

Name _____ Recommended Care _____

Date	A	B	C	D	P	T	T	G	Comments & Services Performed
10									
20									
30									
40									
50									
60									

SAMPLE

- DIET
- VITAMINS
- EXERCISE
- FOOT LEVELERS
- HEEL LIFTS
- WEDGE
- LUMBAR SUPPORT
- C. PILLOW
- C. COLLAR
- ICE
- MM STIM.
- ULTRASOUND
- HEAT

- A - Cervical Adjustment
- B - Thoracic Adjustment
- C - Lumbar Adjustment
- D - Pelvic Adjustment

- PT - Therapy
- T - Traction
- G - Re - Exams