

Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Employment \_\_\_\_\_

Heard about clinic from \_\_\_\_\_

Current Complaint(s) \_\_\_\_\_

\_\_\_\_\_

History Of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to be able to do that you currently are not able to? (other expectations?)

\_\_\_\_\_

\_\_\_\_\_

Patient's Birth \_\_\_\_\_

\_\_\_\_\_

Operations \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

Accidents/Injuries \_\_\_\_\_

\_\_\_\_\_

Dental History \_\_\_\_\_

For Women: Births \_\_\_\_\_

\_\_\_\_\_

Disease Processes \_\_\_\_\_

\_\_\_\_\_

Occupations \_\_\_\_\_

\_\_\_\_\_

Sports \_\_\_\_\_

\_\_\_\_\_

Exercise \_\_\_\_\_

\_\_\_\_\_

Musical Instruments \_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Other Methods Tried \_\_\_\_\_

\_\_\_\_\_

## MEASUREMENTS

Kraus / Weber Test

Abs+ \_\_\_\_\_ Abs- \_\_\_\_\_ Psoas \_\_\_\_\_ Upper Back \_\_\_\_\_ Low Back \_\_\_\_\_ Back / Ham Flex \_\_\_\_\_

Long 2nd Toe \_\_\_\_\_ \_\_\_\_\_ Scoliosis \_\_\_\_\_  
Left Right

Quad Test \_\_\_\_\_ \_\_\_\_\_ Heel Cord \_\_\_\_\_ \_\_\_\_\_ Kyphosis \_\_\_\_\_ \_\_\_\_\_ Shldr Flex Text \_\_\_\_\_ \_\_\_\_\_  
Left Right Left Right Left Right Left Right