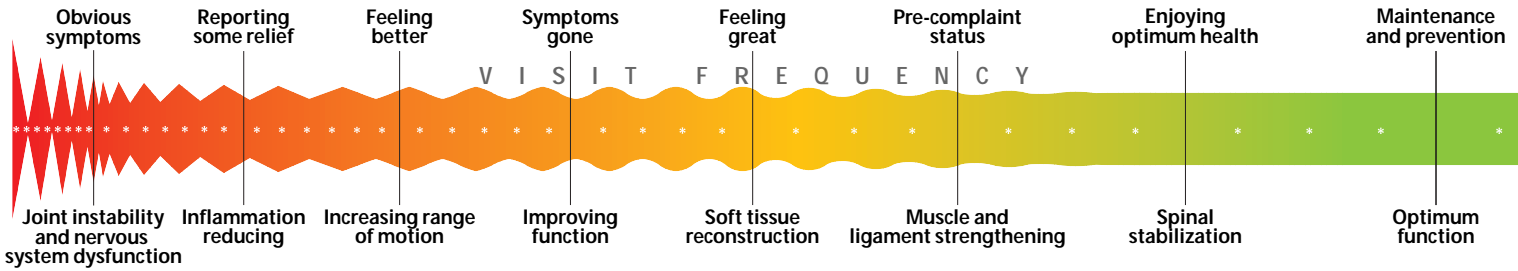


HEALTH STATUS

Patient Name _____

Date of initial examination _____

Subjective: (How you feel) Circle your current health status and then initial and date.



Report date _____

Objective: (Doctor's findings)

Rate severity 1-5

Spinal Kinesiopathology (Spinal Function)

- Hypomobility Hypermobility
- Misalignment(s) Postural change(s)
- Normal

Neuropathophysiology (Nerve Function)

- Sensory dermatomes Weakness
- Normal

Myopathology (Muscle Function)

- Spasm Stiffness
- Muscle weakness Trigger points
- Normal

Histopathology (Soft Tissue Function)

- Swelling Inflammation
- Disc Involvement Temp/vascular changes
- Normal

Pathophysiology (Subluxation Degeneration)

- Cervical Phase I Phase II Phase III
- Thoracic Phase I Phase II Phase III
- Lumbar Phase I Phase II Phase III

Assessment: (Doctor's conclusions)

Vertebral Subluxation Complex present at

Plan: (Doctor's recommendations)

Visit schedule _____

Patient responsibilities _____

Next examination _____

Patient Signature _____

Doctor Signature _____

Report date _____

Objective: (Doctor's findings)

Rate severity 1-5

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Visit schedule _____

Patient responsibilities _____

Next examination _____

Patient Signature _____

Doctor Signature _____

1=Absent 2=Mild 3=Moderate 4=Severe 5=Extreme