NAME	H.C.		FILE #	
ADDRESS	D.O.B.		POSTURE CARD	G / R
CITY	SPOUSE			
PHONE H: W:	CHILDREN			

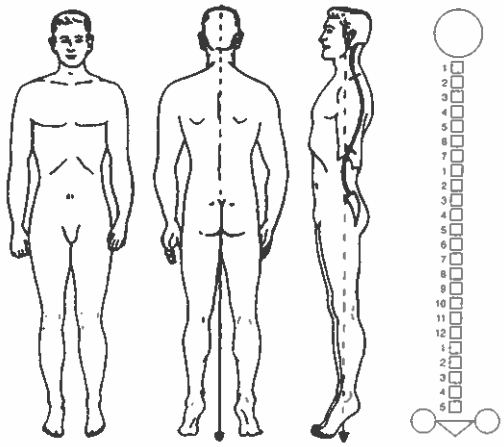
COMPLAINTS	PRIMARY	SECONDARY OR NEW
HISTORY OF CONDITION - ONSET - LOCATION - PROGRESSION - PRIOR OCC. - WORSE - INTERFERENCE - WORK - FAMILY		
PAIN - CHARACTER - RADIATION - FREQUENCY - DURATION - ASSOCIATION - 1 → 10 PAIN - 1 → 10 COMMITMENT - LIFESTYLE		**TRAUMA**
AGGRAVATING FACTORS		
RELIEVING FACTORS		**D.C.**
Rx		**X-RAY**

COMPARATIVE EXAM

	L	R								
DATE										
Blood Pressure										
Reflexes / Tests										
Motor										
CN										
Cervical										
Flex 60°										
Ext 50°										
RR 80°										
LR 80°										
RLF 40°										
LLF 40°										
Kemps										
Doorbell										
Compression										
Houles										
T-L										
Flex 90°										
Ext 30°										
RR 30°										
LR 30°										
RLF 35°										
LLF 35°										
Kemps										
SLR										
Fig. 4										
Yeomans										
SI-PA										
PIRI										
Ribs										
Weight dist.										
Short Leg										

POSTURE, SYMPTOM & SUBLUXATION AREAS

SHARP PAIN ●
RAD. →
P/N III
DULL ACHE ■
SWELL O
SPASM X
NUMB ≡



RADIOLOGY REPORT

DATE	CLINIC	VIEWS	FINDINGS	PHASE