

Allergies: \_\_\_\_\_

Smoking: Yes  No  Quit when: \_\_\_\_\_ Alcohol: No  Daily  Weekly  Monthly  Caffeine:

Sleep: 2-4 hours  4-7 hours  7+ hours  Sufficient  Insufficient  Stress: Hi  Medium  Lo

Diet: Vegetarian  Mostly Fresh/Raw  Hi Sodium  Fried Foods  Special/other: \_\_\_\_\_

Medications/Supplements: \_\_\_\_\_

**Family Hx**

Diabetes  Cancer  Heart Disease  Arthritis  Stroke  Grandparents  Parents

**Review of Systems**

Circulatory (CVD, HTN): \_\_\_\_\_ Hematologic: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Skin (Eczema, Psoriasis): \_\_\_\_\_

Respiratory (Asthma): \_\_\_\_\_ Neurological (MS, ALS): \_\_\_\_\_

Thyroid (Graves, Hashimotos): \_\_\_\_\_ EENT: \_\_\_\_\_

GI (Crohn's, UC, IBS): \_\_\_\_\_ GU (Bladder, Kidney) : \_\_\_\_\_

**Exam**

**VITALS:** Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Temp \_\_\_\_\_  
BP \_\_\_\_\_  
HR \_\_\_\_\_

**POSTURE:** Ant Head Car Y N  
Head Tilt L R  
Head Rotation L R  
Head Trans L R  
High Shoulder L R  
High Hip L R  
Foot Flare L R

**LLD:** \_\_\_\_\_

**DRG:** \_\_\_\_\_

**LISTING:** \_\_\_\_\_

**CERVICAL ROM**



FLEXION	WNL	↓	↓↓	↓↓↓	Pain	R	L
EXTENSION	WNL	↓	↓↓	↓↓↓	Pain	R	L
R LAT FL	WNL	↓	↓↓	↓↓↓	Pain	R	L
L LAT FL	WNL	↓	↓↓	↓↓↓	Pain	R	L
R ROT	WNL	↓	↓↓	↓↓↓	Pain	R	L
L ROT	WNL	↓	↓↓	↓↓↓	Pain	R	L

**LUMBAR ROM**

FLEXION	WNL	↓	↓↓	↓↓↓	Pain	R	L
EXTENSION	WNL	↓	↓↓	↓↓↓	Pain	R	L
R LAT FL	WNL	↓	↓↓	↓↓↓	Pain	R	L
L LAT FL	WNL	↓	↓↓	↓↓↓	Pain	R	L
R ROT	WNL	↓	↓↓	↓↓↓	Pain	R	L
L ROT	WNL	↓	↓↓	↓↓↓	Pain	R	L

**NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ORTHO TESTS:** Cerv Comp

Max Fora Comp

Cerv Dist

UE M \_\_\_\_\_ R \_\_\_\_\_

Kemps

SLR

LE M \_\_\_\_\_ R \_\_\_\_\_