

**ACCT TYPE:** \_\_\_\_\_  
**ACCT #:** \_\_\_\_\_



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Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

What do you prefer to be called? \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

did you find us: Please circle Google Drive-By Attorney Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **Female Patient ONLY: Are you currently pregnant? YES NO**

Have you ever been to a chiropractor: Yes No If yes, when \_\_\_\_\_

List of medications: \_\_\_\_\_

Tell us about your *past* health history, past surgeries and illnesses; please include dates.

What is the reason for your visit: \_\_\_\_\_

Current pain level (1 = very mild, 10 = EXTREME): 0 1 2 3 4 5 6 7 8 9 10

Onset: When did this problem start? \_\_\_\_\_

Provocative: What makes this problem better? \_\_\_\_\_ Worse? \_\_\_\_\_

Quality: Circle the words that describe the pain: Sharp Dull Achey Tingling Numb Tension

Radiating: Does the pain travel into your arms, hands, legs, feet? Please list: \_\_\_\_\_

Timing: Is the pain (circle one) Constant Frequent Intermittent Once in awhile

Has this affected your sleep? Yes No Can you lift both arms over your head? Yes No

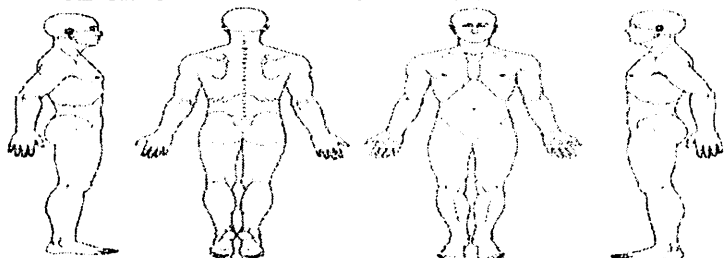
**Other health complaints:**

Complaint: \_\_\_\_\_ Pain level: 0 1 2 3 4 5 6 7 8 9 10

Complaint: \_\_\_\_\_ Pain level: 0 1 2 3 4 5 6 7 8 9 10

Complaint: \_\_\_\_\_ Pain level: 0 1 2 3 4 5 6 7 8 9 10

**PLEASE CIRCLE THE AREAS ON YOUR BODY THAT HURT.**





ARANSAS FAMILY  
CHIROPRACTIC

CERVICAL

LUMBAR

AP

LATERAL

Patient Name:

EXAM TYPE:

CERVICAL LUMBAR FULL/FULL

VITALS:

BP \_\_\_\_\_/\_\_\_\_\_

PULSE \_\_\_\_\_

O2 \_\_\_\_\_

REFLEXES	left	right	left	right
Biceps C5	_____	_____	Patellar L4	_____
Triceps C7	_____	_____	Achilles S1	_____
BracRad C6	_____	_____		_____

CRANIAL NERVES

- \_\_\_ Olfactory
- \_\_\_ 3, 4, 6 (Eye Movement all directions)
- \_\_\_ 5 Trigeminal (clench jaw against resistance)
- \_\_\_ 7 Facial (smile, pull out cheeks, raise eyebrows)
- \_\_\_ 8 Vestibulocochlear (listen & follows directions)
- \_\_\_ 9 & 10 Glossopharyngeal (say ahhh, uvula mvmt)
- \_\_\_ 11 Spinal Accessory (shrug shoulders)
- \_\_\_ 12 Hypoglossal (stick out tongue & move it side to side)

What do you need/want to do that you can't do now because of your condition? (Sleep, drive, walk, work, exercise, stand, bathe, play with grandkids, etc.)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

CERVICAL ROM

- \_\_\_/60 Flexion
- \_\_\_/55 Extension
- \_\_\_/80 L Rotation
- \_\_\_/80 R Rotation
- \_\_\_/40 L LAT Flexion
- \_\_\_/40 R LAT Flexion

LUMBAR ROM

- \_\_\_/90 Flexion
- \_\_\_/30 Extension
- \_\_\_/30 L Rotation
- \_\_\_/30 R Rotation
- \_\_\_/35 L LAT Flexion
- \_\_\_/35 R LAT Flexion

CERVICAL ORTHOPEDICS

- |      |                   |
|------|-------------------|
| Left | Right             |
| ___  | ___ Foraminal     |
| ___  | ___ Jackson's     |
| ___  | ___ Shoulder Dist |
| ___  | ___ Distraction   |
| ___  | ___ Soto Hall     |

LUMBAR ORTHOPEDICS

- |      |                |
|------|----------------|
| Left | Right          |
| ___  | ___ Kemp's     |
| ___  | ___ Valsalva   |
| ___  | ___ SLR        |
| ___  | ___ Braggards  |
| ___  | ___ Migrams    |
| ___  | ___ Fab Pat    |
| ___  | ___ Nachias    |
| ___  | ___ Elys       |
| ___  | ___ Piriformis |

MUSCLE TESTING

- |      |                       |
|------|-----------------------|
| Left | Right                 |
| ___  | ___ C5 Arms Up        |
| ___  | ___ C6 Arm Flex       |
| ___  | ___ C7 Arm Ext        |
| ___  | ___ C8 Fingers Curled |
| ___  | ___ T1 Hands Open     |
| ___  | ___ L4 Knee Ext       |
| ___  | ___ L5 Feet Up        |
| ___  | ___ S1 Feet Down      |

Key

- 0 zero
- 1 trace
- 2 poor
- 3 fair
- 4 good
- 5 normal

DYNAMOMETER

LEFT	RIGHT
_____	_____
_____	_____
_____	_____

FRI