KINGSTON TRUST FUND

THERAPEUTIC MASSAGE

Utilization Management by Hughes and Associates 681 Towne Center Blvd Ste B, Ridgeland, MS 39157

(Chiropractic)

Phone: (844) 583-3863 Fax: (601) 981-1778

Patient Name:				
Address:	Patient Name:		Treating D.C.:	
Address:	Insured ID#:		Address:	
City/State/Zip: State/Zip: Phone: Phone:				
Phone: PREVIOUS TREATMENT First Office Visit: Response to Care:				
PREVIOUS TREATMENT First Office Visit:				
First Office Visit:				
Total Number of Visits: Number of visits since first of the year: DIAGNOSIS ICD 10 Code Start Date: Frequency: 3.	PREVIOUS TREATMENT			
Number of visits since first of the year: DIAGNOSIS ICD 10 Code Start Date: Frequency: Duration: EVALUATION FINDINGS: Chief Complaints/Current Complaints: Mechanism of Injury/Onset: Past History: GOTTHO/Neuro/Vascular: Chiropractic/Palpatory Assessment: Radiographic Findings: Treatment Plan: Current Treatment Goals/Outcome:	First Office Visit:		_ Response to Care:	
DIAGNOSIS ICD 10 Code 1	Total Number of Visits:			
DIAGNOSIS ICD 10 Code 1	Number of visits since first of the year:			
1				
2				
S				
EVALUATION FINDINGS: Chief Complaints/Current Complaints: Mechanism of Injury/Onset: Past History: ROM: Ortho/Neuro/Vascular: Chiropractic/Palpatory Assessment: Radiographic Findings: Treatment Plan: Current Treatment Goals/Outcome:				
Chief Complaints/Current Complaints:	3		Duration:	
Chief Complaints/Current Complaints:	FVALUATION FINDINGS:		Date of Onset:	
Mechanism of Injury/Onset:				
Past History:				
Past History:	Mechanism of Injury/Onset:			
ROM:				
Ortho/Neuro/Vascular:	- useses. y.			
Ortho/Neuro/Vascular:	POM:			
Chiropractic/Palpatory Assessment:	KOWI.			
Chiropractic/Palpatory Assessment:	Outho /Nouve /Vesculors			
Radiographic Findings:	Ortno/Neuro/Vascular:			
Radiographic Findings:				
Treatment Plan:	Chiropractic/Palpatory Assessment:			
Treatment Plan:				
Current Treatment Goals/Outcome:				
	Treatment Plan:			
			_	
Estimated Date of Release:	Current Treatment Goals/Outcome:			
Estimated Date of Release:				
	Estimated Date of Release:			

Doctor's Signature: _____ Date: _____