
<input type="checkbox"/> Adjustment 5 Regions C			72	<input type="checkbox"/> Hip: 1 View	73501	170
<input type="checkbox"/> Out of Office Adj			105	<input type="checkbox"/> Hip: Unilateral Comp 2 View	73502	230
<input type="checkbox"/> Adjustment Extraspinal		98943	65 (C:25)	<input type="checkbox"/> Hip: 2 View Bilateral	73521	270
<b>MODALITIES</b>		<b>CODE</b>	<b>CHARGE</b>	<b>UNITS</b>		
<input type="checkbox"/> CBP Mirror Image Traction		97012	65	x _____ units		
<input type="checkbox"/> CBP Mirror Image Traction C			25	x _____ units		
<input type="checkbox"/> Traction Mechanical (Intersegmental Table)		97012	65	x _____ units		
<input type="checkbox"/> Traction Mechanical (Intersegmental Table) C			25	x _____ units		
<input type="checkbox"/> Decompression Traction		97012	65	x _____ units		
<input type="checkbox"/> Decompression C			25	x _____ units		
<input type="checkbox"/> EMS/ Stim Unattended		97014	60	x _____ units		
<input type="checkbox"/> EMS/ Stim Unattended C			25	x _____ units		
<input type="checkbox"/> Ultrasound		97035	55	x _____ units		
<input type="checkbox"/> Ultrasound C			25	x _____ units		
<input type="checkbox"/> Cold Laser			25	x _____ units		
<input type="checkbox"/> Ice/ Heat		97010	25	x _____ units		
<b>THERAPEUTIC EXERCISE</b>		<b>CODE</b>	<b>CHARGE</b>	<b>UNITS</b>		
<input type="checkbox"/> CBP Mirror Image Exercise/ Power Plate 15 Min		97110	75	x _____ units		
<input type="checkbox"/> CBP Mirror Image Exercise/ Power Plate 15 Min C			25	x _____ units		
<input type="checkbox"/> Therapeutic Exercise/ Procedure 15 Min		97110	75	x _____ units		
<input type="checkbox"/> Therapeutic Exercise/ Procedure 15 Min C			25	x _____ units		
<input type="checkbox"/> Group Exercise		97530	55	x _____ units		
<input type="checkbox"/> Group Exercise C			25	x _____ units		
<input type="checkbox"/> Neuromuscular Re-Education		97112	75	x _____ units		
<input type="checkbox"/> Neuromuscular Re-Education C			25	x _____ units		
<input type="checkbox"/> Massage 15 Min		97124	77	x _____ units		
<input type="checkbox"/> Massage 15 Min C			25	x _____ units		
<input type="checkbox"/> Manual Therapy/ Myofascial 15 Min		97140	77	x _____ units		
<input type="checkbox"/> Manual Therapy/ Myofascial 15 Min C			25	x _____ units		
<input type="checkbox"/> Taping/ Percussion/ Stretching		97124	77	x _____ units		
<input type="checkbox"/> Taping/ Percussion/ Stretching C			25	x _____ units		
<b>***OFFICE USE ONLY - NC</b>		<b>CODE</b>				
<input type="checkbox"/> Consult/ Exam/ Progress Exam/ Re-Exam		NC-C, NC-E, NC-P, NC-R				
<input type="checkbox"/> Xray		NC-X				
<input type="checkbox"/> Adj		NC-A				
<input type="checkbox"/> Active Therapy: PT Exercise/ Corrective Care		NC-PT, NC-CC				
<input type="checkbox"/> Passive Therapy: EMS/ IST/ Laser/ US		NC-T				

