

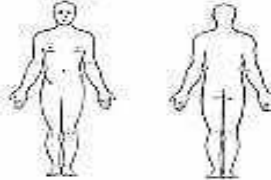
**Client Name:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_ **DOC:** \_\_\_\_\_

**Session Date:** \_\_\_/\_\_\_/\_\_\_ **Units:** \_\_\_\_\_  
**C/O:** pain stiffness TP/nerve other \_\_\_\_\_

**Pain Level:** 0 1 2 3 4 5 6 7 8 9 10

**Location:**



**Objective:**

- ROM: ↑ = ↓ \_\_\_\_\_
- Congestion: ↑ = ↓ \_\_\_\_\_
- Spasm: ↑ = ↓ \_\_\_\_\_

**Techniques:**  EFF  PET  HOH  TOT  SP  PIN  
 CFF  VIB  MFR  LDT  PNF  NMT  DNM  
 AROM Other: \_\_\_\_\_

**Treatment Codes:**  97124  97140  97010  97001

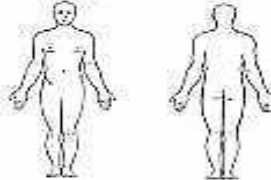
**Results:**

**Recommendations:**

**Session Date:** \_\_\_/\_\_\_/\_\_\_ **Units:** \_\_\_\_\_  
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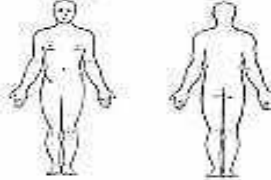
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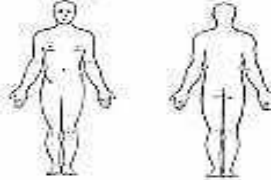
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**Recommendations:**

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