

CONSULTATION NOTES

Patient Name: _____ Date: _____

Chief Complaint #1	How Long?: _____	Side: _____
Onset: _____		

Provoc: _____	Palative: _____	Type of Pain: _____
How often and what time of day: _____		
Chiro?: _____		
Symptoms: _____		

Chief Complaint #2
Onset: _____

Provoc: _____ Palative: _____ Type of Pain: _____
How often and what time of day: _____
Chiro?: _____
Symptoms: _____

Notes on Life Effect	Refer to Questions #4, 5, 6

Health Goals (Expand)
Immediate: _____

Short Term : _____

Long Term: _____

Misc. Important Information
What would you like to accomplish on today's visit? _____
Why today? _____
What did they say that made you call for an appointment? _____
What did they tell you about us? _____
How long do you think it took to get like that? _____

CONSULTATION NOTES

Patient Name: _____

Date: _____

	OCCIPUT L/R	
	CERVICAL - 1 L/R	
	C2	
	C3	
	C4	
	C5	
	C6	
	C7	
	THORACIC - 1	
	T2	
	T3	
	T4	
	T5	
	T6	
	T7	
	T8	
	T9	
	T10	
	T11	
	T12	
	LUMBAR - 1	
	L2	
	L3	
	L4	
	L5	
	SI JOINT L/R	
	SACRUM 1	
	S2	
	S3	
	S4 / S5	
	Ilium	

Misc.

Short Leg L R

Traction Leg L R

Pressure Lumbar _____

High Shoulder L R

Bending Legs Up _____

Traction Pelvis _____

Hyper Kyphosis _____

Range of Motion Exam

Flexion _____%

Extension _____%

Rt Rotation _____%

Lt Rotation _____%

Rt. Lat. Flex _____%

Lt. Lat. Flex _____%

R Glutes _____%

L Glutes _____%

Exam Requisition

LAT-Cer TH LUM Thermal Scan

AP- Cer TH LUM Extremity _____

Other: _____ Posture Pic

Exam Doctor: _____ Foot Scan

Additional Notes
