*NAME:*_____*DOB:*_____ *Age:*_____ *Date of Exam:*_____

Health History

Vitals: Ht:_____ Wt:_____ BP:_____P:_____ SP02:_____
BMI:-_____

What is main reason for seeking treatment?_____VAS: (0-10)_____

What, if anything has made the problem worse? driving walking working bending sports sleeping

What, if anything, has made the problem better? rest ice heat elevation NSAIDS pain meds

History of Present Injury/Illness:

Neck Pain/Stiffness	Pins/Needles in Arms	Light Bothers Eyes	Sudden Weight Loss	Nausea
Back Pain/Stiffness	Pins/Needles in Legs	Depression	Loss of Taste	Cold Feet
Arm/Hand Pain	Fatigue	Nervousness	Loss of Memory	Chest Pain
Leg/Knee Pain	Sleeping Difficulties	Tension	Jaw Problems	Fever
Headaches	Loss of Smell	Cold Sweats	Constipation	Fainting
Dizziness	Allergies	Stomach Problems	Shortness of Breath	
Asthma	Blurred Vision	Night Pain	Bowel/Bladder Changes	

_____

_____

_____

_____

_____

_____

Medical History:

Hypertenstion	Heart Disease	Migraines	Liver Disease	Rheumatoid Arthritis
Diabetes	Pinched nerve	Cancer	Kidney Disease	Fibromyalgia
High cholesterol	Herniated disc	Ulcers	Osteoporosis	Thyroid problems
Pacemaker	Stroke	Arthritis	Bleeding Disorders	

_____

_____

Are you currently under drug and/or medical care? Yes No Who is your primary care Dr? _____

Please all medications: (**Be sure to include dosage and frequency**)_____

_____

Supplements (vitamins/herbs/minerals): _____

Allergies: _____

Surgeries and/or hospitalizations (**type & date**): _____

_____

Approximate Date of last Flu vaccine:_____ ***WOMEN ONLY:*** Date of LMP:_____ ***Any possibility of pregnancy: YES or NO***

Is there a family history of any of the following conditions? (Indicate family member including parents, grandparents & siblings)

Heart Disease _____ Diabetes _____
Cancer _____ Arthritis _____ Other _____

Intake of following: Cigarettes ___ packs/day Alcohol _____drinks/week Caffeine _____ cups/day

Exercise frequency: Never Daily Weekly Walks Runs Swims

Occupation:_____ Does work mostly involve : Sitting Standing Light Labor Heavy Labor

- Reviewed with patient by: _____

NEUROLOGICAL/ MRI/ VASCULAR PATIENT QUESTIONNAIRE

NAME _____ **DATE** _____

For any YES answer, please include details.

1. Do you suffer from neck pain with pain in your shoulder, arms or hands? NO YES
   Comment: _____
2. Do you have weakness, numbness or burning in your shoulder, arms or hands? NO YES
   Comment: _____
3. Do your hands or arms fall asleep regularly? NO YES
   Comment: _____
4. Do you have reduced feeling (sensation) or swelling in your hands or arms? NO YES
   Comment: _____
5. Do you suffer from a loss of handgrip strength? NO YES
   Comment: _____
6. Do you suffer from back pain with pain in your buttocks, legs or feet? NO YES
   Comment: _____
7. Do you have weakness, numbness or burning in your buttocks, legs or feet? NO YES
   Comment: _____
8. Do our legs or feet fall asleep regularly? NO YES
   Comment: _____
9. Do you have reduced feeling (sensation) or swelling in your legs, feet? NO YES
   Comment: _____
10. Do you suffer from cold hands or feet? NO YES
    Comment: _____
11. Do suffer from seasonal or year round allergies? NO YES
    Comment: _____
12. Do you suffer from headaches? If yes, how often, how severe, what has been tried? NO YES
    Comment: _____
13. Medicines previously tried, dosage, duration and outcome.

