CHIROFIT™

SOAP NOTE

PATIENT NAME: _____ DATE: _____ VISIT # _____

ULTRASOUND 97035 | **INTERFERENTIAL / PREMOD** 97014 | **REHAB EXERCISES** 97110 / **TPT** 97140 | **TRACTION** 97012

ULTRASOUND 97035	INTERFERENTIAL / PREMOD 97014	REHAB EXERCISES 97110 / TPT 97140	TRACTION 97012
Area: ☐ C ☐ UT ☐ MT ☐ L ☐ SI	1.5/____ w/cm2 ____ min	Area: ☐ C ☐ UT ☐ MT ☐ L ☐ SI	Time: ____ min
	Intensity: ☐ To Patient Tolerance	Area: ☐ C ☐ UT ☐ MT ☐ SI ☐ L ☐ SI	Type: ☐ Floor ☐ Propio ☐ Stretches ☐ Fitball ☐ Tubing
			Time: ____ min
			Area: ☐ C ☐ UT ☐ MT ☐ L ☐ SI
			Time: ____ min

OTHER: _____ ☐ ICE / HEAT 97010 Time (min): _____ ☐ C ☐ UT ☐ MT ☐ L ☐ SI ☐ PNF 97112 Time (min): _____ ☐ C ☐ UT ☐ MT ☐ L ☐ SI ☐ EXT _____

Spine

TECHNIQUE (choose one)

- ☐ Diversified
- ☐ Gonstead
- ☐ Activator
- ☐ Thompson Drop
- ☐ Flexion Distraction
- ☐ Other

Occ	
C1	
C2	
C3	
C4	
C5	
C6	
C7	
T1	
T2	
T3	
T4	
T5	
T6	
T7	
T8	
T9	
T10	
T11	
T12	
L1	
L2	
L3	
L4	
L5	
SI	

- ☐ L ☐ R Shoulder
- ☐ L ☐ R Rib
- ☐ L ☐ R Elbow
- ☐ L ☐ R Wrist
- ☐ L ☐ R Hip
- ☐ L ☐ R Knee
- ☐ L ☐ R Ankle
- ☐ Other

SUBJECTIVE

Patient comments: ☐ About the Same ☐ Better ☐ Worse ☐ Slightly Better ☐ Slightly Worse

Quality of Life: _____

OBJECTIVE

Myospasms (use the folllowing number ranges: 1-mild 2-moderate 3-severe)

☐ Suboccipital ☐ Paracervical ☐ SCM ☐ Trapezins ☐ Rhomboids ☐ Parathoracic ☐ Paralumbar ☐ Piriformis

Tenderness (use the folllowing number ranges: 1-mild 2-moderate 3-severe)

☐ Suboccipital ☐ Paracervical ☐ SCM ☐ Trapezins ☐ Rhomboids ☐ Parathoracic ☐ Paralumbar ☐ Piriformis

ROM: ☐ ↑ ☐ ↓ Cervical ☐ ↑ ☐ ↓ Thoracic ☐ ↑ ☐ ↓ Lumbar ☐ ↑ ☐ ↓ Extremeties

ASSESSMENT

☐ Per DX ☐ As Expected ☐ Exacerbation ☐ Adt'l:

PLAN

☐ **PER TX PLAN** (See Current A&P Form) ☐ EX-I Instruction ☐ EX-II Instruction ☐ Adt'l:

Visits: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Daily ☐ 3x wk ☐ 2x wk ☐ 1x wk ☐ Visits / Other below:

Additional Notes: _____

Work Restrictions/Comments: No Work / Light Duties (describe below)

Billing Codes (CPT)

☐ 1-2 Regions	98940
☐ 3-4 Regions	98941
☐ EXT / Modifier 51	98943

Therapy Codes (CPT)

☐ 97140	____ /unit	☐ 97010	____ /units
☐ 97110	____ /unit	☐ 97012	____ /units
☐ 97112	____ /unit	☐ 97014	____ /units
☐ 97035	____ /units		

☐ New DX Codes (add below)

_____

_____

☐ SEE DIAGNOSIS PAGE

_____ CHIROPRACTOR NAME

_____ CHIROPRACTOR SIGNATURE

_____ DATE

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SOAP NOTE CONT.

PATIENT NAME: _____ DATE: _____ VISIT # _____

CHIROPRACTOR NAME _____ CHIROPRACTOR SIGNATURE _____

DATE _____