Appendix A

Please complete this form for each of ten patients. (ONLY the doctor is to complete the form.)

PRACTICE MODEL LOG

PATIENT DEMOGRAPHIC DATA

April 17, 1990

AGE

- ☐ 17 years or under
- ☐ 18 to 30 years
- ☐ 31 to 50 years
- ☐ 51 to 64 years
- ☐ 65 years or older

SEX

- ☐ MALE
- ☐ FEMALE

RACE

- ☐ White/Caucasian
- ☐ Black/Negro
- ☐ Asian/Oriental
- ☐ Native American
- ☐ Other _____

OCCUPATION

- ☐ Physical labor
- ☐ Clerical/Secretarial
- ☐ Executive/Professional
- ☐ Teacher
- ☐ Student
- ☐ Homemaker
- ☐ Athlete
- ☐ Other _____

PATIENT SOURCE

- ☐ Referred by a medical physician
- ☐ Referred by another chiropractor
- ☐ Referred by other health practitioner
- ☐ Referred by another patient
- ☐ Self referred or advertisement
- ☐ Other _____

PLACE OF PATIENT VISIT

- ☐ Doctor's office
- ☐ Hospital
- ☐ Other than office or hospital

TYPE OF PATIENT VISIT

- ☐ Initial/New patient visit
- ☐ Returning patient visit
- ☐ Reactivated patient

REASON FOR CARE/VISIT

- ☐ Injury
- ☐ Illness
- ☐ Health Improvement
- ☐ Maintenance
- ☐ Second opinion

PRIMARY SYSTEM OF INVOLVEMENT

- ☐ Musculoskeletal
- ☐ Central nervous system (brain, spinal cord)
- ☐ Peripheral nervous system (spinal nerves, autonomic nerves)
- ☐ Respiratory
- ☐ Cardiovascular
- ☐ Gastrointestinal
- ☐ Genitourinary/reproductive
- ☐ Hemopoietic/immune
- ☐ Metabolic/endocrine
- ☐ Other _____

Practice Model Log (Continued on next page)

Appendix A

NATURE OF PRIMARY CONDITION/COMPLAINT TREATED

- ☐ Asymptomatic with spinal subluxation
- ☐ Asymptomatic without spinal subluxation
- ☐ Neck or back pain without radiation of pain
- ☐ Neck or back pain with radiation of pain
- ☐ Extremity pain
- ☐ Headache
- ☐ Primary neurological disorder
- ☐ Respiratory complaint
- ☐ Cardiovascular complaint
- ☐ Gastrointestinal complaint
- ☐ Genitourinary/reproductive complaint
- ☐ Hemopoietic/immune dysfunction
- ☐ Metabolic/endocrine dysfunction
- ☐ Skin disorder
- ☐ Psychological disorder
- ☐ Other _____

SUPPORTIVE TECHNIQUES OR THERAPIES

- ☐ Ice/cold pack
- ☐ Hot pack/moist heat
- ☐ Infrared or other form of direct heat
- ☐ Orthopedic support/brace
- ☐ Orthotics
- ☐ Ultrasound
- ☐ Diathermy
- ☐ Traction
- ☐ Electrical stimulation
- ☐ Ultraviolet
- ☐ Rehabilitative exercise
- ☐ Other _____

MISCELLANEOUS TECHNIQUES

- ☐ Acupuncture
- ☐ Nutritional counseling/therapy
- ☐ Psychological counseling/therapy
- ☐ Back school/exercise, spinal hygiene instruction
- ☐ Other _____

Practice Model Log (Continued on next page)

Appendix A

PRELIMINARY PROCEDURES PERFORMED/ORDERED

CASE HISTORY

- ☐ Complete
- ☐ Partial
- ☐ Pertaining only to complaint
- ☐ Update of clinical notes

PHYSICAL EXAMINATION

- ☐ Complete
- ☐ Partial
- ☐ Pertaining only to complaint
- ☐ Vital signs only

ORTHOPEDIC EXAMINATION

- ☐ Complete
- ☐ Partial
- ☐ Pertaining only to complaint
- ☐ Recheck of one or two tests

NEUROLOGICAL EXAMINATION

- ☐ Complete
- ☐ Partial
- ☐ Pertaining only to complaint
- ☐ Recheck of one or two tests

X-RAY EXAMINATION

- ☐ Full spine/postural study
- ☐ Area studies/more than one area of spine
- ☐ Area study/only area of complaint
- ☐ Extremity study
- ☐ Chest
- ☐ Other _____

LABORATORY TESTS

- ☐ Complete blood count
- ☐ Serum chemistry
- ☐ Urinalysis
- ☐ Other _____

SPECIAL STUDIES

- ☐ CT scan
- ☐ MRI
- ☐ Doppler ultrasound
- ☐ Thermography
- ☐ Other _____

REFERRAL FOR SECOND OPINION OR ALTERNATIVE TREATMENT

- ☐ YES
- ☐ NO

CHIROPRACTIC PROCEDURES PERFORMED

SPINAL ANALYSIS

- ☐ Motion and/or static palpation
- ☐ Postural and/or plumb-line analysis
- ☐ Kinesiology/muscle testing
- ☐ Leg length check
- ☐ Skin temperature instrumentation
- ☐ Other _____

SPINAL ADJUSTMENT/CORRECTIVE TECHNIQUES

- ☐ Spinal or pelvic adjustment
- ☐ Extremity or other adjustment
- ☐ Pressure point technique
- ☐ Pelvic blocking
- ☐ Activator
- ☐ Other _____

Practice Model Log