



Chiropractic Plan of Treatment

Patient name, Address, Cert#, DOB, Treating Chiropractor, Address, Phone #, Fax #, National Provider Identifier (NPI#)

Date of injury/Onset of symptoms, Date treatment initiated for this episode

Pain Assessment

1st Visit 1-10, 6th Visit 1-10, 12th Visit 1-10

Occupation, Is this related to: WORK, MVA, New Patient, Problem Statement/ADL deficits (List and describe according to severity)

ICD9 codes

Subjective History (Chronic, acute, exacerbation, timelines, pertinent issues, and describe any previous treatments)

Initial Visit, 12th/Additional Visit(s)

Objective Findings (Orthopedic, neurologic, postural/muscular, findings of x-rays or other testing)

Initial Visit, 12th/Additional Visit(s)

Assessment (Diagnostic conclusion—summarize and describe subjective and objective findings. Do not list ICD-9 codes or subluxation findings.)

Initial Visit, 12th/Additional Visit(s)

Plan (Goals, progress/prognosis, list specific complicating factors and solutions, patient compliance and results of the multidisciplinary plan arrived through coordination of care, lifestyle/ergonomic changes and specific exercises)

Initial Visit, 12th/Additional Visit(s)

VISITS: # visits for this occurrence, # visits year to date, # Additional visits requested (beyond initial 12), Re-evaluation date, Anticipated discharge, Please forward to PCP

Signature of Chiropractor, Date

Note: Illegible or incomplete forms will be returned and may cause a delay in the decision process.