

Date of Visit: \_\_\_ / \_\_\_ / \_\_\_

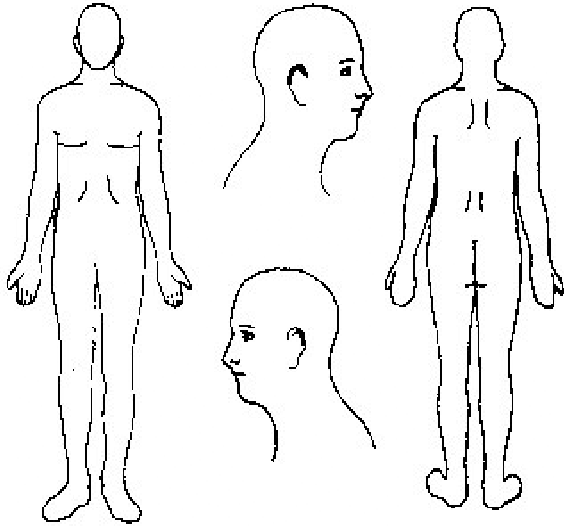
Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_

What brought you in 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: \_\_\_\_\_

Prior Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medication/s: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

----- (DOCTOR USE ONLY - 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

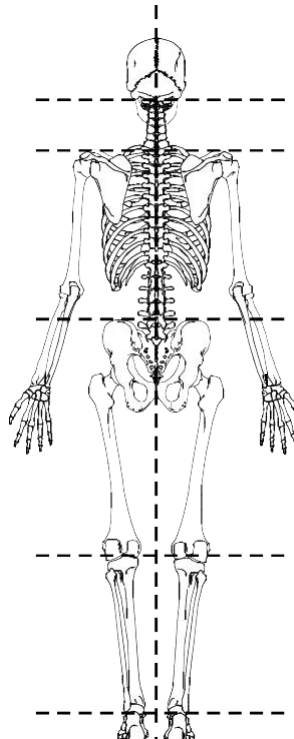
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Asymmetry**

- C0
- C1
- C2
- C3
- C4
- C5
- C6
- C7
- L1
- L2
- L3
- L4
- L5
- SAC
- L-IL
- R-IL

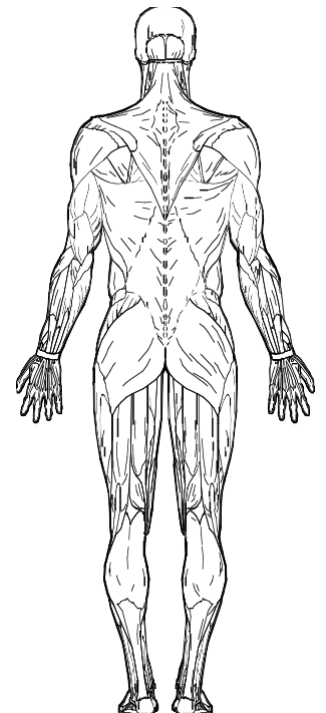


Using arrows (↑↓), mark postural asymmetry

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

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

**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

<b>Reflexes</b> (Wexler Scale)  Biceps _ Triceps _ Brac/rad _ Patella _ Achilles _	B/P: ____ / ____    PULSE: ____    RESP: ____    HT: ____    WT: ____    GRIP: (R) ____ (L) ____	Notes: _____ _____ _____ _____ _____
	<b>Sensory:</b> C5: ____ C6: ____ C7: ____ C8: ____ T1: ____ L3: ____ D= Deficit    N= Normal    (R) or (L)	
	<b>General Orth/Neuro Examination:</b> Spinous Percus: ____    Valsalva: ____ Dejerine Triad: ____    Romberg: ____    (+) 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
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

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

### 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:** \_\_\_\_\_