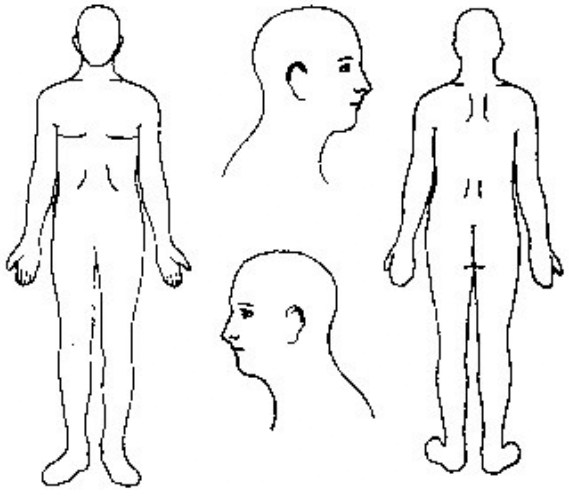
Date of Visit: ___/___/___ Patient: _____ Age: _____

What brought you here today?_____

_____

Place an "X" on the drawing below on areas causing you pain and a letter describing it

A = ACHE
B = BURNING
S = STABBING
N = NUMBNESS
P = PINS & NEEDLES



PAIN SCALE

Please circle the number that best describes your pain

0 1 2 3 4 5 6 7 8 9 10

NONE LITTLE MEDIUM SEVERE

Describe your past health history:

Prior Illness: _____

_____

Past Hospitalizations: _____

_____

Surgeries: _____

_____

Medications: _____

Patient Signature: X _____

(DO NOT WRITE BELOW THIS LINE)

INITIAL EVALUATION & MANAGEMENT

Range of Motion

Cervical	Normal		Pain
Flexion	50		
Extension	60		
Left Lat Flex	45		
Right Lat Flex	45		
Left Rotation	80		
Right Rotation	80		
Lumbar	**Normal**		**Pain**
Flexion	60		
Extension	25		
Left Lat Flex	25		
Right Lat Flex	25		
Left Rotation	30		
Right Rotation	30		

Health HX Notes:

_____

_____

_____

_____

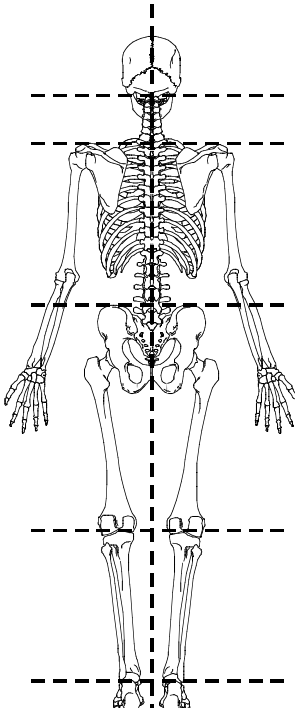
_____

_____

Asymmetry

C0
C1
C2
C3
C4
C5
C6
C7

L1
L2
L3
L4
L5
SAC
L-IL
R-IL

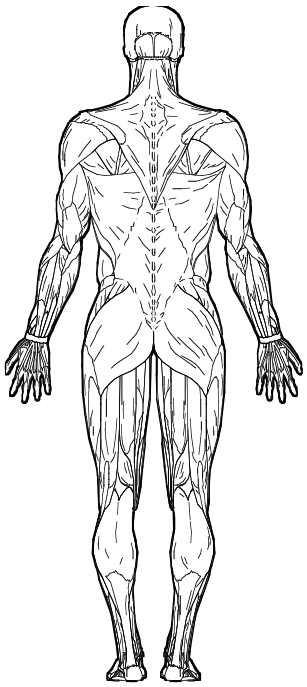


Using arrows (↑ ↓ → ←) mark the misaligned vertebrae

T1
T2
T3
T4
T5
T6
T7
T8
T9
T10
T11
T12

Using arrows (↑↓), mark postural asymmetry

Tissue



Mark tissue abnormalities
TP, LG, TN, SK, FS

TP=Trigger Points; LG=Ligaments (swollen or tender)
TN=Tendons; SK=Skin; FS=Fascial Restrictions

HISTORY OF PRESENT COMPLAINT

Complaint: _____

Qual & Chara: _____

On, Dur, Intens, Freq, Loc, Rad: _____

_____

_____

Better or worse: _____

_____

Prior TX, meds, other: _____

_____

EXAMINATION

Reflexes
(Wexler Scale)

Biceps ____
Triceps ____
Brac/rad____
Patella ____
Achilles ____

B/P: ___/___ **PULSE:** _____ **RESP:** ____ **HT:** _____ **WT:** ____ **GRIP: (R)** ____ **(L)** ____

Sensory: C5: _____ C6: _____ C7: _____ C8: _____ T1: _____
L3: _____ L4: _____ L5: _____ S1: _____
D= Deficit N= Normal (R) or (L)

General Orth/Neuro Examination:
Spinous Percus: _____ Valsalva: _____
Dejerine Triad: _____ Rhomberg: _____ **(+) or (-), (R) or (L)**

Notes: _____

Test	(+)	(-)	R	L	Indication
Distraction					nerve root compression
Jackson					nerve root compression
Max Cerv Rot Comp					nerve root compression
Cerv Comp					nerve root compression
Soto Hall					(cerv) (thor) vertebral trauma
Spurlings					nerve root irritation
Shoulder Depress					nerve root compression

	(+)	(-)	R	L	Indication
Libman's					(low) (normal) (high) pain threshold
Burn's Bench					(hysteria) (malingering)
Hoover's					(hysterical paralysis) (malingering)

	(+)	(-)	R	L	Indication
Bechterew					sciatic disk compression
Beevor's					abdominal muscle weakness
Minors Sign					radicular disk pain
Ely					upper lumbar lesion
Fajersztajn					intervertabral disk syndrome
Nachlas					upper lumbar lesion
Gluteal punch					spinal lesion
Goldthwaite					lumbar differentiation
Heel walk					5th lumbar motor deficit
Kemps					intervertebral disk rupture
Lasague					(muscle) (disk) (nerve) irritation
Braggards					lumbar antalgic spasm
Supported Adam's					lumbosacral differentiation

MUSCLE TESTS

Level	Muscle	Muscle Grade	
C5	Deltoids	L:	R:
C6	Biceps	L:	R:
	Wrist extensors	L:	R:
C7	Triceps	L:	R:
	Wrist flexors	L:	R:
	Finger extensors	L:	R:
C8	Finger flexors	L:	R:
T1	Finger abductors	L:	R:
L2 -L3	Hip flexors	L:	R:
L4-L5	Hip extensors	L:	R:
L3-L4	Knee extensors	L:	R:
L5-S1	Knee flexors	L:	R:
L4-L5	Ankle extensors	L:	R:
S1-S2	Ankle flexors	L:	R:

TREATMENT PLAN

Initial TX on: ___ /___ /___

Level of Care: (include duration and frequency of visits)

_____

_____

_____

Specific Treatment Goals: _____

_____

Specific Objective Eval: _____

_____

_____

DIAGNOSIS: _____

_____

_____

Doctor Signature: X _____ **Date:** ___ /___ /___