



**Dr David Parliament | Dr. Ryan Fordt | Dr. David Ballard**  
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Date of Surgery/Radiation: \_\_\_\_\_

Area of Focus: \_\_\_\_\_

Concerns/Precautions: \_\_\_\_\_

Diagnosis/ICD-10: \_\_\_\_\_

Notes: \_\_\_\_\_

**CHIROPRACTIC:**

- Evaluate and treat per  
Chiropractor discretion

**OBJECTIVES:**

- Decrease Pain
- Decrease Edema
- Improve Joint Mobility
- Improve Muscle Flexibility
- Mobilizing Scar Tissue
- Other \_\_\_\_\_

**MASSAGE TREATMENT PLAN:**

Frequency: 1 2 3 4 /Week

Length of Treatment: 1 2 3 6 Months

- Other \_\_\_\_\_

**MODALITIES:**

- Manual Lymphatic  
Drainage
- Myofascial Release
- Craniosacral Therapy
- Lumbar Spinal Traction
- Cervical Spinal Traction
- E-Stim; location:  
\_\_\_\_\_
- Ultra Sound; location:  
\_\_\_\_\_

Name of Referring Medical Practice: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_