

# Club West Chiropractic

## Therapy Prescription

Club West Chiropractic  
10995 Club West Pkwy, Suite 400, Blaine, MN 55449  
Email: Clubwestchiro@gmail.com  
Phone: 763-400-4940  
Fax: 763-634-8580  
Office Hours: MWF: 7am-6pm & TTH: 7am-12pm

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Contraindications:  No  Yes (explain) \_\_\_\_\_

EVALUATE AND TREAT

TREAT SPECIFICALLY (SEE BELOW)

Chiropractic adjustments

Manual

Low Force/Instrument

Cervical

Thoracic

Lumbar

Other \_\_\_\_\_

NUMBER OF VISITS: \_\_\_\_\_ or  
\_\_\_\_\_ Vists for \_\_\_\_\_ Weeks

### EXERCISE/REHABILITATION

Stretching/Muscle Rehabilitation

Electrical Muscle Stimulation

Ultrasound

Kinesiotape

Graston

Proprioceptive Exercises

Traction

Other \_\_\_\_\_

INSURANCE:  Group  Workers Compensation  No Fault  Medicare  MA

Other \_\_\_\_\_

Insurance Company \_\_\_\_\_ DOI: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group #: \_\_\_\_\_

Physiciaans Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_