Patient Intake + Postural Assessment Form

Personal

Name______________________________Date______________

Address______________________________Home phone______________

Work phone______________Cell phone______________Email address______________

How were referred to our office?______________________________

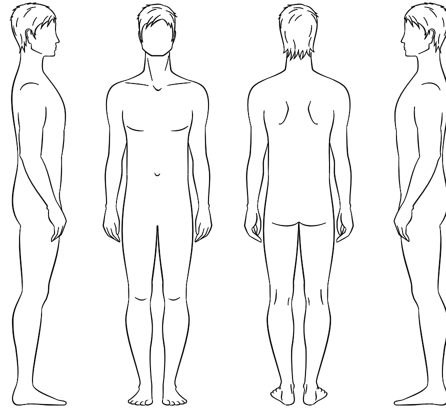
DOB__________Height__________Weight__________

Insurance type: ☐ Health ☐ Personal Pay ☐ PI/Auto ☐ Worker's Comp ☐ Medicare

Health

Primary Area of Concern/Pain

Indicate on drawing to the right where you have pain/symptoms



Describe the pain (tingling, numb, sharp, etc.)

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____

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Rate your pain (1-10, 10 being worst)

1 2 3 4 5 6 7 8 9 10

Do you currently wear orthotics? Y N

How did your problem begin?______________________________

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Please indicate if you have (had) any of the following conditions:

- ☐ Headaches
- ☐ Neck Pain
- ☐ Upper Back Pain
- ☐ Mid-Back Pain
- ☐ Low Back Pain
- ☐ Shoulder Pain
- ☐ Upper Leg Pain
- ☐ Knee Pain
- ☐ Ankle/Foot Pain
- ☐ Arthritis
- ☐ Rheumatoid

What activities do you do the most?

	Most of the Day	Half of the Day	Little of the Day
Sit			
Stand			
Computer Work			
Drive			
Walk			
Run			
Manual Labor			

How many days per week do you wear these kinds of shoes?

Athletic ________

Dress ________

High Heels ________

Flats ________

Industrial ________

Have you previously recieved Chiropractic treatment? Y N

Signature______________________________

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For Doctor Use Only

Posture Analysis

Standing

Pronation	R	L	B
Supination	R	L	B
Q Angle R	R	L	B

Sitting

Cervical ROM

Flexion	P	R
Extension	P	R
L Lat	P	R
R Lat	P	R
L Rot	P	R
R Rot	P	R

Compression	+	-	
Distraction	+	-	
Reflexes	+1	+2	+3

TPT

Sub-Occip	R	L
Traps	R	L
Rot Cuff	R	L
Calf	R	L
Hamstring	R	L
ITB	R	L

Supine

Lasegue's	R	L
Pat-Fab	R	L
Toe-in	R	L

Prone

L-S Compr	+	-
Dors Comp	+	-

TPT

Q.L	R	L
Gluts	R	L
Piriformis	R	L
Yeoman's	R	L
Leg Lengths	R_____	L_____

Other findings

Low Back ROM

Flexion	P	R
Extension	P	R
L Lat	P	R
R Lat	P	R
L Rot	P	R
R Rot	P	R
Heel Walk	+	-
Toe Walk	+	-

Orthotics Recomended ☐ Premium ☐ Moderate ☐ Specialty

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Notes: ____