DC Initial Visit Report

Patient ID:

Patient

Age: _____ Sex: ☐ Male ☐ Female

Referring Clinic

From:

Physician

To:

Presenting Complaint(s)

Please X appropriate box(es). Add additional information if required.

Onset:
- ☐ Sudden
- ☐ Insidious
- ☐ Progressive
- ☐ MVA
- ☐ WSIB
- ☐ Trauma
- ☐ Other _____

Region:
- ☐ Head
- ☐ Neck
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis
- ☐ Extremity
  - ☐ Upper
  - ☐ Lower

Pain:
- ☐ Constant
- ☐ Intermittent
- ☐ Sharp
- ☐ Dull ache
- ☐ Localized
- ☐ Radiating

Associated S/S
- ☐ Dizziness
- ☐ Headaches
- ☐ Weakness
- ☐ Tingling

Medical History

☐ Significant Medical/Physical Illness: (list)

Examination

Please X appropriate box(es) if findings positive. Add additional information if required.

Physical Examination
- ☐ Range of Motion
- ☐ Muscle tightness/soreness
- ☐ Joint tenderness
- ☐ Joint swelling

Neurological Examination

☐ Reflex ☐ Sensory ☐ Motor

Comment

Explain positive findings

☐ Red Flags (if present, see page 2)

☐ Yellow Flags (psychosocial factors) (if present, see page 2)

Diagnosis/clinical impression

Recommended plan of management
- ☐ Watchful waiting
- ☐ Manual therapy
- ☐ Soft tissue therapy
- ☐ Other _____
- ☐ Exercise Program
- ☐ Ergonomic advice
- ☐ Education
- ☐ Physical/adjunctive therapy
- ☐ Counselling
- ☐ Functional restoration
- ☐ Specialist Referral

Treatment Frequency: ____ ☐ /week ☐ /month

Treatment Duration: for ___ weeks

Prognosis:
- ☐ Excellent
- ☐ Favourable
- ☐ Guarded

Reassessment Period: in ___ weeks

Comments

Signature: _____ **Date** _____

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Yellow Flags Symptoms	
☐	Belief that pain and activity are harmful
☐	'Sickness behaviours' (like extended rest)
☐	Low or negative moods, social withdrawal
☐	Treatment beliefs do not fit best practice
☐	Problems with claim and compensation
☐	History of back pain, time-off, other claims
☐	Problems at work, poor job satisfaction
☐	Heavy work, unsociable hours (shift work)
☐	Overprotective family or lack of support
☐	Other:

Red Flag Symptoms	
☐	Cauda Equina Syndrome
☐	Severe Unremitting (non-mechanical) worsening pain
☐	Significant trauma
☐	Weight Loss, fever, history of cancer/HIV
☐	Use of IV drugs or steroids
☐	Patient over 50 (if first ever episode of serious back pain)
☐	Widespread Neurological Signs
☐	Other: