

PATIENT PROGRESS REPORT

NAME

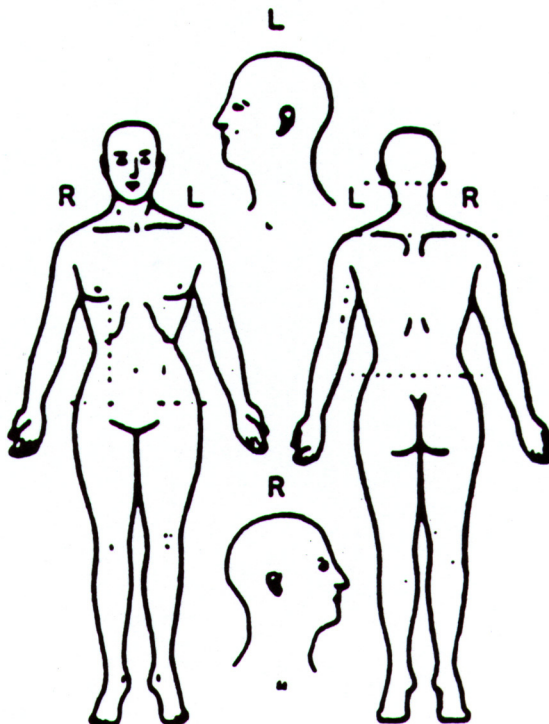
DATE

What are you experiencing today?

What has improved since your last visit?

Fully describe any new injuries and/or illness, including date of onset:

Mark areas of pain, if any.



NUTRITION RECOMMENDATIONS

BP:
 Recumbant
 Sitting
 Standing
 Oral pH
 Axillary Temp.

Myotome Paresis		Subluxation Level	
(L)	(R)	(L)	(R)
Occip.		Cruciate	
C1		Sphenoid	
2		Occip.	
3		C1	
4		2	
5		3	
6		4	
7		5	
T1		6	
2		7	
3		T1	
4		2	
5		3	
6		4	
7		5	
8		6	
9		7	
10		8	
11		9	
12		10	
L1		11	
2		12	
3		L1	
4		2	
5		3	
S-1		4	
		5	
		Sac.	
		Coc.	
		Ilium	

ADDITIONAL RECOMMENDATIONS

Custom Orthotics
 Therapeutica Orthopedic Pillow
 Exercise: Breathing exercises Cross-crawls
 Theraband: Posterior head translation
 Diet: Candida(no refined CHO's) / Gluten-free / Dairy-free / Food Combo

EVALUATION OF PATIENTS CONDITION

Neuromuscular hypersensitivity to test kits: Parasites1 / Parasites 2
 Vaccines / Bacteria / Viruses / Foods / Industrial-Environmental
 Pesticides / Fungus / Chemical Inhalents / Metals / Dairy / Gluten