    □Advil □Aleve □Tylenol □Steroids □Prescriptions for a period of □0-3mos, □3-6mos, □6-12 mos □12+mos
14. Have you tried any Physical Therapy or Chiropractic treatments before? NO YES
    If yes: When? For how long? What kind?
    _____
15. Have you had an MRI? NO YES
    If yes: When? Who ordered it? What was it ordered for?
    _____
16. Have you used any splint or braces or other prescribed treatment by an MD? NO YES
    If yes: When? What kind? Who ordered it?
    _____

GENERAL: WNL (well nourished, no acute distress noted)

ONL_____

SKIN: WNL (no skin sensitivity reported, free of lesions, rashes, eczema upper/lower extremities)

ONL_____

HEAD/EYES: WNL (symmetric appearance, conjunctiva white, no discharge, erythema, lid lag, or swelling noted)

ONL_____

EARS: WNL (no discharge or deformities noted to external ears)

ONL_____

NOSE: WNL (no sinus tenderness, epistaxis, or discharge noted)

ONL_____

OROPHARYNX: WNL (lips free of lesions, cyanosis, no halitosis noted)

ONL_____

NECK: WNL (supple, thyroid non-palpable, no enlarged cervical lymph nodes palpable)

ONL_____

CARDIOVASCULAR: WNL (no carotid bruit or murmurs auscultated, regular rate and rhythm)

ONL_____

RESPIRATORY: WNL (lungs clear to auscultation, no adventitious breath sounds noted, SPO2>94%)

ONL_____

ABDOMEN: WNL (abdomen soft, nontender, bowel sounds present)

ONL_____

EXTREMETIES: WNL (upper/lower ext free of edema, cyanosis, varicosities, cellulitis, pedal pulses 2+)

ONL_____

ADDITIONAL: _____

Balance/Vascular Tests	Circle if Negative	Circle if Positive	Indicates
Romberg	*WNL*	*R L Bi*	*Proprioception imbalance*
Heel/Toe walk	*WNL*	*R L Bi*	*Positive test = loss of dorsiflexion, consider need for AFO*
Squat balance	*WNL*	*NWNL*	*Hold squat position x 10 seconds- eval for balance/weakness in lower extremeties*

CERVICAL SPINE	Circle if Negative	Circle if Positive	Indicates
Compression Test	*WNL*	*R L Bi*	*spinal pathology, nerve root compression, foraminal encroachment*
Distraction Test	*WNL*	*R L Bi*	*Facet capsulitis*
Shoulder Depression	*WNL*	*R L Bi*	*Muscule/Lig't injury. Radicular—neuro or TOS. Opp side pain—spinal path.*
Soto Hall	*WNL*	*NWNL*	*Osseous, disc, or ligament pathology or sprain/strain*

Upper Extremity SHOULDER	Circle if Negative	Circle if Positive	Instructions/Indications
Apprehension	*WNL*	*R L Bi*	*Chronic shoulder dislocation*
Drop Arm Test	*WNL*	*R L Bi*	*Rotator cuff tear, impingement, weakness*
Dawburn's Test	*WNL*	*R L Bi*	*Apply pressure to acromion process. Abduct arm. (Subacromial bursitis)*

Upper Extremity ELBOW	Circle if Negative	Circle if Positive	Instructions/Indications
Cozen's	*WNL*	*R L Bi*	*Force extended wrist into flexion (Tennis elbow)*
Mill's	*WNL*	*R L Bi*	*Supinate wrist against resistance (Tennis elbow)*
Golfer's elbow test	*WNL*	*R L BI*	*Flex wrist upwards in fist, pull against resistance (medial epicondylitis)*

Upper Extremity HAND/WRIST	Circle if Negative	Circle if Positive	Instructions/Indications
Phalens	*WNL*	*R L Bi*	*Dorsal surface of both hands touching (CTS)*
Tinels	*WNL*	*R L Bi*	*Flex wrist against resistance. (CTS)*