DME (SCOBAC/ORTH/DROLL) FITTING	CODE	CHARGE
<input type="checkbox"/> Initial Orthotic(s) Train/ Fit	97760	130
<input type="checkbox"/> Est. Orthotic(s) Train/ Fit	97763	105
<b>DME/ HOME CARE</b>	<b>CODE</b>	<b>CHARGE</b>
<input type="checkbox"/> Scolibrace	L1005	4500
<input type="checkbox"/> Denneroll Cervical (Ped/ Sm/ M/ L)	E0855-NU	130 (C: 55)
<input type="checkbox"/> Denneroll Cervical Strap		30
<input type="checkbox"/> Denneroll Thoracic	E0900-NU	150 (C:50)
<input type="checkbox"/> Tsp Comp-Ext Block		
<input type="checkbox"/> D-Roll Posture Regainer	E0900-NU	130 (C:80)
<input type="checkbox"/> D-Roll 2Way Set		
<input type="checkbox"/> Denneroll Lumbar (Sm/ M/ L)	E0900-NU	150 (C:80)
<input type="checkbox"/> Scoli-Roll (T / L)	E0900-NU	150 (C:80)
<input type="checkbox"/> Posture Pump	E0849	700 (C:350)
<input type="checkbox"/> Pro-Lordotic Exerciser (R, B, G)		65
<input type="checkbox"/> Stroops Trainer (L, M, H)		55
<input type="checkbox"/> Stroops Deluxe Loop		55
<input type="checkbox"/> Cervi-Guard FHP Device	L0180	400 (C:275)
<input type="checkbox"/> Foam Roll - 6"		50
<input type="checkbox"/> Denneroll Pillow: 155		
<input type="checkbox"/> D-Roll Pillow Insert:		45
<input type="checkbox"/> Lumbar Brace: (S, M, L, X, 2X, 3X)	99070	80 (C:45)
<input type="checkbox"/> Back Hugger		45
<input type="checkbox"/> Foot Insert - Sole Support	L3020	410
<input type="checkbox"/> Foot Lift - Sole Support 6mm		30
<input type="checkbox"/> Wobble Disc		30
<input type="checkbox"/> Posture Exercise Block 6"		40
<input type="checkbox"/> SpiderTech Tape (Precut/ X-10pk/ X,1,V -ind)	P:20	X10:10
<input type="checkbox"/> Wrist/ Ankle/ Knee Brace: (S, M, L, X, 2X)	W:24	A:42
<input type="checkbox"/> K:65		
<input type="checkbox"/> Maternity Brace: (S, M, L, X, 2X, 3X)		55
<input type="checkbox"/> Bellies Wrap/Sys: (S, M, L, X, 2X, 3X)	BS:155/ BW:	85
<input type="checkbox"/> SI Brace: (S, M, L, X, 2X, 3X)		30

DIAGNOSIS:	MEDICARE	MAJOR MEDICAL/ CASH	PIP/ WC		
1-4	5-8	9-12	1-4	5-8	9-12
<input type="checkbox"/> Subluxation			<input type="checkbox"/> C/T Disc (C7-T1)		<input type="checkbox"/> L DJD
<input type="checkbox"/> C, T, L, S,P, Extremity: _____			<input type="checkbox"/> C Radiculopathy		<input type="checkbox"/> L/S DJD
<input type="checkbox"/> Tension HA (Uncontrolled)			<input type="checkbox"/> C/T Radiculopathy		<input type="checkbox"/> Wellness Dx
<input type="checkbox"/> Tension HA (Controlled)			<input type="checkbox"/> C DJD (C2/3-3/4)		<input type="checkbox"/> Common Csp RMVC
<input type="checkbox"/> MIgraine (uncontrolled)			<input type="checkbox"/> C DJD (C4-5)		<input type="checkbox"/> Common Lsp RMVC
<input type="checkbox"/> Migraine (Controlled)			<input type="checkbox"/> C DJD (C5-6)		
<input type="checkbox"/> Neck Pain			<input type="checkbox"/> C DJD (C6-7)		
<input type="checkbox"/> Mid Back Pain			<input type="checkbox"/> T Radiculopathy		<input type="checkbox"/> ASSOCIATED/ COMPLICATING DX
<input type="checkbox"/> Low Back Pain			<input type="checkbox"/> T/L Radiculopathy		
<input type="checkbox"/> L Fusion			<input type="checkbox"/> Sciatica R		<input type="checkbox"/> MyoTherapy 97124 Pointer Dx Codes
<input type="checkbox"/> L/S Fusion			<input type="checkbox"/> Sciatica L		<input type="checkbox"/> M25.511 - RT Shoulder P
<input type="checkbox"/> C Disc Displacement (C2/3-3/4)			<input type="checkbox"/> L Disc		<input type="checkbox"/> M25.512 - LT Shoulder P
<input type="checkbox"/> C Disc Displacement (C4-5)			<input type="checkbox"/> L/S Disc		<input type="checkbox"/> M25.551 - RT Hip P
<input type="checkbox"/> C Disc Displacement (C5-6)			<input type="checkbox"/> L Spinal Instability		<input type="checkbox"/> M25.552 - LT Hip P
<input type="checkbox"/> C Disc Displacement (C6-7)			<input type="checkbox"/> L/S Spinal Instability		



