

**ADVANCED
METHODS
HEALTHCARE**
Natural Answers to your healthcare

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17924 Krameria Ave., Riverside, CA 92504

PROGRESS NOTES

NAME:	HOME PHONE:
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ADDRESS:	SHEET NUMBER:
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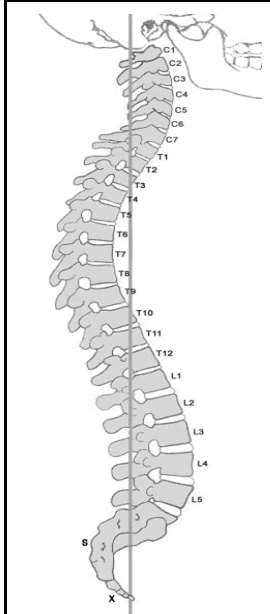
S	SUBJECTIVES: 1-	3-
	2-	4-

SEVERITY: Minimal Minor Low to Moderate Moderate to High High

O	OBJECTIVES:	<input type="checkbox"/> Prob-Focused <input type="checkbox"/> Expanded Prob-Focused <input type="checkbox"/> Detailed <input type="checkbox"/> Comprehensive
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A	ASSESSMENT:	<input type="checkbox"/> Prob-Focused <input type="checkbox"/> Expanded Prob-Focused <input type="checkbox"/> Detailed <input type="checkbox"/> Comprehensive
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MS	Neck	Thoracic	Low Back	AS R L	ILLIUM R L	SACRU R L	L-5 R L	L-4 R L	L-3 R L	L-2 R L
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L-1 R L	T-12 R L	T-11 R L	T-10 R L	T-9 R L	T-8 R L	T-7 R L			
T-6 R L	T-5 R L	T-4 R L	T-3 R L	T-2 R L	T-1 R L	C-7 R L			
C-6 R L	C-5 R L	C-4 R L	C-3 R L	C-2 R L	C-1 R L	OCC R L			
R/L		B/P		/		P	Ph	Normal (6.6-6.8)	

1-	
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2-	
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3-	
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4-	
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P	PLAN:	<input type="checkbox"/> Straight <input type="checkbox"/> Low Complexity <input type="checkbox"/> Moderate Complexity <input type="checkbox"/> High Complexity
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Inter Segmental Traction	Ultra Sound
Chiro Manipulation	Hydroculator
Cryotherapy	Sine Wave
Diathermy	Massage/VP

Rx:

I have received the above treatments and supplies this day.	
Signature	Date