

REQUIRED FOR YOUR CASE HISTORY FILE

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Social Security No. _____ Driver's License No. _____
Age _____ Birthdate _____ Sex _____ Marriage Status: M S W D No. Children _____
Occupation _____ Employer _____ Years Employed _____
Employer's Address _____ Work Phone _____ Bank _____
Spouse's Name _____ Occupation _____ Employer _____
Person responsible for this account _____ Referred by _____

INSURANCE INFORMATION

Are you covered by Medicare? Yes No Medi-Cal? Yes No County _____
Do you have any group, union or personal health and accident insurance? Yes No
Name of Insurance Company _____ Group No. _____ I.D. No. _____
Address _____ City _____ State _____ Zip _____
Is your condition due to an accident or illness? _____
Did your accident occur while at work? Yes No When _____
Were you involved in an automobile accident? Yes No When _____
Cash payment _____ Other _____

SYMPTOMS

HEAD:

- Headache
 - entire head
 - back of head
 - forehead
 - temples
 - migraine
- Heads feels heavy
- Loss of memory
- Light-headedness
- Fainting
- Lights bother eyes
- Loss of smell
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing in ears
- Buzzing in ears

NECK:

- Pain in neck
- Neck pain with movement
- Pinched nerve in neck
- Neck feels out of place
- Stiff neck
- Muscle spasms in neck
- Grinding sounds in neck
- Grating sounds in neck
- Popping sounds in neck
- Arthritis in neck

LOW BACK:

- Low back pain
- Low back pain is worse when:
 - working
 - lifting
 - stooping
 - standing
 - sitting
 - bending
 - coughing
- Pinched nerve in low back
- Slipped disc
- Low back feels out of place
- Muscle spasms
- Arthritis

MID-BACK:

- Mid-back pain
- Pain between shoulder blades
- Sharp stabbing pain in mid-back
- Muscle spasms

ABDOMEN:

- Nervous stomach
- Nausea
- Gas
- Constipation
- Diarrhea

SHOULDERS:

- Pain in shoulder joint (R-L)
- Pain across shoulders
- Bursitis (R-L)
- Arthritis (R-L)
- Can't raise arm
 - above shoulder level
 - over head
- Tension in shoulder (R-L)
- Muscle spasms in shoulders

ARMS & HANDS:

- Pain in upper arm
- Pain in forearm
- Pain in hands
- Pain in fingers
- Pinched nerve in arm
- Pinched nerve in fingers
- Sensation of pins & needles in arms
- Sensation of pins & needles in fingers
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Sore joints in fingers
- Arthritis in fingers
- Loss of grip strength

CHEST:

- Chest pain
- Shortness of breath
- Pain around ribs

HIPS, LEGS & FEET:

- Pain in buttocks (R-L)
- Pain in hip joint (R-L)
- Pain down leg (R-L)
- Pain down both legs
- Leg cramps
- Pins & needles in legs (R-L)
- Numbness of leg (R-L)
- Numbness of feet (R-L)
- Numbness of toes
- Feet feel cold
- Cramps in feet (R-L)
- Swollen ankles (R-L)
- Swollen feet (R-L)
- Painful joints in toes
- Pain in foot (R-L)
- Pain in knee (R-L)

GENERAL:

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run-down
- Loss of sleep
- Loss of weight

Have you had X-rays before? Yes No When? _____

What areas were X-rayed? _____

WOMEN ONLY:

Menstrual Pain Cramping Irregularity Date of last period? _____
Are you now pregnant? Yes No How long? _____

PAYMENT IS EXPECTED AT TIME OF VISIT, UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

PATIENT'S SIGNATURE _____

Name _____ Age _____ Date _____

NEW PATIENT EXAMINATION
 COMPARATIVE EXAMINATION

Ambulation: _____
 Impaired Normal Difficult Pain Needs Assistance

Ht. _____ Wt. _____ Temp. _____

Appearance: _____
 Well Nourished Robust Good Fair Poor

Debilitated Disfigurements

Gait: _____
 Visual limp Walk toe-in Walk toe-out

Physical Examination:

Laboratory Examination:

Heart _____ Lungs _____ B.P. _____

Hb _____ %

Urinalysis

Visual Posture Analysis

Head
 Right ear _____ Hi Lo
 Right shoulder _____ Hi Lo
 Right scapula _____ Hi Lo
 Right hip _____ Hi Lo
 Cerv. spine _____ curve
 Dors. spine _____ curve
 Lumbar spine _____ curve

Ph _____ Gl _____ Pr _____

Muscle Measurements

Upper arm _____ Rt. Lt.
 Lower arm _____
 Upper leg _____
 Lower leg _____

Neurological Examination

Lower Dermatones _____ Rt. Lt.
 Sciatic: Upper leg _____
 Lower leg _____
 Femoral _____
 Upper Dermatones _____
 Ulnar _____
 Radial _____
 Median _____

Dyn. _____
 Left Right

E.E.N.T. _____

Chest Measurement _____
 Insp. Exp.

Reflexes: _____
 Biceps Triceps Patellar Achilles Brachioradialis

Balance: _____
 Finger to Nose Romberg

Spinal Examination

Orthopaedic Tests

		Pain and Tenderness	
Oc		8D	
At		9	
Ax		10	
3C		11	
4		12	
5		1L	
6		2	
7		3	
1D		4	
2		5	
3		Sac	
4		Rlli	
5		Llli	
6		Coc	
7			

	Right	Left
Lasegue		
Braggard		
Fabere		
Leg-lowering		
Obers		
Ely		
Trendelenburg		
Minors		

- Cervical
 - Right Rotation _____
 - Left Rotation _____
 - Flexion _____
 - Compression Test _____
 - Straight _____
- Dorsal-Lumbar
 - Right Rotation _____
 - Left Rotation _____
- Lateral Flexion
 - Right Lateral Flex _____
 - Left Lateral Flex _____

Orthopaedic Examination

Hyperextension _____
 Rt. Lateral Flexion _____
 Lft. Lateral Flexion _____
 Right _____ Left _____
 Flexion _____
 Hyperextension _____

Conclusions: Diagnosis, etiology, prognosis for disability and/or recovery.

Treatment: _____