Name _____ Recommended Care _____

DATE	A	B	C	D	E	F	SUBJECTIVE - OBJECTIVE - ASSESSMENT - PLAN	PT. INIT.
10								
20								
30								
40								

DIET	☐	SUPPORT	☐	WEIGHT	lbs.	A - CERVICAL ADJUSTMENT
VITAMINS	☐	C. PILLOW	☐	B.P.		B - THORACIC ADJUSTMENT
EXERCISE	☐	C. COLLAR	☐	PULSE	/min.	C - LUMBAR ADJUSTMENT
FOOT LEVELERS	☐	URINALYSIS	☐	GRIP TEST: LT.		D - PELVIC ADJUSTMENT
HEEL LIFTS	☐	RELAXOBAK	☐	RT.		E - SACRAL
HEARTOMETER	☐			AGE		F - EXTRA SPINAL

SAMPLE

#C-107-A
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