

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

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