LUMBAR SPINE	Circle if Negative	Circle if Positive	Indicates
SLR	*WNL*	*R L Bi*	*Lumbar jt pain, IVD pathology, intradural or SI lesion, Piriformis spasm*
Braggard	*WNL*	*R L Bi*	*IVD pathology, intradural lesion, tight hamstrings*
Nachla's	*WNL*	*R L Bi*	*IVD pathology, spur, mass, nerve compression, contracted quads*
Yeoman's	*WNL*	*R L Bi*	*Anterior SI joint sprain, lumbar involvement*
Kemps	*WNL*	*R L Bi*	*Bend into side of pain = medical disc; away from side of pain = lateral disc*

Lower Extremity KNEE	Circle if Negative	Circle if Positive	Instructions/Indications
Compression	*WNL*	*R L Bi*	*Pt prone, flex leg to 90, push down int rot and ext rot (Meniscus injury)*
Distraction	*WNL*	*R L Bi*	*Pt prone, flex leg to 90, pull up int rot & ex rot (Lig't injury or instability)*
Abduction stress test	*WNL*	*R L Bi*	*Pt supine, stabilize thigh, push leg laterally (Lig't instability or damage)*
Adduction stress test	*WNL*	*R L Bi*	*Pt supine, stabilize thigh, pull leg medially (Lig't instability or damage)*
Drawers Test	*WNL*	*R L Bi*	*Flex knee, pull against to assess ligament instability (Lig't instability or damage)*
Knee Instability	*WNL*	*R L Bi*	

GLOBAL PALPATION						
REGION	**No TOP**	**Mild TOP**	**Mod TOP**	**Severe TOP**	**Edema**	**Notes TOP= tenderness on palpation**
Cervical Spine						
Thoracic Spine						
Lumbar Spine						
SI Joints						
Shoulders						
Elbow						
Wrist/Hand						
Hip						
Knee						
Ankle/Foot						

RANGE OF MOTION (SPINAL)

Rest=Restricted Pain=Painful with ROM

REGION	Extension	Flexion	L Lateral Flex	R Lateral Flex	L Rotation	R Rotation
Cervical	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*
Lumbosacral	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*	*Rest Pain*

RANGE OF MOTION (EXTREMITIES) (Use R and L)

REGION	No Restriction	Mild Restriction	Mod Restriction	Severe Restriction	Notes
Shoulder					
Elbow					
Wrist					

REGION	No Restriction	Mild Restriction	Mod Restriction	Severe Restriction	Notes
Hip					
Knee					
Ankle					

Trigger Point Exam	Left	Right	Trigger Point Exam	Left	Right
Sub-Occipital			*Lower Thoracic Iliocostalis*		
Posterior Cervical			*Upper Lumbar Iliocostalis*		
			Quadratus Lumborum		
Deltoid					
Brachialis			*Gluteals*		
Triceps			*Piriformis*		

