

X-RAY EVALUATION: _____

DIAGNOSIS: _____

PROGNOSIS: _____

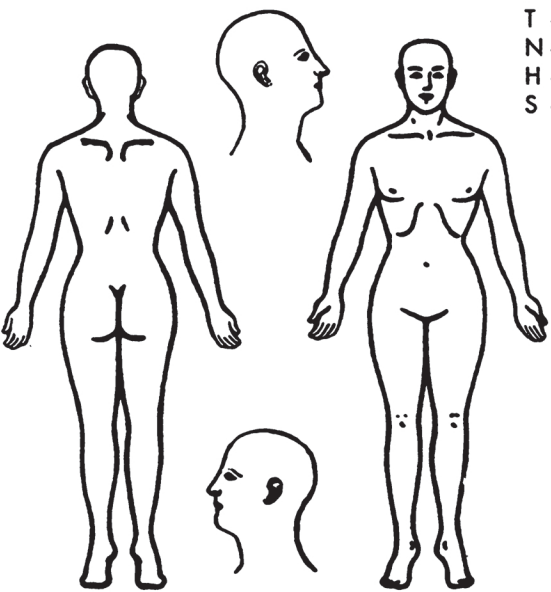
REMARKS: _____

Appears: Age Older Younger
 Muscular Definition: Good Fair Poor
 Gait: Normal Distress Shuffle Limp
 Movement: Free Cautious
 Posture: Erect Stooped
 Build is: Average Slight Muscular Heavy
 Obesity: None Slight Moderate Obese
 Antalgic: Right Left Anterior

Date 1st Exam _____	2nd Exam _____
1. Olfactory	_____
2. Optic nerve & light sens.	_____
3., 4., 6. Eye muscle	_____
5. Wind Sensation	_____
7. Smell and taste	_____
8. Acoustic	_____
9. Gag taste	_____
10. Voice and swallow	_____
11. Shrug	_____
12. Tongue move	_____
Blood Pressure:	
Systolic	_____
Diastolic	_____
Pulse Rate	_____
Heart Sounds	_____
Lungs	_____
Height	_____
Weight	_____

LOCALIZATION

P - Pain
 T - Tender
 N - Numb
 H - Hypoesthesia
 S - Spasm



GENERAL AND SYMPATHETIC

	RIGHT	LEFT	RIGHT	LEFT
GREATER OCCIPITAL NERVE				
BRACHIAL PLEXUS				
SUPERIOR CERVICAL GANGLION				
MIDDLE CERVICAL GANGLION				
INFERIOR CERVICAL GANGLION				
WRIST DROP				
FINGER SPREAD				
COLD HANDS				
ABNORMAL PERSPIRATION				
MUSCLE ATROPHY AREA				
HEARING: TUNING FORK				
BONE CONDUCTION				

PHYSICAL, NEUROLOGICAL, AND ORTHOPEDIC EXAMINATION

SITTING: R - L HANDED

- Forearm
Triceps reflex
Biceps
Patellar reflex
Pupillary
Finger to nose
Foramina Compression
Naffziger's Test
Hyper Extension Compression
- Upper Extremity above _____"
below _____"
- Dynamometer - Right Hand
Dynamometer - Left Hand

	RIGHT	LEFT		RIGHT	LEFT

- P - Pain
T - Tender
N - Numb
H - Hypoesthesia
S - Spasm
E - Edema

SEG.	RIGHT	LEFT	RIGHT	LEFT
OCC				
C1				
2				
3				
4				
5				
6				
7				
D1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
L1				
2				
3				
4				
5				
SAC				
RIL				
LIL				
COC				

CERVICAL MOVEMENT:

	Restricted				Restricted			
	Yes ✓	Pain	Pass.	Norm.	Yes ✓	Pain	Pass.	Norm.
Flexion				60				60
Extension				60				60
Lat. Right Flex				40				40
Lat. Left Flex				40				40
Rotation Right				80				80
Rotation Left				80				80

DORSOLUMBAR MOVEMENT:

	Restricted				Restricted			
	Yes ✓	Pain	Pass.	Norm.	Yes ✓	Pain	Pass.	Norm.
Flexion				90				90
Extension				30				30
Lat. Right Flex				20				20
Lat. Left Flex				20				20
Rotation Right				30				30
Rotation Left				30				30

- Toe Walking _____
Heel Walking _____
- Thigh above _____"
Leg below _____"

PATIENT PRONE:

- Apparent Short Leg
Head Turn
Derefield Test
Eli Test
Gonstead Test
Achilles Reflex

	Right	Left		Right	Left

PATIENT SUPINE:

- Straight leg raise
Lasegues
Braggards
Leg Raise
Leg Lower
Leg Drop
Fabere Patrick
Babinski
Soto Hall

	Right	Left		Right	Left

TESTS

- Negative
+ Positive
++ Marked Pain
+++ Very Painful

REFLEXES

- ✓ Normal
D - Diminished
E - Exaggerated
A - Absent

✓ Indicates no apparent abnormalities

STANDING:

- Head Rotation
Head Tilt
Cervical Curve
Shoulder High
Thoracic Curve
Ilium High
Lumbar Curve
Trendelenberg
Kemp
Romberg

	Right	Left	Right	Left

PERIPHERAL SENSITIVITY TEST: (pinwheel)

- Arms L. _____ R. _____ L. _____ R. _____
Neck L. _____ R. _____ L. _____ R. _____
Legs L. _____ R. _____ L. _____ R. _____
Back L. _____ R. _____ L. _____ R. _____

Case No. _____ Type Case _____

Name _____ Date _____ Soc. Sec. No. _____

Address _____ Phone _____

Age _____ Birthdate _____ Sex _____ Marital Status _____ Children _____ Ages _____

Employer _____ Occupation _____ Work Phone _____

Spouse's Name _____ Occupation _____ Employer _____

Previous Chiropractic Care _____ Gown Size _____

CASES REFERRED BY THIS PATIENT: (Names and Dates)

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

MAJOR COMPLAINT AND SYMPTOMS: _____

DATE OF ONSET: _____

PREVIOUS INJURIES: _____

SURGERIES: _____

MEDICATION: _____

SYMBOLS: CONSUL. ADJUS. EXAM OR RE-EXAM X-RAY OR RE-XRAY

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL	
JAN.																																	
FEB.																																	
MAR.																																	
APR.																																	
MAY																																	
JUNE																																	
JULY																																	
AUG.																																	
SEPT.																																	
OCT.																																	
NOV.																																	
DEC.																																	