

**NEW MEXICO STATE VETERANS HOME**  
**DELINEATION OF CLINICAL PRIVILEGES**  
**CHIROPRACTOR SERVICES**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

By checking an item below you are requesting the privilege of practicing the item without supervision and stating that you are qualified to do so.

\_\_\_\_\_ Compile patient medical histories

\_\_\_\_\_ Coordinate Services with the Medical Team

\_\_\_\_\_ Perform diagnostic and therapeutic chiropractic procedures including applying the Activator to affected areas and Myofascial relief by way of Specific massage therapies, including the use of the percusser

\_\_\_\_\_ Counsel patients on preventative care and health risk management

\_\_\_\_\_ Ensure the patient's general wellness

\_\_\_\_\_ May make referrals to the Medical Team

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_

**NMSVH CREDENTIALING COMMITTEE RECOMMENDATION:**

The members of the NMSVH Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

\_\_\_\_\_ Accepted for appointment/reappointment of staff membership and/or continuation of current privileges.

\_\_\_\_\_ Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

\_\_\_\_\_ Rejected or accepted with restrictions for the following reasons:

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NMSVH Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**ACTION BY GOVERNING BOARD:**

\_\_\_\_\_ Concur with NMSVH Credentialing Committee recommendation

\_\_\_\_\_ Other action (describe): \_\_\_\_\_

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