Samantha Bunge, DC

ICPA Webster Technique Certified

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Patient Name: ____ DOB: ___________________

Address: ____

Phone: __________________________________ Email: ____________________________________

Physician Name/Number: ____

Date of Injury: ________________________________ Follow up scheduled: ___________________

Diagnosis: ____

2° , 3° Diagnoses: ____

Cautions/Contraindications: ☐ RA ☐ Hx of VA Dissection ☐ POTS/Dysautonomia ☐ AS ☐ Down Synd. ☐ Bone Neoplasm ☐ Chiari Malformation ☐ Osteoporosis ☐ AAA ☐ CP ☐ EDS/Marfans ☐ Acute Fracture ☐ Syringomyelia ☐ Basilar Invag. ☐ Fusion/Rods

Special Instructions: ____

ADULT/PRENATAL PATIENTS:

- ☐ Evaluate and Treat
- ☐ Chiropractic Adjustment
- ☐ Radiology Only
- ☐ ROM Exercises
- ☐ Manual Therapy
- ☐ NMR (NeuroMusc. Re-ed)
- ☐ Manual Traction
- ☐ Core Strengthening
- ☐ Balance Training
- ☐ Myofascial Release
- ☐ Home Care Exercises

PEDIATRIC PATIENTS:

- ☐ Evaluate and Treat
- ☐ Chiropractic Adjustment
- ☐ Radiology Only
- ☐ Joint Hypermobility Therapy
- ☐ Vestibular Therapy
- ☐ ROM Exercises
- ☐ Gait Training
- ☐ Lactation Issues/Palate and Cranial Work
- ☐ Visceral Manipulation (GI complaints and Colic)
- ☐ Birth Related Trauma Rehab
- ☐ Sensory Processing Therapy
- ☐ Therapies for Integration of Retained Primitive Reflexes
- ☐ Home Care Exercises

PRENATAL/POSTPARTUM PATIENTS ONLY:

- ☐ Webster Technique
- ☐ Spinning Babies Demonstration/Education
- ☐ Pubic Symph. Dysfunction
- ☐ Hip/Pelvis Stabilization and Home Care Exercises