# Whole Family Chiropractic

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## Myotherapy Referral Recommendation Form (CPT: 97140)

Patient Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Diagnosis: 1° \_\_\_ 2° \_\_\_ 3° \_\_\_ 4° \_\_\_

Based upon findings during the examination/ re-evaluation on: \_\_\_/\_\_\_/\_\_\_, and the subsequent clinical diagnosis(es) above, this patient qualifies for myotherapy treatments specifically targeting the following regions and the associated muscle groups below;

HEAD & FACE	L	R	UPPER EXTREMITY	L	R
Occipitalis	___	___	Coracobrachialis	___	___
Temporalis	___	___	Biceps Brachii	___	___
Auricularis	___	___	Triceps Brachii	___	___
Frontalis	___	___	Pronator Teres	___	___
Procerus	___	___	Flexor Carpi Ulnaris	___	___
Levator Labii	___	___	Palmaris Longus	___	___
Semispinalis /Splenius Cap	___	___	Flexor Carpi Radialis	___	___
Rectus Capitis Post	___	___	Flexor Pollicis Longus	___	___
Obliquus Capitis	___	___	Supinator	___	___
Masseter	___	___	Brachioradialis	___	___
Buccinator	___	___	Anconeus	___	___
Zygomaticus Major/ Minor	___	___	Extensor Carpi Radialis	___	___
Risorius	___	___	Extensor Digitorum/ Digiti Minimi	___	___
Pterygoid Med/ Lat	___	___	Extensor Carpi Ulnaris	___	___
			Extensor Pollicis	___	___
NECK	L	R	Flexor Pollicis	___	___
Upper Trapezius	___	___	Abductor Pollicis	___	___
Ant/ Post/ Middle Scalene	___	___	Adductor Pollicis	___	___
Sternocleidomastoid	___	___	*Palmar Aponeurosis	___	___
Semispinalis	___	___	Flexor/ Adductor Digiti Minimi	___	___
Platysma	___	___	Palmar/ Dorsal Interossei	___	___
Infra/ Suprahyoid	___	___			
Splenius Cervicis	___	___	LOWER EXTREMITY	L	R
Interspinalis Cervicis	___	___	Rectus Femoris	___	___
Levator Scapula	___	___	Vastus Med/ Lat	___	___
			Gracilis	___	___
THORAX	L	R	Sartorius	___	___
Ant/ Lat/ Post Deltoid	___	___	Adductor	___	___
Supraspinatus	___	___	Tensor Fascia Latae	___	___
Infraspinatus	___	___	Gluteus Med/ Max	___	___
Teres Minor/ Major	___	___	* IT Band	___	___
Subscapularis	___	___	Piriformis	___	___
Latissimus Dorsi	___	___	Semitendinosus/ Membranosus	___	___
Rhomboid Major/ Minor	___	___	Biceps Femoris	___	___
Ant/ Post Serratus	___	___	Popliteus	___	___
Int/ Ext Intercostals	___	___	Tibialis Anterior	___	___
Semispinalis Thoracis	___	___	Fibularis	___	___
Multifidi (Levels: _____)	___	___	Extensor Digitorum/ Hallucis	___	___
Erector Spinae (Levels: _____)	___	___	Gastrocnemius	___	___
Interspinalis Lumborum	___	___	Soleus	___	___
Psoas Major/ Minor	___	___	* Achilles	___	___
Iliacus	___	___	Tibialis Posterior	___	___
Iliopsoas	___	___	Flexor Digitorum/ Hallucis	___	___
Quadratus Lumborum	___	___	Plantar Aponeurosis	___	___
			Dorsal/ Plantar Aponeurosis	___	___
ANTERIOR ABDOMINAL WALL	L	R	Abductor Hallucis/ Digiti	___	___
Int/ Ext Oblique	___	___			
Rectus Abdominis	___	___			
*Inguinal Lig.	___	___			

