

Spine Progress Notes

Patient Name: _____ Date: _____

Today's Symptoms _____

How long has this been active? _____

Is this new? **Yes/No** What triggered this? _____

Have the symptoms noticeably improved since last visit? **Yes/No** _____%

What has made the best difference? _____

Has there been any worsening of neurologic symptoms? **Yes/No** Numbness or weakness

PMH: Any new medical problems?
Any new medications?

PE: Vascular
Spine ROM
Tenderness, Spasms
Posture
Neurologic Impingement
Sensory
Reflex
Motor

Diagnosis: Strain, Spasm, Degenerative disk, Stenosis, Radiculopathy, Spondy, Scoli

Plan: Meds MRI
Physical Therapy CT scan
SNRB X-rays
Surgery

Follow-up Visit _____

X-rays next visit? _____