**File Check List**

Doctor’s Office Name:

Treating Doctor:

Treatment Dates:

1. New patient paperwork (NO insurance information)
2. Outcome Assessment Forms (Oswestry, Neck Pain Index, etc.)
3. HIPAA/Privacy Consent
4. Informed Consent Document
5. New patient exam
6. Working diagnosis
7. Short term/long term patient goals
8. Current treatment plan
9. At least 6 SOAP notes
10. At least 1 re-examination