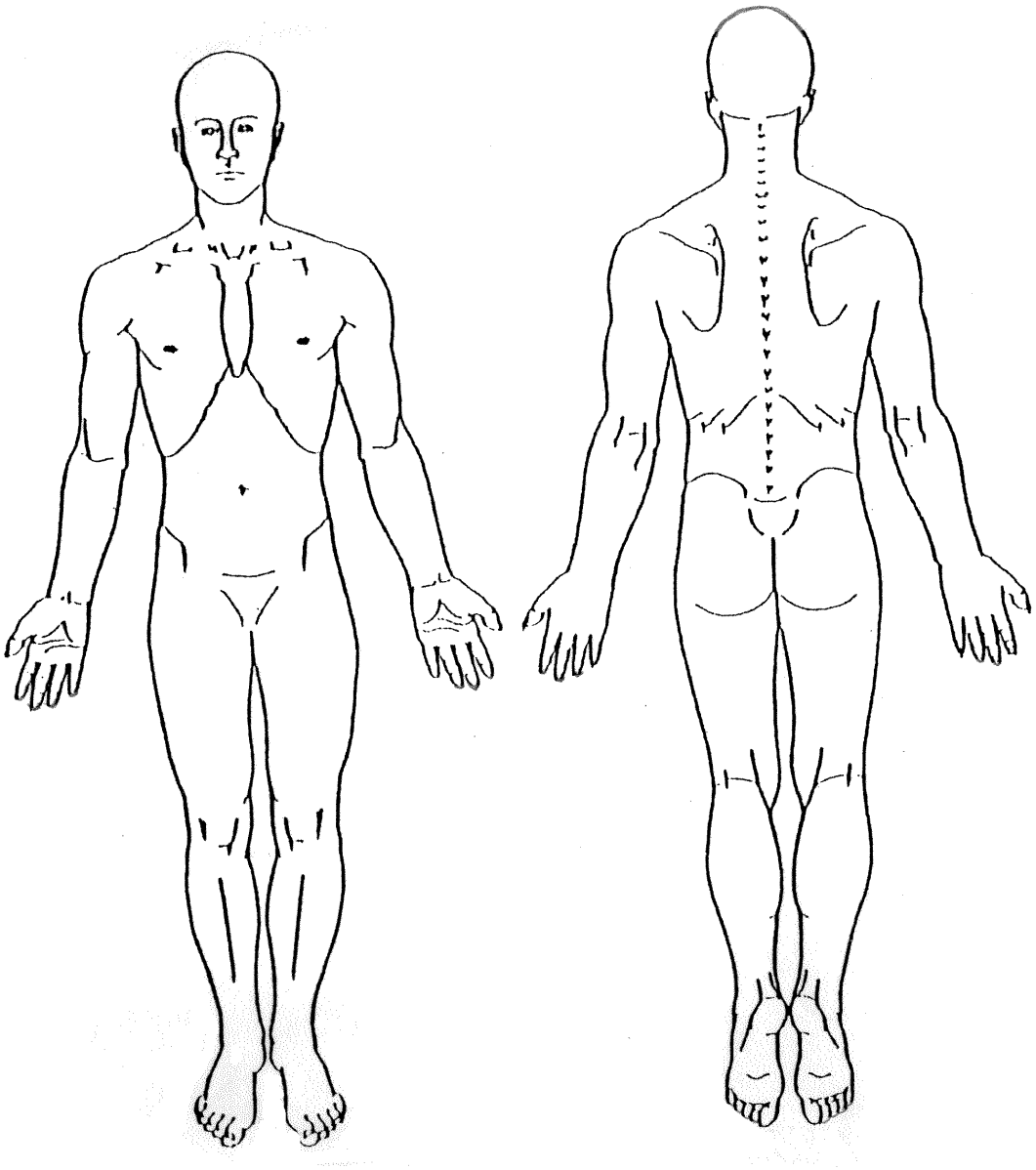
Extensor Carpi Radialis											
Supinator			*Biceps Femoris*								
Middle Finger Flexor			*Gastrocnemius*								
Middle Finger Extensor			*Soleus*								
Trapezius			*Rectus Femoris*								
Levator Scapulae			*Vastus Lateralis*								
Rhomboids			*Vastus Medialis*								
Longissmus Thoracis			*Vastus Intermedius*								
Serratus Posterior											
Lattismus Dorsi			*Tibialis Anterior*								
			Peroneus Longus & Brevis								

Sensation	***C4***	***C5***	***C6***	***C7***	***C8***	***L1***	***L2***	***L3***	***L4***	***L5***	***S1***
WNL											
Hyper											
Hypo											

Reflexes	***C5 Biceps***	***C6 Brachioradialis***	***C7 Triceps***	***L4 Patella***	***S1 Achilles***
Right Side					
Left Side					

