TREATMENT PLAN

Patient ________________________________ Today's Date _____________ DOI _____________

Cervical Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other ________________
- ☐ Office Other ________________
- ☐ Home Neck Exercises
- ☐ Home Cervical Collar
- ☐ Home Ice Pack
- ☐ Home Cervical Pillow
- ☐ Home Other ________________
- ☐ Gym Neck Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Thoracic Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other ________________
- ☐ Office Other ________________
- ☐ Office Other ________________
- ☐ Home Upper Back Exercises
- ☐ Home Ice Pack
- ☐ Home Other ________________
- ☐ Home Other ________________
- ☐ Gym Thoracic Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Lumbar Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other ________________
- ☐ Office Other ________________
- ☐ Home Low Back Exercises
- ☐ Home Ice Pack
- ☐ Home Lumbar Support Belt
- ☐ Home Lumbar Support Pillow
- ☐ Home Other ________________
- ☐ Gym Lumbar Exercises/Activity
- ☐ MD ☐ CT ☐ MRI ☐ DMX

Upper Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other ________________
- ☐ Office Other ________________
- ☐ Home Upper Extremity Exercises
- ☐ Home Ice Pack
- ☐ Home Other ________________
- ☐ Gym Upper Extremity Exercises
- ☐ MD ☐ MRI ☐ CT ☐ ________

Lower Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ 97116 Gait Training/Stair Climb
- ☐ Office Other ________________
- ☐ Home Lower Extremity Exercises
- ☐ Home Ice Pack
- ☐ Home Other ________________
- ☐ Gym Lower Extremity Exercises
- ☐ MD ☐ MRI ☐ CT ☐ ________

Pelvis/Hip/Sacrum Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97032 Elect.Stim (attended)
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ 97116 Gait Training/Stair Climb
- ☐ Office Other ________________
- ☐ Home Pelvis/Hip/Sacrum Exer.
- ☐ Home Ice Pack
- ☐ Home Other ________________
- ☐ Gym Pelvis/Hip/Sacrum Exer.
- ☐ MD ☐ MRI ☐ CT ☐ ________

Brain Injury Plan

- ☐ 90801 Cognitive Consultation
- ☐ 96118 Cognitive Screening
- ☐ 90801 Hypersomnolence Consultation
- ☐ 96118 Hypersomnolence Evaluation
- ☐ 97532 Cognitive Training In Office _____ min.
- ☐ Home Physical Exercise
- ☐ Home Meditation
- ☐ Home Cognitive Rehabilitation Exercises
- ☐ MD Referral
- ☐ Counseling
- ☐ Polysomnogram
- ☐ Avoid ______________________________
- ☐ Other ______________________________
- ☐ Other ______________________________

Depression/Anxiety Plan

- ☐ Exercise
- ☐ Meditation
- ☐ Counseling
- ☐ Avoid ________________
- ☐ Natural Anti-Depressants
- ☐ Natural Anti-Anxiety
- ☐ MD Referral

TMJ Plan

- ☐ Physiotherapy
- ☐ Massage Therapy
- ☐ Splint for Home Use
- ☐ Home TMJ Exercises
- ☐ Restricted TMJ Activity
- ☐ Relaxation Exercises
- ☐ Soft Food/Liquid Diet
- ☐ DDS Referral

Misc Plans

____ treatments/____. Re-exam in ____ days

- ☐ Home TENS
- ☐ Cane/Crutches/Orthotics
- ☐ Natural Anti-Inflammatories
- ☐ Natural Pain Relievers
- ☐ Bed Rest _____ days
- ☐ Order Impairment Rating
- ☐ ________________
- ☐ ________________

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