**Myotherapy has been recommended in the above marked areas for \_\_\_\_\_ wks, at a frequency of \_\_\_\_\_ x/wk (or every \_\_\_\_\_ wks). A clinical re-evaluation is scheduled for \_\_\_/\_\_\_/\_\_\_ to determine further medical necessity.**

Case History and Examination Findings: \_\_\_ Attached \_\_\_ Have Been Forwarded Under Separate Cover \_\_\_ Will Be Forwarded Upon Request  
 Recommendations in conjunction with Myo (describe details below): \_\_\_ Ice \_\_\_ Heat \_\_\_ Stretch \_\_\_ Exercise \_\_\_ Supplements

Exercises Reviewed by: \_\_\_\_\_ Doctor \_\_\_\_\_ Myotherapist

Clinical Goals/ Notes/ Remarks: \_\_\_\_\_





**FUNCTIONAL MEDICINE / SUPPLEMENTS**

**MULTIVITAMINS/ PACKS**

PhytoMulti:	65.00	x	Phytomultiw/o Iron:	38.00	x			
Multi Chew:	22.00	x	Catalyn Chew:	15.00	x	Catalyn GF :	40.00	x
WellEssential M:	64.00	x	WellEssential F:	57.00	x	Plus 1:	49.00	x

**FISH OIL**

EPA 1,000:	86.00	x	EPA Liquid:	44.00	x	EPA Neuro:	42.00	x
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**Vit D3**

D3 5:	22.00	x	D3 10:	26.00	x	D3Liq:	22.00	x
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**PROBIOTICS**

UltraFlora Bal:	68.00	x	Ultraflora Syn:	40.00	x	UltraFlora Resp:	49.00	x
Ultraflora Wom:	24.00	x	Ultraflora Cont:	40.00	x	UltraFlora Boost:	32.00	x

**KIDS**

MetaKidsPowder:	37.00	x	MetaKids DHA:	20.00	x	Metakids DHAD3:	19.00	x
MetaKidsChew:	44.00	x	MetaKidsKPro:	55.00	x	Metakids Baby:	28.00	x

**ORGANO GOLD (OG) GANODERMA/ MUSHROOMS**

OG Spores:	98.00	x	OG Luciderm:	63.00	x	OG Mycellium:	63.00	x	OG Fenix:	68.00	x
OG-Blk Coff :	27.00	x	OG-Mocha :	31.00	x	OG Latte :	27.00	x	OG King :	47.00	x
OG-GRN T :	34.00	x	OG-RED T:	34.00	x	OG Choc:	31.00	x			

**IMMUNITY**

VitC Chew:	22.00	x	VitC 1,000 :	30.00	x	IMM-Core:	35.00	x
Nazanol:	21.00	x	Pneumocarotene:	20.00	x	Echinacea:	23.00	x
Essential Defense:	15.00	x	Perimine	27.00	x			

**ANTI-INFLAMMATORY/ ANTI OXIDANT**

Kaprex:	53.00	x	Chondrocare:	45.00	x	SPM:	69.00	x
Mata Lipoate:	36.00	x	Celapro:	30.00	x	Greens / Berry First:	45.00	x
Candibactin BR:	37.00	x	Protrypsin:	24.00	x	Mag Glycinate:	43.00	x