PRESSURE POINT MAP

Name : _____ Date _____



XXXX = TRIGGER POINT LOCATION

---▯----▯ = RADIATING PAIN

= JOINT PAIN

H/A = HEADACHE

____ (NN & TT) = NUMBNESS AND TINGLING

= BURNING

Cervical	Thoracic	Lumbar
M54.12 Cerv Radiculopathy	M54.1 Thoracic Radiculopathy	M54.16 Lumbar Radiculopathy
M50.21 High Cerv disc displacement	M51.34 Thoracic Disc Degeneration	M51.17 Intervertebral disc disorders with radiculopathy, lumbosacral region
M50.22 Mid Cerv disc displacment		M54.16 Radiculopathy, lumbar region
M50.23 Cerv/Thor disc displacement		G54.1 Lumbosacral plexus disorders
M50.10 Brachial Neuritis		M43.10 Spondylolisthesis, site unspecified
G54.0 Brachial Plexus		M54.31 Sciatica, right side
		M54.32 Sciatica, left side
		M51.37 Other intervertebral disc degeneration, lumbosacral region
		M43.27 Fusion of Lumbar spine
S13.4XXA Whiplash, initial	S23.3XXA Thoracic sprain, initial	M54.5 Low back pain
M54.2 Neck Pain		M46.1 Sacroilitis

Upper Extremities			Lower Extremities			OTHER
RIGHT	DX	LEFT	RIGHT	DX	LEFT	G60.9 Idiopathic Neuropathy
M25.511	Shoulder pain	M25.512	M79.604	Leg pain	M79.605	M54.08 Facet Syndrome (Panniculitis neck/back/sacral)
M75.51	Bursitis	M75.52	M70.61	Gr Troch Bursitis	M70.62	M60.89 Myalgia, multiple sites
M19.011	Shoulder OA	M19.012	M16.11	Hip OA	M16.12	G43.909 Migraine, not intractable
M25.521	Elbow Pain	M25.522	M25.551	Hip Pain	M25.552	G44.209 Tension HA
M70.21	Elbow bursitis	M70.22	M25.561	Knee Pain	M25.562	
M77.11	Lateral Epicondylitis	M77.12	M17.11	Knee OA	M17.12	
M77.01	Medial Epicondylitis	M77.02	M25.571	Ankle Pain	M25.572	
M25.531	Wrist Pain	M25.531	M79.671	Foot Pain	M79.672	
M79.641	Hand Pain	M79.642	M72.2	Plant Fasciitis	M72.2	
G56.01	CTS	G56.02				

Trigger Point Injection Diagnoses			
	☐ **M53.82 (C)** R L Sub-Occipital R L SCM R L Traps (upper) R L Traps (lower) R L Posterior Cervical		☐ **M75.81 (R) M7** R L Rhomboids R L infra/supras R L latissimus d
	☐ **M75.81 (R) M75.81 (L) (C)** R L Deltoids R L Brachialis R L Levator Scapulae R L Subscapularis R L Pec Major/Minor R L Latiss. Dorsi R L Supraspinatus R L Infraspinatus		☐ **M75.81 (R) M7** R L Rhomboids R L infra/supras R L latissimus d

			M46.04, M46.0 R L Lower Thora R L Upper Lumb R L Longissmus R L Quadratus L R L Multifidus

X – RAYS ☐ N/A

Cervical Spine (CPT Code's 72040 2-3 views; 72050 4-5 views; 72053 6-7) C Spine Diagnosis: _____
☐ Lateral ☐ APOM ☐ APLC ☐ Oblique ☐ Flex/Ext

Thoracic Spine (CPT Code's 72070 2-3 views; 72072 4 views) T Spine Diagnosis:_____
☐ Lateral ☐ AP ☐ Oblique

Lumbosacral Spine (CPT Code's 72100 2-3 views; 72110 4-5 views) L Spine Diagnosis: _____
☐ Lateral ☐ AP ☐ Oblique ☐ Flex/Ext ☐ Lateral Bending

Upper Extremity

73030 Shoulder 2+ views R L Dx_____
73080 Elbow 3+ views R L Dx_____
73090 Forearm 2 + views R L Dx_____
73110 Wrist 3+ views R L Dx_____
73120 Hand 2 views R L Dx_____

Lower Extremity

72170 Pelvis, 1-2 views 1V 2V Dx_____
73510 Hip 2 views R L Dx_____
73550 Femur 2 views R L Dx _____
73560 Knee 1-2 views R L Dx_____
73590 Tib/Fib 2 views R L Dx_____
73610 Ankle 3 views R L Dx_____
73630 Foot 3 views R L Dx_____

Provider's Signature _____Date _____