

CONSULTATION NOTES

Patient Name _____ Consult Date _____

Complaints:

1.) _____ Onset date: _____ Rated: _____/10
Type of pain: _____ Mode of onset: _____ % present: _____
Aggravating: _____ Relieving: _____
Radiating: _____

2.) _____ Onset date: _____ Rated: _____/10
Type of pain: _____ Mode of onset: _____ % present: _____
Aggravating: _____ Relieving: _____
Radiating: _____

3.) Additional complaints: _____

4.) Headache: Tension / Sinus / Migraine / Aura / No Aura Frequency: _____ per Week / Day / Month

Past History: Verbally Denied, _____

Past Treatment: Verbally Denied, _____

Review of Systems: Verbally Denied, _____

Family History: Verbally Denied, _____

Psycho-Social History: Verbally Denied, _____

Recreational-Job History: Verbally Denied, _____

Patient Goals: Short-term: _____ Long-term: _____

Red Flags:

Is the pain the result of a major Trauma? [fracture]: Verbally Denied, _____

Have you lost 10 pounds or more in the last 6 weeks? [cancer]: Verbally Denied, _____

Is the pain worse at nighttime? [cancer]: Verbally Denied, _____

Does the pain wake you up when you're sleeping? [cancer]: Verbally Denied, _____

Fever with Chills? Night Sweats? Verbally Denied, _____

Recent Bacterial Infection? IV Drug Use? Immunosuppressive Drug Use? Steroid Drug Use? _____

History of Cancer? Verbally Denied, _____

Taking Anticoagulants? Severe Unrelenting Pain? Pain not relieved by rest? Recent Spinal Surgery or Trauma? [epidural hematoma]: Verbally Denied, _____

Saddle Anesthesia? Urinary Retention or Incontinence? Loss of Bowel Function? Progressive Neurological Deficit? [cauda equina syndrome]: Verbally Denied, _____

Pain in ALL extremities (Upper and Lower)? [spinal cord]: Verbally Denied, _____

Sudden weakness, numbness of face, arm or leg? [CVA]: Verbally Denied, _____

Sudden weakness, numbness on one side of body? [CVA]: Verbally Denied, _____

Sudden dimness or loss of vision? [CVA]: Verbally Denied, _____

Loss of speech or trouble talking? [CVA]: Verbally Denied, _____

Difficulty understanding speech? [CVA]: Verbally Denied, _____

Sudden severe headaches without cause? [CVA]: Verbally Denied, _____

Unexplained dizziness, unsteadiness, or sudden falls? [CVA]: Verbally Denied, _____

PHYSICAL, ORTHOPEDIC AND NEUROLOGICAL EXAMINATION

Patient Name _____ Exam Date _____

Examination purpose: Initial evaluation Comparative evaluation Final evaluation New Symptom evaluation

Handedness:

- Right
- Left
- Ambidextrous

Demeanor:

- in marked pain
- in pain
- relaxed
- uncomfortable
- very uncomfortable

Build:

- slim
- well proportioned
- athletic
- husky
- slightly overweight
- overweight
- obese

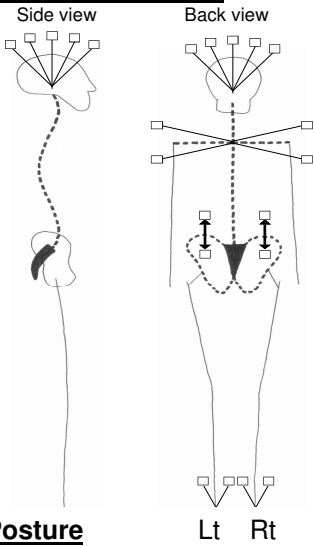
Vitals:

Height _____ ft, _____ in.
 Weight _____ lbs.
 Blood Pressure Rt. _____ / _____
 Blood Pressure Lt. _____ / _____
 Pulse rate (60-90/min) _____
 Temp. (°F) _____ NTT

Gait:

- normal
- noticeable difficulty
- extreme difficulty
- needs assistance
- crutches
- walker
- wheelchair

Posture Evaluation



Posture

- Short Leg _____
 Antalgia Sign No Yes
 Cervical Lumbar
 Anterior Right Left

Muscle Strength

(5=Normal, 4=Good, 3=Fair, 2=Poor, 1=Trace, 0=Paralysis)

	Lt	Rt
*Deltoids		
*Psoas		
Brachiorad.		
Triceps		
Upper Trap.		
Wrist Extens.		
Wrist Flexors		
Tibialis Ant.		
Iliopsoas		
Quadriceps		
Piriformis		
Gastroc.		
Hamstrings		
Gluteus Max.		
Gluteus Med.		

