Patient Examination

Date: _____

Patient: _____

Date of Birth: _____ Height: _____ Weight: _____

Ambulates: ☐ Normal ☐ Impaired ☐ Difficult ☐ Assistance ☐ Walker ☐ Cane/Crutch ☐ Walker ☐ Pain

Complaints: _____

_____

_____

Dominant Hand: ☐ Rt ☐ Lt Grip: ☐ Rt ☐ Lt

Body Type: ☐ Ectomorph ☐ Endomorph ☐ Mesomorph ☐ Obese

Gait: ☐ Normal ☐ Limp ☐ Right ☐ Left ☐ Walk Toe In ☐ Walk Toe Out

George's Test _____

_____

P _____ BP _____

Respiration _____

VISUAL POSTURE ANALYSIS A-P

Head Tilt	Rt	Lt	R.Ear	Hi	Lo
R.Shoulder	Hi	Lo	Scapula	Hi	Lo
R.Ilium	Hi	Lo	LAT:		

Head Carried _____

Cervical Spine _____ Curve

Dorsal Spine _____ Curve

Lumbar Spine _____ Curve

Areas of the Muscle Spasm C _____

D _____ L _____ P _____

Blood Tests Recommended:

_____

_____

_____

Blood Tests Ordered:

_____

_____

_____

Genetic Testing Ordered:

_____

MRI Ordered: _____

CT Scan Ordered: _____

Additional Tests Recommended:

_____

_____

_____

SPINAL EXAMINATION AND ANALYSIS			
Biochemical or Graph	Palpitation	Spasm	X-ray
Occ	Occ	Occ	Occ
At	At	At	At
Ax	Ax	Ax	Ax
3C	3C	3C	3C
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
1D	1D	1D	1D
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
1L	1L	1L	1L
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
Sac	Sac	Sac	Sac
Coc	Coc	Coc	Coc
Rt Hip	Rt Hip	Rt Hip	Rt Hip
Lt Hip	Lt Hip	Lt Hip	Lt Hip

	LEFT	RIGHT
Foramina Compression		
Shoulder Depression		
Distraction		
Valsalva's		
Derifield	C \ P	C \ P
Ely's		
Soto Hall		
Laseque		
Braggard's		
Fabere-Patrick's		
Bilateral Leg Raise		
Fajersztajn		
Trendelenberg		
Adam's Sign		
Romberg's		
Minor's		
Kemp's		
Other _____ _____ _____		

I hereby authorize the Doctor to examine and treat any condition s/he deems appropriate thought the use of Chiropractic Health Care, and I give authority for these procedures to be performed. The patient also agrees that s/he is responsible for all bills incurred at this office.

Patient Signature_____ Date_____

Guardian or Spouse's Signature_____