**DIGESTION**

Spectrazyme:	55.00	x	Spectrazyme Glut:	55.00	x	Glutagenics:	18.00	x
UltraInflamx:	71.00	x						

**DETOX**

Metalloclear:	49.00	x	Advaclear:	80.00	x	Glutaclear:	41.00	x
Meta J3C	76.00	x	UC Renew:	84.00	x	AxisEndo:	53.00	x

**KETOGENIC**

Exogenous Ketones:	59.00	x	MCT Oil:	49.00	x	Chromium Picolinate:	11.00	x
Keto Shake:	56.00	x						

**WEIGHT LOSS/ SPORTS/ LIFESTYLE**

M-Fit:	50.00	x	BCAA:	33.00	x	Endura :	27.00	x
UC Gluc:	69.00	x	ML-Perfect Protein :	65.00	x			

**CARDIOVASCULAR**

Hemagenics:	42.00	x	Vasotensin:	48.00	x	CoQ10:	51.00	x
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**SLEEP**

Bensom:	52.00	x	MyoCalm:	11.00	x			
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**STRESS/ FOCUS/ CONCENTRATION/ MOOD**

Adreset:	34.00	x	Adrenogen:	55.00	x	Trancor:	48.00	x
Serosyn:	71.00	x	BioSom:	19.00	x			

**NERVOUS SYSTEM/ BRAIN:**

Neurosol:	42.00	x	Ceralin Forte:	55.00	x			
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**WOMENS HEALTH**

FemEssentials:	20.00	x	HerSynergy:	45.00	x	FemPremenstrual:	19.00	x	Village Herbals:	20.00	x
Estrovera:	94.00	x	Osteovantiv:	54.00	x	Thyrosol:	39.00	x			

**MENS HEALTH**

HisSynergy:	23.00	x	Zinc:	12.00	x	UltraProstate:	44.00	x	Testralin:	55.00	x
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**NORDIC NATURALS**

NN-Berries:	34.00	x	NN-OM Focus:	39.00	x	NN-Child DHA:	21.00	x	NN-DHA JR:	17.00	x
NN-Pixies:	27.00	x	NN-Curcumin:	29.00	x	NN-Melatonin:	19.00	x	NN-Collagen:	29.00	x



- Need V: Add Greens First
- Need Sun: Add D3 10,000 or Substitute D3 5000 for D3 10000
- No Kickstand: Add Phytomulti with Iron or Substitute Phytomulti for Phytomulti with Iron
- Need Joint: Add Chondrocare
- No Meat: Add Protein
- Need Bugs: Add BiomePro or switch UF Probiotic to BiomePro
- Need Shrooms: Add Spores or Substitute Ganoderma Luciderm for Ganoderma Spores
- Alpha Pack: Add Wellness Essential Male Pack
- Omega Pack: Add Wellness Essentials Female Pack
- Bun-In-Oven Pack: Add Plus 1 Pregnancy Essentials Pack
- Sick&Tired Pack: Add Immune Defense Pack

Protein Chart	Taste	Mix	Plant	Absorb	Immunity	Post Workout	Meal Replacement	Before Bed
Whey Protein Concentrate	3	3	1	2	3	2	3	3
Whey Protein Isolate	3	3	0	3	1	3	1	1
Vegan	3	2	3	2	2	1	3	3

**STRUCTURAL HOME CARE PACKAGES**

**I.BASIC**

- Denneroll
- Lift
- Orthotic
- Prolorodtic Strap
- Wobble Chair

**II.INTERMEDIATE**

- Denneroll
- Lift
- Orthotic
- Prolorodtic Strap
- Wobble Chair
- Exercise Block
- Foam Roll

**III.ADVANCED**

- Denneroll
- Lift
- Orthotic
- Prolorodtic Strap
- Wobble Chair
- Exercise Block
- Foam Roll
- Denneroll Pillow

**IV.FIX-IT**

- Denneroll
- Lift
- Orthotic
- Prolorodtic Strap
- Wobble Chair
- Exercise Block
- Foam Roll
- Denneroll Pillow
- Back Hugger