

CHIROPRACTIC PROGRESS REPORT

Dear _____
 Primary Care Physicians Name _____ Date _____

 PCP Address _____ City _____ State _____ Zip Code _____

This Progress Report is to inform you that a mutual patient is receiving chiropractic care. As indicated below, this patient is under active care, receiving up to 5 visits to date, or has recently been discharged. You will receive an updated report if the patient has a significant re-injury, exacerbation, or change of condition during this same calendar year. Should you have any questions, please feel free to contact me at the address below or by telephone. Thank you.

Patient Name: _____ **DOB:** _____

Chiropractic Treatment Began: _____
 Date _____

- Patient under active care**
 Patient discharged from care on _____
 Date _____

Chief Complaint:
 Headache Neck Pain Mid-Back Pain Low Back Pain
 Other (list) _____

Primary Diagnosis: _____

Since treatment began the Chief Complaint of pain has / is:
 Worsened Unchanged Improved by _____% Resolved

Treatment:
 Spinal Adjustment
 Physical Therapy Modalities/Procedures
 Self Management
 Exercises (list) _____
 Lifestyle modifications
 Other (list) _____

Comments / Goals / Potential Follow-Up: _____

Print Practitioner Name _____ Practitioner Signature _____ Date _____

Practitioner Address _____ City _____ State _____ Zip Code _____

Faxed **Mailed** to the PCP noted above on _____
 Date _____