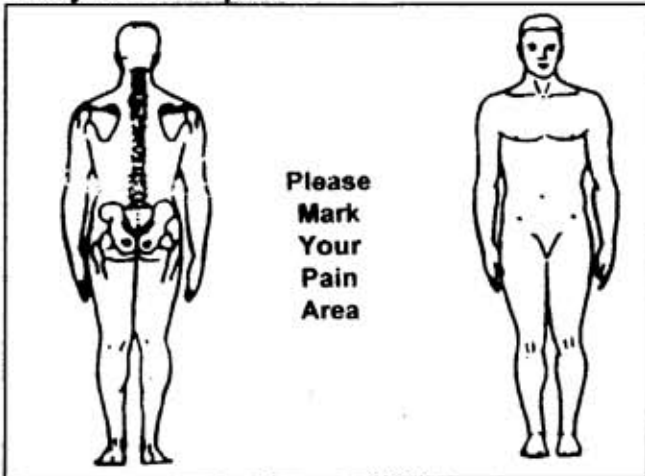


## Symptom Update Form

### Subjective Complaints



Please describe your condition or physical complaint since last visit \_\_\_\_\_

Have you had any new pains since your last visit? \_\_\_\_\_

Have you had any falls, accidents or injuries since your last visit? \_\_\_\_\_

Pain Scale Today 1 2 3 4 5 6 7 8 9 10

Do you have any questions you would like to ask the doctor? \_\_\_\_\_

I hereby authorize Parkway East Chiropractic and/or Dr. K.E. Awad to furnish information concerning my present illness or injury and DIRECT the insurer to pay without equivocation directly to the above named clinic/ doctor, any benefits due them as a result of this claim. I am also aware that I am PERSONALLY responsible for charges and/or balance not covered by my insurance and will be responsible for all collection and/or attorney fees if not paid in full. I hereby state that a photocopy of this document will be as valid and binding on all parties involved as the original copy.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below, For doctors use only**

#### Objective Findings

Antalgic Posture \_\_\_\_\_ Muscle Splinting \_\_\_\_\_ Joint Fixation \_\_\_\_\_ Posture analysis \_\_\_\_\_  
 R L R-A L-A

Edema \_\_\_\_\_ Muscle Spasms \_\_\_\_\_ ROM Restrictions \_\_\_\_\_ Test results \_\_\_\_\_

Assessment	Poor	Fair	Good	Stable	Decline
Patient's Improvement					
Treatment Plan Assessment					
Manipulation Assessment					
Therapy Assessment					
Massage Assessment					

**Work Status** \_\_\_\_\_ **Restrictions:** \_\_\_\_\_  
 Off work Date \_\_\_\_\_  
 Part-time Date: \_\_\_\_\_  
 Full-Time Date \_\_\_\_\_

#### Established Goals: Results:

Increase ROM	WNL	Pt Prog	No Prog	Increase Fitness	WNL	Pt. Prog	No Prog	Increase Pain	WNL	Pt. Prog	No Prog
Increase Strength	WNL	Pt. Prog	No Prog	Increase Function	WNL	Pt. Prog	No Prog	Increase Edema	WNL	Pt. Prog	No Prog
Increase Mobility	WNL	Pt. Prog	No Prog	Improved Posture	WNL	Pt. Prog	No Prog	Increase Guard	WNL	Pt. Prog	No Prog

#### Plan

Plan	C	TS	LS	SHO	HIP	OTHER
Manipulation /No Rotation	C	TS	LS	SHO	HIP	OTHER
Ultrasound	C	TS	LS	SHO	HIP	OTHER
Muscle-Stimulation	C	TS	LS	SHO	HIP	OTHER
Intersegmental Traction	C	TS	LS	SHO	HIP	OTHER
Hot/Cold	C	TS	LS	SHO	HIP	OTHER
Micro-Stimulation	C	TS	LS	SHO	HIP	OTHER
Cervical Traction	C	TS	LS	SHO	HIP	OTHER
Vibratory Massage	C	TS	LS	SHO	HIP	OTHER
Therapeutic Exercise	C	TS	LS	SHO	HIP	OTHER
DTA w/Therastim	C	TS	LS	SHO	HIP	OTHER
Orthopedic Appliance	C	TS	LS	SHO	HIP	OTHER
Extrimity Adj.	C	TS	LS	SHO	HIP	OTHER
	C	TS	LS	SHO	HIP	OTHER

