Patient Goal Sheet

Patient Name __________________________________________ Date ________________

Goals:
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________

Examples
Percent Reduction in Pain
Impact on ADLs
Impact on Work
Restore Joyous Activities

Do Not Write Below This Line

Doctor’s Responsibilities:
Chiropractic Adjustments
- [ ] Spinal
- [ ] Extremity

Modalities
- [ ] Electrical Stimulation
- [ ] Ultrasound
- [ ] Hot/Cold Pack
- [ ] Traction

Soft Tissue Therapy
- [ ] Myofascial Release
- [ ] Positional Release
- [ ] Graston

Rehabilitation Exercise
- [ ] In Office
- [ ] At Home

Nerve Mobilization Therapy
- [ ] Upper Extremity
- [ ] Lower Extremity

Range of Motion Therapy
- [ ] Assisted Stretching

External Support
- [ ] Strapping
- [ ] Taping
- [ ] Bracing
- [ ] Splinting
- [ ] Custom Orthotics

Education
- [ ] Posture
- [ ] Ergonomics
- [ ] Nutrition
- [ ] Weight Management
- [ ] Physical Conditioning

Patient Responsibilities:
- [ ] Perform home exercises daily as prescribed
- [ ] Implement necessary ergonomic changes
- [ ] Follow doctor’s advice for best outcome
- [ ] Missed appointments will result in dismissal

Treatment Plan:
_______ sessions followed by re-evaluation
_______ per week for _______ weeks

At re-evaluation, consider the following:
✓ Were stated goals attained?
✓ Compliance with home exercises?
✓ Any new problems?

Options If Goals Are Not Met:
- [ ] Continue treatment?
- [ ] Additional/different treatment needed?
- [ ] Additional testing needed?
- [ ] 2nd opinion needed?
- [ ] Obtain surgical consultation?
- [ ] Obtain specialist consultation?