PATIENT PROGRESS SHEET

NAME:			•
DATE:	SIGNATURE:	GOAL: Tod	ay's complaints
What is bottom	iman 1-4-1-140		al Exam Findings
What is better since last visit?			
	ou die most today!		
Flexion	ent or position aggravat Internal Rotation		
Extension	External Rotation	Grip toes/fingers Lying on b Extend toes/fingers Lying on s	— /// YM (2/)
Left Flexion	Adduction	Clenching teeth Sitting	
Right Flexion	Abduction	Open jaw Driving	
Right Rotation Left Rotation	Inhale/exhale	Right deviation (jaw) Standing	(\f)
Left Rotation Pressure Left deviation(jaw) Walking Walking Have you had a new accident since the last visit: Yes or No. If yes,			
What and when	new accident since the la	st visit: Yes or No. If yes,	
Were you satisfied with today's treatment? Yes or No. If no, why? Did the doctor of staff do anything to offend you today? Yes or No. If yes,			
How?	or start do anything to one	and you today? Yes or No. If yes,	
	after this treatment?		
The doctor and staff performed each procedure to my satisfaction and understanding before they performed them,			
and obtained m	y permission to perform t	ocure to my sansiaction and understanding being procedure	ore they performed them,
	y position to periorin t		
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DATE:	_ SIGNATURE:	GOAL:□ Tod	ay's complaints ial Exam Findings
What is better	since last visit?		ai exam findings
What bothers v	ou the most today?		
Which moven	ent or position aggravat	969	
Flexion	Internal Rotation	Grip toes/fingers Lying on b	
Extension	External Rotation	Extend toes/fingers Lying on s	
Left Flexion	Adduction	Clenching teeth Sitting	
Right Flexion Right Rotation	Abduction Inhale/exhale	Open jaw Driving	— h& \
Left Rotation	Pressure	Right deviation (jaw) Standing Left deviation(jaw) Walking	— \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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		SIGNATURE:	
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		□ Init	ial Fyam Findings
What is better	since last visit?		
What bothers y	ou the most today?		
Which moven	ent or position aggrava	es?	
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Extension Left Flexion	External Rotation	Extend toes/fingers Lying on s	ide
Right Flexion	Adduction Abduction	Clenching teeth Sitting Open jaw Driving	ー 4 (マ) <i>を</i> (マ)
Right Rotation	Inhale/exhale	Open jaw Driving Right deviation (jaw) Standing	- MM \1
Left Rotation	Pressure	Left deviation(jaw) Walking	
Have you had a new accident since the last visit: Yes or No. If yes, What and when?			
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How?		•	
What is better after this treatment?			
The doctor and staff performed each procedure to my satisfaction and understanding before they performed them,			
and obtained my permission to perform the procedure.			
		SIGNATURE:	& 49