#### Prescriptions

Diagnostic testing \_\_\_\_\_  
 Orthotics \_\_\_\_\_  
 Supplements \_\_\_\_\_  
 Home Therapy \_\_\_\_\_  
 Patient instructions \_\_\_\_\_  
 Rehab \_\_\_\_\_  
 Stay on treatment Prescription  
 Stay on therapy Prescription

Patient progress affected by:  Age  Weight  Work  Stress  Chronicity  Degeneration  Injury  Exacerbation **Next visit** \_\_\_\_\_

Notes: \_\_\_\_\_

**Dr. K. E. Awad, DC and PEC Chiropractic Associates**

9002 A Parkway East - Birmingham, Alabama 35261



# Parkway East Chiropractic Associates



9002 A Parkway East - Post Office Box 610538 - Birmingham, Alabama 35261 - Phone (205) 836-8312- Fax (205) 836-4395

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dr. File #: \_\_\_\_\_  
 By signing I verify I received all treatment marked on this sheet.

CODE	THERAPY	CPT	FEE
<input type="checkbox"/>	9 Adjustment	98940	36
<input type="checkbox"/>	10 Medicare	98940	24.63
<input type="checkbox"/>	21 Ultrasound	97128	25
<input type="checkbox"/>	29 Microstim	97139	25
<input type="checkbox"/>	2200 EMS Muscle Stim	97014	25
<input type="checkbox"/>	2600 Intersegmental Traction	97012	25
<input type="checkbox"/>	12 Cervical Traction	97012	25
<input type="checkbox"/>	32 Therapeutic Exercise	97530	45
<input type="checkbox"/>	11 Adj. 3-4 regions	98941	51
<input type="checkbox"/>	25 CMT Extraspinal	98943-25	30
<input type="checkbox"/>	303 Therapeutic exercise	97110	35
<input type="checkbox"/>	84 Train Daily Living	97535	35
<input type="checkbox"/>	24 Diathermy	97024	25

CODE	SUPPLIES	CPT	FEE
<input type="checkbox"/>	43 Electrodes	A4595	25
<input type="checkbox"/>	51 Lumb/Sac. Sup.	L0500	60
<input type="checkbox"/>	52 Foot Orthosis	L3030	285
<input type="checkbox"/>	53 Tennis Elbow	99070	50
<input type="checkbox"/>	55 Ortho. Des & Fit	99002	17
<input type="checkbox"/>	56 Ortho. Train & Ex	97504	37
<input type="checkbox"/>	57 Cervical Traction	E0860	65
<input type="checkbox"/>	58 Heel Lift	L3332	20
<input type="checkbox"/>	61 Posture Back Sup	99070	35
<input type="checkbox"/>	62 Knee Cart Sup	L1800	85
<input type="checkbox"/>	63 Clavicle strap	L3670	45
<input type="checkbox"/>	70 Orthopedic Pillow	E0943	65
<input type="checkbox"/>	75 Cervical Collar	L0120	35
<input type="checkbox"/>	79 Warm & Form L/S	L0510	170
<input type="checkbox"/>	187 Rib Belt	L0210	35
<input type="checkbox"/>	197 Shoulder Sling	A4565	60
<input type="checkbox"/>	818 TENS purchase	E0720	295
<input type="checkbox"/>	Hot Moist Heat Pack	E0238	23
<input type="checkbox"/>	188 Body Rite Posture	99070	45
<input type="checkbox"/>	Real Real ease	99070	44
<input type="checkbox"/>	50 B Complex	99070	20
<input type="checkbox"/>	46 Vitamin C	99070	15
<input type="checkbox"/>	44 Biofreeze	99070	15
<input type="checkbox"/>	82 Calcium	99070	15
<input type="checkbox"/>	Kool Kool - 8oz.	99070	20
<input type="checkbox"/>	72 Heel Spur Cushion	99070	40
<input type="checkbox"/>	80 Formfit LOSw/Gel	LO500-NU	170
<input type="checkbox"/>	NS Ankle Contracture splint	L4395	150
<input type="checkbox"/>	CC Coral Calcium	99070	25
<input type="checkbox"/>	INSOLES (HYDROPEDES)	99070	40
<input type="checkbox"/>	820 Wright TENS	E0720	495

