TREATMENT PLAN

Patient _____ Today's Date _____ DOI _____

The following recommended treatments are to be done through _____

Cervical Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97039 Attended FDA IR Laser
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Home Neck Exercises
- ☐ Home Cervical Stabilization Collar
- ☐ Home Ice Pack
- ☐ Home Cervical Traction Pillow
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Neck Exercises/Activity
- ☐ MD ☐Exam ☐CT ☐MRI ☐DMX

Thoracic Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97039 Attended FDA IR Laser
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Office Other _____
- ☐ Home Thoracic Traction Pillow
- ☐ Home Upper Back Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Thoracic Exercises/Activity
- ☐ MD ☐Exam ☐CT ☐MRI ☐DMX

Lumbar Spine Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97030 Attended FDA IR Laser
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Home Low Back Exercises
- ☐ Home Ice Pack
- ☐ Home Lumbar Stabilization Belt
- ☐ Home Lumbar Traction Pillow
- ☐ Bed Rest
- ☐ Home Other _____
- ☐ Gym Lumbar Exercises/Activity
- ☐ MD ☐Exam ☐CT ☐MRI ☐DMX

Upper Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97039 Attended FDA IR Laser
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ Office Other _____
- ☐ Office Other _____
- ☐ Home Upper Extremity Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Gym Upper Extremity Exercises
- ☐ MD ☐Exam ☐MRI ☐CT

Lower Extremity Tx

- ☐ 98943 Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97039 Attended FDA IR Laser
- ☐ 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
- ☐ Bed Rest
- ☐ Gym Lower Extremity Exercises
- ☐ MD ☐Exam ☐MRI ☐CT

Pelvis/Hip/Sacrum Tx

- ☐ 98940(1)(2) Chiropractic Manip.
- ☐ 97124 Massage ____ minutes
- ☐ 97035 Ultrasound ____ minutes
- ☐ 97014 Elect.Stim (unattended)
- ☐ 97039 Attended FDA IR Laser
- ☐ 97140 Myofascial Release
- ☐ 97110 Ther.Exer. 1on1 ____min
- ☐ 97150 Ther.Exer.Group ____min
- ☐ 97116 Gait Training/Stair Climb
- ☐ Office Other _____
- ☐ Home Pelvis/Sacrum Exercises
- ☐ Home Ice Pack
- ☐ Bed Rest
- ☐ Gym Pelvis/Sacrum Exercises
- ☐ MD ☐Exam ☐MRI ☐CT

Brain Injury Plan

- ☐ 90791 Cognitive Consultation
- ☐ 96118 Cognitive Screening
- ☐ 90791 Hypersomnolence Consultation
- ☐ 97532 Cognitive Training In Office _____ min.
- ☐ 97039 Attended FDA cleared IR Laser
- ☐ Home Meditation
- ☐ Home Cognitive Rehabilitation Exercises
- ☐ MD Referral
- ☐ Neuropsychologist Referral
- ☐ Counseling
- ☐ Polysomnogram
- ☐ Avoid Stressful Activities
- ☐ Bed Rest
- ☐ Other _____

Depression/Anxiety Plan

- ☐ Exercise
- ☐ Meditation
- ☐ Avoid Stressful Activities
- ☐ Natural Anti-Depressants
- ☐ Natural Anti-Anxiety
- ☐ Bed Rest
- ☐ MD Referral
- ☐ Cardiologist 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

____ Office Treatments per _____

____ Home Treatments per _____

- ☐ Home TENS
- ☐ Cane/Crutches/Orthotics
- ☐ Natural Anti-Inflammatories
- ☐ Natural Pain Relievers
- ☐ Order Impairment Rating

Re-evaluate in _____ days