

Patient Frequency Checklist

Patient Name: _____

Date: _____

Chief Complaint: _____

_____ **Spinal Cord ALT POL** _____

_____ **Nerve Pain 396 ALT POL** _____

_____ **Nerve Pain 45 ALT POL** _____

_____ **Nerve Pain 475 ALT POL** _____

_____ **Dura /443** _____

_____ **Midbrain /89** _____

_____ **Forebrain /90** _____

_____ **Concussion 94/94, no 94/94** _____

_____ **Hindbrain/Diaphragm /84** _____

_____ **Muscle /62** _____

_____ **Fascia /142** _____

_____ **Connective Tissue /77** _____

_____ **Disc /330, 630, 710** _____

_____ **Ligament /100** _____

_____ **Tendon /191** _____

_____ **Bursa /195** _____

_____ **Cartilage /157** _____

_____ **Joint Capsule /480** _____

_____ **Periosteum /783** _____

_____ **Bone /39, 59** _____

_____ **Bony Spine 11** _____

Additional Information: _____