CODE	X-RAY	CPT	FEE
<input type="checkbox"/>	X409 C/Spine AP/Lat	72040	78
<input type="checkbox"/>	X412 T/Spine AP/Lat	72070	88
<input type="checkbox"/>	X404 L/Spine AP/Lat	72100	89
<input type="checkbox"/>	X410 Davis Series - 7	72052	195
<input type="checkbox"/>	X443 L/Spine Bending-4	72120	140
<input type="checkbox"/>	X456 C/Spine 5 Views	72050	129
<input type="checkbox"/>	X459 C/Spine OM - 4	72050	129
<input type="checkbox"/>	X462 Foot - 2	73620	62
<input type="checkbox"/>	X421 Elbow - 2	73070	62
<input type="checkbox"/>	X518 Foot - 3	73630	77
<input type="checkbox"/>	X517 Ankle - 2	43600	64
<input type="checkbox"/>	X427 Shoulder - 2	73030	81
<input type="checkbox"/>	X461 Knee 2	73560	71
<input type="checkbox"/>	X516 Knee 4	73564	94
<input type="checkbox"/>	X15 10 by 12 View	72020	60
<input type="checkbox"/>	X115 14 by 17 View	72020	60
<input type="checkbox"/>	401 Full Spine 6V	72010	186

CODE	Exam Est. Pt.	CPT	FEE
<input type="checkbox"/>	3700 Brief	99211	30
<input type="checkbox"/>	3100 Limited	99212	40
<input type="checkbox"/>	3200 Intermediate	99213	60
<input type="checkbox"/>	3300 Extended	99214	90

CODE	Exam New Pt.	CPT	FEE
<input type="checkbox"/>	3400 Brief	99201	35
<input type="checkbox"/>	3500 Limited	99202	55
<input type="checkbox"/>	3000 Intermediate	99203	90
<input type="checkbox"/>	3510 Extended	99204	120

ADD TO CODE	MODIFIER	CPT
_____	M1 distinct procedure	00959
_____	M2 repeat procedure	09976
_____	M3 multiple procedure	09951
_____	M4 unusual procedure	09922
_____	M5 prolonged E/M svc.	09921
_____	M6 separate E/M svc.	09925

ADMITTED TO THERAPY: \_\_\_\_\_  
 DEPARTURE FROM OFFICE: \_\_\_\_\_

DMX AND DMXRP

<p><b>Patient to Return on:</b></p> <p>Time: _____</p> <p>Date: _____</p>	<p><b>Next Visit Procedure:</b></p> <p><input type="checkbox"/> AT <input type="checkbox"/> RP <input type="checkbox"/> XR <input type="checkbox"/> RE</p> <p><input type="checkbox"/> EMG <input type="checkbox"/> NEU <input type="checkbox"/> DME <input type="checkbox"/> Con</p> <p><input type="checkbox"/> Nutr <input type="checkbox"/> WC <input type="checkbox"/> Final</p>	<p><b>Diagnosis</b></p> <p>_____</p> <p>_____</p>
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### Office Visit and Treatment Schedule

- 5x  4x  3x  2x  1x per week For \_\_\_\_\_ Week
- Bi-weekly for \_\_\_\_\_ months  Monthly for \_\_\_\_\_ months  As Needed