

Van Senus Chiropractic Wellness Center

221 South Route 41, Suite B • P: (219) 322-2204 • F: (219) 322-7539

PATIENT NAME: _____ DATE ____/____/____

ADDRESS: _____ CITY _____ ST. _____ ZIP _____

AGE ____ DATE OF BIRTH ____/____/____ PHONE # (HM): _____ (WK): _____

SS# _____ SEX: M F MARITAL STATUS: _____ NO. OF CHILDREN: _____

OCCUPATION _____ WHOM WERE YOU REFERRED BY _____

REASON FOR COMING IN TO US? _____

HOW LONG HAVE YOU HAD THIS CONDITION? _____ HAVE YOU HAD THIS IN THE PAST? Y N

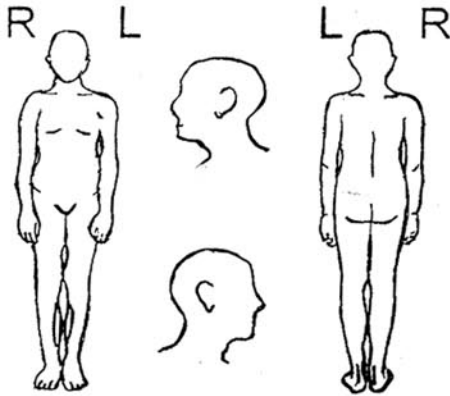
IS THIS CONDITION GETTING WORSE? YES NO CONSTANT COMES & GOES

HAVE YOU BEEN TO A CHIROPRACTOR BEFORE? YES NO DATE OF LAST SPINAL X-RAYS: _____

PLEASE EXPLAIN THE FOLLOWING AND DATES

- SERIOUS INJURIES: _____
- FALLS: _____
- HOSPITALIZATIONS: _____
- SURGERIES: _____
- MEDICATIONS: _____
- FAMILY HISTORY: _____

PLEASE MARK PROBLEM AREAS



- NECK
- SHOULDERS
- ARMS / HANDS
- BETWEENSHOULDERS
- NUMBNESS
- LOW BACK
- LEGS / FEET
- SCIATICA
- STIFF JOINTS
- SWELLING
- BROKEN BONES
- ARTHRITIS
- HEADACHES
- DIZZINESS
- FAINTING
- VERTIGO
- FORGETFULNESS
- STRESS/ANXIETY
- DEPRESSION
- TIREDNESS
- VISUAL
- RINGING EARS
- HEART
- FREQUENT COLDS
- ALLERGIES
- ASTHMA
- ECZEMA
- DIGESTION
- CONSTIPATION
- DIARRHEA
- HEMMORHOIDS
- ULCERS
- KIDNEYS
- PROSTATE
- MENSTRUAL
- CANCER

OFFICE USE ONLY

CERVICAL EXAM		1	2	3
FLEXION	45			
EXTENSION	55			
R LAT FLEX	45			
L LAT FLEX	45			
R ROTATION	80			
L ROTATION	80			

LUMBAR EXAM		1	2	3
FLEXION	80			
EXTENSION	30			
R LAT FLEX	35			
L LAT FLEX	35			
R ROTATION	30			
L ROTATION	30			

ORTHOS	1		2		3	
	R	L	R	L	R	L
MAIGNES						
COMPRESSION						
DISTRACTION						
SOTO - HALL						
ADSON'S						

	R	L	R	L	R	L
SHORT LEG						
BRAGGARDS						
KEMPS						
VALSALVA						
FABER-PATRICK						
WELL LEG						

NEUROS	1		2		3	
	R	L	R	L	R	L
C5						
C6						
C7						
C8						
T1						

	R	L	R	L	R	L
L4						
L5						
S1						
HEEL						
TOE						

DRS. COMMENTS: _____