Grip: (Dynamometer-lbs.)

	Lt	Rt
1st Try		
2nd Try		
3rd Try		

Circumference:

(Centimeters)

	Lt	Rt
Mid Biceps		
Mid Calf		

Cervical Range of Motion

(- = No Pain, + = Pain, ++ = Severe pain)

Flexion (50°)		
Extension (60°)		
R. Lateral Flex (45°)		
L. Lateral Flex (45°)		
R. Rotation (80°)		
L. Rotation (80°)		

- Visual Goniometer Dual Inclinometers
 Crepitus Present: Yes No
 Active Passive

Lumbar Range of Motion

(- = No Pain, + = Pain, ++ = Severe pain)

Flexion (60°)		
Extension (25°)		
R. Lateral Flex (25°)		
L. Lateral Flex (25°)		
R. Rotation (30°)		
L. Rotation (30°)		

- Visual Goniometer Dual Inclinometers
 Crepitus Present: Yes No
 Active Passive

Ortho/Neuro C/T:

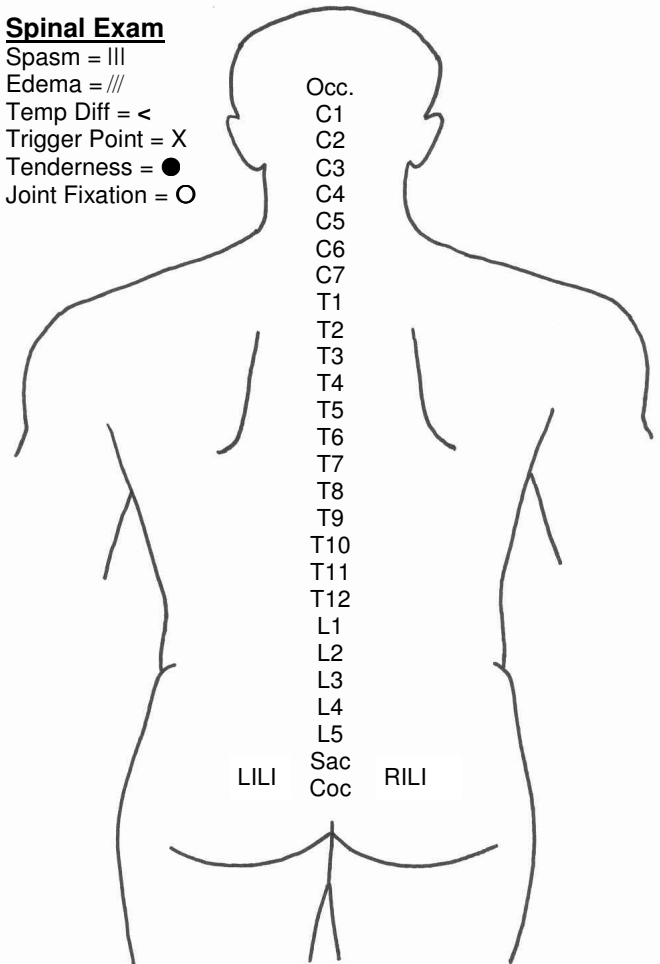
	Lt	Rt
*Cervical Comp.		
*Cerv. Distraction		
*Shoulder Depres.		
Jackson Comp.		
Max. Cerv. Comp.		
Lhermitte's		
Linder's		
Wright's		
Adson's		
Allens's		

Ortho/Neuro L/S:

	Lt	Rt
*Kemp's		
*Straight Leg Raise		
*Fabere-Patrick		
*Milgram's		
*Minor's Sign		
*Dejerine's		
Support. Adams		
Trendelenburg		
Heel Walk (L5)		
Toe Walk (S1)		
Burn's Bench		
Ely's		
S-I fluid motion		
Yeoman's		
Gastrocnemius Tap		

Spinal Exam

- Spasm = III
 Edema = III
 Temp Diff = <
 Trigger Point = X
 Tenderness = ●
 Joint Fixation = ○



Reflexes: (Wexler scale)

	Lt	Rt
*Biceps		
*Triceps		
*Brachiorad.		
*Patellar		
*Achilles		
Babinski		
Romberg		

George's Screen:

	Lt	Rt
>10mm Hg diff. in SBP		
Radial Pulse sign		
Subclavian bruit		
Carotid bruit		
VB Artery Maneuver		

Sensory

	Lt	Rt
C5		
C6		
C7		
C8		
T1		
T2		
L1		
L2		
L3		
L4		
L5		
S1		
S2		

Coordination

Finger to Nose _____
 Heel to Shin _____
 Rapid Alternating _____

Examiner's

Signature: _____