

# Back Pain Assessment and Intervention Plan

Date: **[Insert Date]**

Patient Name: **[Patient Name]**

Patient ID: **[Patient ID]**

## Assessment Summary

Chief Complaints: **[Describe the patient's complaints related to back pain]**

History of Present Illness: **[Detail the history of back pain and any interventions tried]**

Physical Examination Findings: **[Summarize relevant exam findings]**

Diagnostic Tests: **[List any diagnostic tests performed and results]**

## Diagnosis

Primary Diagnosis: **[Insert Diagnosis]**

Secondary Diagnoses: **[Insert any secondary diagnoses]**

## Intervention Plan

### Goals

- Reduce pain levels to **[insert goal pain level]**
- Improve mobility and function
- Educate on body mechanics and posture

### Recommended Interventions

- Physical Therapy: **[Frequency/Duration]**
- Medications: **[List any prescribed medications]**
- Home Exercises: **[Describe exercises]**
- Follow-Up Appointment: **[Insert date]**

## Patient Education

Topics Covered: **[List topics discussed during patient education]**

# Signature

Provider Name: **[Provider Name]**

Title: **[Provider Title]**

Contact Information: **[Provider Contact Info]**