

Circule sintomas que tenga

- Post-Traumatic Headache** G44.311
- Headache / Dolor de Cabeza** R51
- Concussion / Concusion** S06.0X9A
- Lightheaded / Borracheras de cabeza** R42
- Fainting / Desmayos** R55
- ringing in ears / Zumbido en oidos** H93.1
- Tinnitus / Zumbido** H93.1
- Visual Discomfort/** H53.149
dolor en los ojos por la luz
- Loss of smell-taste/** Perdida de olor-sabor R438/9
- Loss of appetite/** Perdida de Apetito F50.80
- Dizziness / Mareos** R42
- Vertigo / Vertigo** R42
- Mental Disorder/confusion mental** F06.8
- Mild cognitive impairment** G31.84
- Altered mental status/Alertada mental** 780.91
- Memory Loss /** Perdida de memoria R41.3
- Anxiety / Ansiedad** F49.1
- Depression / Deprecion** F32.9
- Nervous / Nervioso(a)** R45.0
- Malaise /Fatigue / Flojera** R53.53
- Lethargy/tiredness / Cansancio** R53.83
- Generalized muscle weakness / Debil** M62.81
- Lack of coordination/**Perdida de coordinacion R27.8
- Difficulty walking/dificultad de caminar** R26.2
- Numbness-tingling/Adormecidos** R20.1
- Chest pain / Dolor de pecho** R07.89
- Chest pain with breathing/**
Problemas de Respiracion R07.1
- Abdominal Pain/Dolores de abdominal** R10.84
- Nausea / Nausias, Bomito** R11.0
- Constipation / Constipacion** K59.00
- Fever / Fiebre** R50.9
- Sleepig problms/Problemas dormiendo** F51.8
- Swelling/Edema / Hinchazon/edema** R60.9
- Swelling in limb/Hinchazon de miembro** R60.0
- Muscle soreness/Myalgia/dolor musculo**M79.1
- Muscle Cramps/calambres de musculo** R25.2
- Muscle Spasms/Espasms de musculo** M62.0830
- Neck pain / Dolor de Cuello** M54.2
- Mid Back pain / Dolor en espalda** M54.6
- Lower Back pain / Dolor en espalda** M54.9
- Abnormal Posture** R29.3
- Joint pains / Dolor de coyuntura o empalme** R52

Swelling/Effusion of joint / Hinchazon de coyuntura o empalme

- | | Rt. | Lt. |
|---|------------|------------|
| <input type="checkbox"/> Shoulder R L /Hombro De Es | M25.411 | 412 |
| <input type="checkbox"/> Elbow R L / Codo De Es | M25.421 | 422 |
| <input type="checkbox"/> Wrist R L / Muneca De Es | M25.431 | 432 |
| <input type="checkbox"/> Hand R L / Mano Ds Es | M25.441 | 442 |
| <input type="checkbox"/> Hip R L / Cadera De Es | M25.452 | 452 |
| <input type="checkbox"/> Knee R L / Rodilla De Es | M25.461 | 462 |
| <input type="checkbox"/> Ankle/foot R L/Tobillo/pie | DEM25.471 | 472 |
| <input type="checkbox"/> Foot R L/ Pie Ds Es | M25.474 | 475 |

Joint Pain/ Dolor de coyuntura o empalme Rt. Lt

- | | | |
|--|---------|-----|
| <input type="checkbox"/> Shoulder R L / Hombro De Es | M25.511 | 12 |
| <input type="checkbox"/> Upper arm R L /Brazo De Es | M79.602 | 601 |
| <input type="checkbox"/> Elbow R L / Codo De Es | M25.521 | 22 |
| <input type="checkbox"/> Forearm R L/Antebrazo De Es | M79.632 | 631 |
| <input type="checkbox"/> Wrist R L / Muneca De Es | M25.531 | 32 |
| <input type="checkbox"/> Hand R L / Mano Ds Es | M79.642 | 642 |
| <input type="checkbox"/> Fingers R L / Dedos Ds Es | M79.644 | 645 |
| <input type="checkbox"/> Hip R L / Cadera De Es | M25.551 | 52 |
| <input type="checkbox"/> Thigh R L / Muslo De Es | M79.651 | 652 |
| <input type="checkbox"/> Knee R L / Rodilla De Es | M25.561 | 62 |
| <input type="checkbox"/> Lower legR L/ Pierna bajaDeEs | M79.661 | 662 |
| <input type="checkbox"/> Ankle/foot R L/Tobillo/pie DE | M25.571 | 72 |
| <input type="checkbox"/> Foot R L/ Pie Ds Es | M79.671 | 671 |
| <input type="checkbox"/> Toe(s) R L/ Dedos Ds Es | M79.674 | 675 |

Stiffness/Tiesedad de coyuntura o empalme Rt. Lt.

- | | | |
|---|---------|-----|
| <input type="checkbox"/> Shoulder R L /Hombro De Es | M25.611 | 612 |
| <input type="checkbox"/> Elbow R L / Codo De Es | M25.621 | 622 |
| <input type="checkbox"/> Wrist R L/ Muneca De Es | M25.631 | 632 |
| <input type="checkbox"/> Hand R L / Mano Ds Es | M25.641 | 642 |
| <input type="checkbox"/> Hip R L /Cadera De Es | M25.651 | 652 |
| <input type="checkbox"/> Knee R L / Rodilla De Es | M25.661 | 662 |
| <input type="checkbox"/> Ankle/ R L/TobilloDe Es | M25.671 | 672 |
| <input type="checkbox"/> Foot R L/ Pie Ds Es | M25.674 | 675 |

Contusion(Bruising)/Moreton

- | | |
|---|--------------|
| <input type="checkbox"/> Head | S00.93XA |
| <input type="checkbox"/> Neck | S10.93XA |
| <input type="checkbox"/> Head | S00.93XA |
| <input type="checkbox"/> Breast R L/ Pecho De Es | S20.01XA 2XA |
| <input type="checkbox"/> Back Chest wall R L | S20.221A 2A |
| <input type="checkbox"/> Front Thorax wall R L | S20.211A 2A |
| <input type="checkbox"/> Abdominal Wall/ Pared Abd | S30.1XXA |
| <input type="checkbox"/> Lower Back / o espalda | S30.0XXA |
| <input type="checkbox"/> Buttock / Nalga | S30.0XXA |
| <input type="checkbox"/> Interscapular | S20.229A |
| <input type="checkbox"/> Shoulder R L /Hombro De Es | S40.011A 2A |
| <input type="checkbox"/> Upper arm R L /Brazo De Es | S40.021A 2A |
| <input type="checkbox"/> Hip R L / Cadera De Es | S70.01XA 2XA |
| <input type="checkbox"/> Thigh R L / Muslo De Es | S70.11XA 2XA |

Name: _____

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Date: _____

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