Carriage House Chiropractic and Acupuncture, PLLC
Daily SOAP Note

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Date: 06/22/10   Patient Name: Bunny, Bugs DOB 4/20/51   Care Type: Acute

S: Left Knee pain from being chased by a coyote. Yada so on and so forth

O: Ortho exam positive for medial collateral ligament joint s/s

Medicare   Pain   Pre Tx: ___ /10   Post Tx: ___ /10   A: See Intersegmental Listings Below

R: _____   T: _____ Tone/4

The patient's records support medically necessary chiropractic care for correction of the listed intersegmental dysfunction (subluxations) that are decreasing the patient's ability to function on a daily basis. The treatment was not for maintenance care.

Osseous Findings and Treatment

Region and Joint Level/Area	Decreased Segmental ROM	Findings		Manipulative Technique				
C ☐1 ☐2 ☐3 ☐4 ☐5 ☒6 ☒7	☒	☒ ISD ☐ Pain		☒ Div ☐ Drop	☐ A ☐ None			
T ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☒11 ☒12	☒	☒ ISD ☐ Pain		☒ ANT ☒ Div ☐ Drop	☐ A ☐ None			
L ☐1 ☐2 ☐3 ☒4 ☒5	☒	☒ ISD ☐ Pain		☐ F&D ☒ Div ☐ Drop	☐ A ☐ None			
S ☐L ☒R ☒SBP	☒	☒ ISD ☐ Pain		☐ SOT ☐ Div ☒ Drop	☐ A ☐ None			
P ☐L ____ ☒R ____	☒	☒ ISD ☐ Pain		☐ SOT ☐ Div ☒ Drop	☐ A ☐ None			
E R ☐Shoulder ☐Elbow ☐Hand/Wrist ☐Hip ☒Knee ☒Foot/Ankle	☒	☒ ISD ☐ Pain		☒ Div ☐ Drop	☐ A ☐ None			
L ☐Shoulder ☐Elbow ☐Hand/Wrist ☐Hip ☐Knee ☒Foot/Ankle								
Other _____	☐	☐ ISD ☐ Pain		☐ Div ☐ Drop	☐ A ☐ None			

Soft Tissue Findings and Treatment

C ☒CP ☐SO ☐LS ☐T-U ☐S-A ☐S-M ☐S-P ☐SCM ☐T-M ☒T-L	☐ E ☒ Trp ☒ Pain ☐ Sp ☐ FR					
T ☒TP ☐R ☐SA ☐T-Ma ☐T-Mi ☐SUB ☐SS ☐IS ☐P-Ma ☐P-Mi ☐W-F ☒W-E	☐ E ☒ Trp ☒ Pain ☐ Sp ☐ FR					
L ☒LP ☐P ☐QL ☐LD ☐G-Ma ☐G-Me ☐TFL ☐PS ☐ITB ☐H-F ☐H-In ☒H-Ex	☐ E ☒ Trp ☒ Pain ☐ Sp ☐ FR					
Other _____	☐ E ☒ Trp ☒ Pain ☐ Sp ☐ FR					

Assessment

Progress: ⬤ None ◯ Slightly ◯ Improved ◯ Max
Speed of Recovery: ◯ Slower ◯ As Anticipated ◯ Faster
Intensity of Symptoms: ◯ Decreased ⬤ Unchanged ◯ Increased

Diagnosis: ◯ Same ⬤ New   1 111.11   2 222.22   3 333.33   4 444.44   5 555.55   6 ____

Assessment Notes: _____

Plan   Treatment Plan: New Plan: See Tx Plan Form   Follow-up: Days 2   Weeks ___   ☐ PRN

Next Re-Eval: _____

Plan Notes: _____

Today's Treatment

#		Location:	Detail	Time:
1	97010 Hot/Cold Treatment	Left Knee	Cold Pack	12
2	98943 CMT Extra Spinal	Left Knee		
3	98940 CMT 1-2 Regions	As Listed Above		
4	97110 Therapeutic Exercise	Left Knee	terminal knee extensions	10
5				

Additional Detail: _____

Was Treatment Well Tolerated? ⬤ Yes ◯ No   Reason: _____   Skin Condition: PreTx Normal   PostTx Normal

Informed Consent: Discussed Dx, Differential Dx, Proposed and alternative treatments

Home Instructions: ⬤ Ice ◯ Heat ◯ Contrast   ☐ Provided Ice/Heat Instruction

Today's Treatment Notes: _____

Provider's Signature:

Eoin C. Gregory, D.C.   Signed Electronically

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