

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)

EXAMINATION

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

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

C0
C1
C2
C3
C4
C5
C6
C7

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

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) ___	Notes: _____ _____ _____ _____ _____
	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)	

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					intervertebral 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: _____ **Date:** ___ / ___ / ___