

Case No. _____ Date _____

Name _____ Address _____ Phone _____

Soc. Sec. No. _____ Date of Birth. _____ Age _____ Sex _____ Occupation _____

Employer _____ Bus. Address _____ Phone _____

Insurance _____ W/C H&A Liab. M/P Ref. by _____

Spouse Name _____ Spouse Employer _____ Attorney _____

HISTORY OF PRESENT INJURY/ILLNESS: Date of Accident _____ Hour _____ Time Lost _____

PREVIOUS TREATMENT AND RESULT _____

PRESENT COMPLAINT _____

PAST HISTORY _____

OCCUPATIONAL HISTORY _____

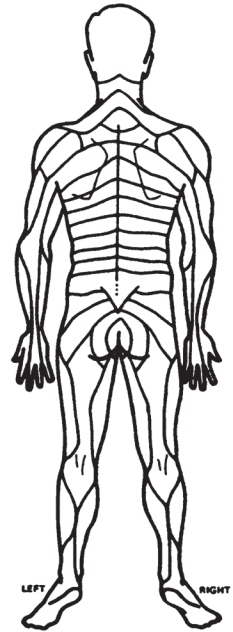
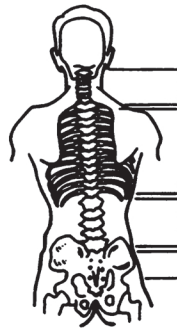
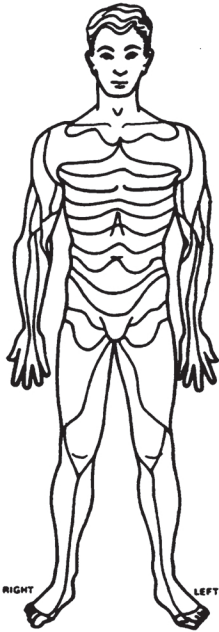
FAMILY HISTORY S M W D No. Children ___ L D Mother L D Father L D

SPECIAL EXAMINATION: _____

- | | | | |
|--------------------------|------------------|--------------------|-------------------|
| 1. Body Type _____ | 8. B/P _____ | 15. Heart _____ | 22. G.I. _____ |
| 2. Posture _____ | 9. P/P _____ | 16. Lungs _____ | 23. G.U. _____ |
| 3. Color _____ | 10. P/R _____ | 17. Headache _____ | 24. Gyn. _____ |
| 4. Office Entrance _____ | 11. Temp. _____ | 18. Eyes _____ | 25. Nervous _____ |
| 5. Gait _____ | 12. Height _____ | 19. Ears _____ | 26. Habits _____ |
| 6. Markings _____ | 13. Weight _____ | 20. Nose _____ | |
| 7. Attitude _____ | 14. Pupils _____ | 21. Throat _____ | |

NEUROLOGICAL EXAMINATION

- 27. Biceps
- 28. Triceps
- 29. Patellar
- 30. Achilles
- 31. Babinski
- 32. Dir. Light
- 33. Corneal
- 34. Romberg
- 35. Finger to Nose
- 36. Cremasteric
- 37. Walk - Heel
- 38. Walk - Toe
- 39. Stand, R. L.
- 40. Others



REMARKS _____

SENSORY

40. Paraesthesia		
41. Syringomyelia		
42. Vibratory		
43. Touch		
44. Hypesthesia		
45. Anesthesia		
46. Hyperesthesia		
47. Stereognosis		

SHOULDER

63. Flexion	___ /180		
64. Extension	___ /50		
65. Abduction	___ /180		
66. Ext. Rotation	___ /90		
67. Int. Rotation	___ /90		

KNEE

68. Flexion	___ /130		
69. Extension	___ /180		

LEG

70. Length			
Circumference	Thigh		
	Knee		
	Calf		

SPINE AND RELATED EXAMINATION

CERVICAL

48. Flexion	___ /30		
49. Extension	___ /30		
50. Rotation	___ /30		
51. Bending	___ /40		

TRUNK

52. Flexion	___ /90		
53. Extension	___ /30		
54. Rotation	___ /30		
55. Bending	___ /20		

PELVIC

56. Elevation		
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HIP

57. Abduction	___ /50		
58. Adduction	___ /30		
59. Flexion	___ /120		
60. Extension	___ /30		
61. Int. Rotation	___ /40		
62. Ext. Rotation	___ /45		

ORTHOPEDIC TESTS

71. Percussion		
72. Lasegue - SLRT.		
73. Lower - Ext. Extrm.		
74. Gaenslen		
75. Nachlas		
76. Patrick - Fabere		
77. Trendelenberg		
78. Cerv. Compression		
79. Adson Sign		
80. Drawer		
81. McMurray		

Visual Inspection and Palpation _____

Muscle Strength and Rating _____

X - Ray Examination _____

Diagnosis _____

Laboratory _____

Treatment and Course _____

L	Seg.	R
	Occ	
	C1	
	2	
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	6	
	7	
	D1	
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	8	
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	10	
	11	
	12	
	L1	
	2	
	3	
	4	
	5	
	Sac	
	Ril	
	Lil	
	Coc	

