

What activities aggravate your condition? \_\_\_\_\_

Is this condition getting progressively worse? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Constant \_\_\_\_ Comes & Goes \_\_\_\_\_

Is this condition interfering with your \_\_\_\_ Work \_\_\_\_ Sleep \_\_\_\_ Daily Routine \_\_\_\_ Other \_\_\_\_\_

How long has it been since you really felt good? \_\_\_\_\_

What do you believe is wrong with you? \_\_\_\_\_

Other treatment for this condition. \_\_\_\_\_

Have you been treated by a physician in the past year? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Describe \_\_\_\_\_

Have you ever had any falls, accidents or injuries? If so, please explain (give month & year) \_\_\_\_\_

Have you ever had any surgery? If so, please explain what and when. \_\_\_\_\_

Are you taking any medications? If so, please give types and what they're for \_\_\_\_\_

**Do not write below this line. Office use only.**

EXAM	LISTING	SPASM	PAIN	DATE	Phase			STANDING				PRONE							
					C	T	L	Heel & Toe	Head Tilt	Chin deviation	Shoulder high	Ilium high	Cervical curve	Thoracic curve	Apparent short leg	Derfield's test	Ely's test	Achille's reflex	
Occ				X-Rays															
C1				Taken															
C2				A-P & LAT															
C3				Flex. Ext															
C4				Obl.															
C5				Other															
C6																			
C7				Disc Height															
T1				Curves															
T2				Sclerosis															
T3				Pedicles															
T4				Scoliosis															
T5				Fracture															
T6				Arthrosis															
T7				Osteophytes															
T8				Other															
T9				Surgery															
T10																			
T11																			
T12				Diagnosis															
L1																			
L2																			
L3																			
L4																			
L5																			
R ILI																			
L ILI																			
SAC																			
COC																			

Cervical Ranges of Motion				Dorsolumbar Ranges of Motion			
	Deg	Pain	Nor		Deg	Pain	Nor
Flexion			45	Flexion			90
Extension			30	Extension			30
R lat flexion			40	R lat flexion			35
L lat flexion			40	L lat flexion			35
R rotation			70	R rotation			30
L rotation			70	L rotation			30

O \_\_\_\_\_  
 P \_\_\_\_\_  
 Q \_\_\_\_\_  
 R \_\_\_\_\_  
 S \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

