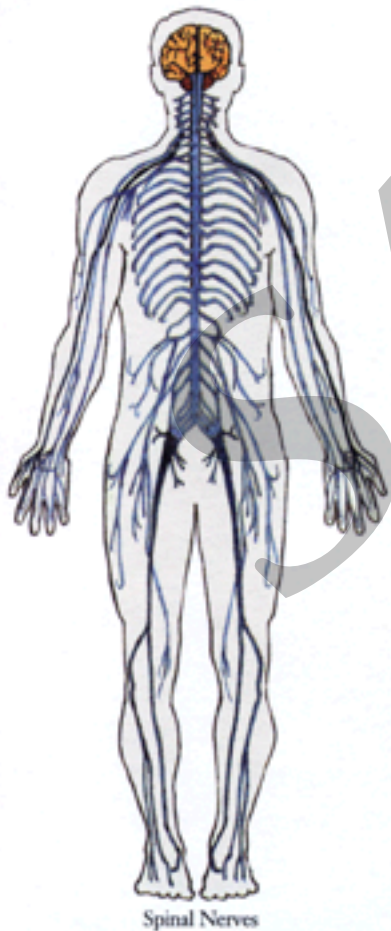
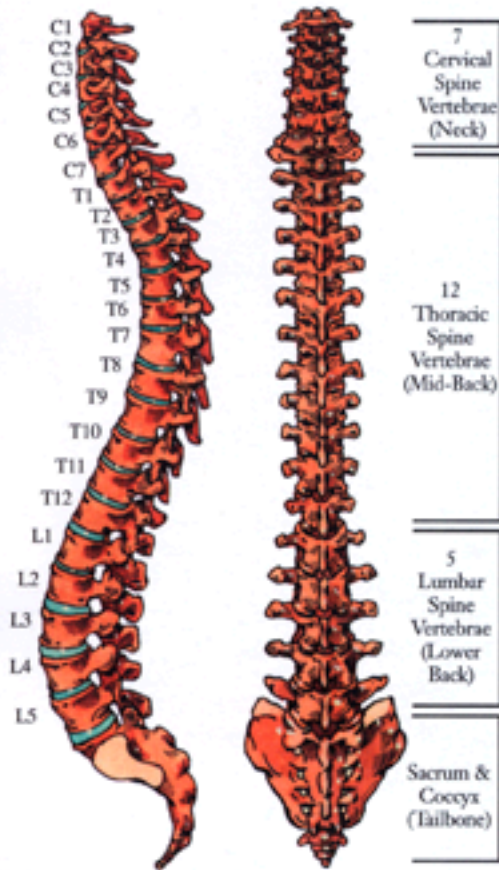


# My Chiropractic Spinal Exam



Spinal Nerves



Hips — Back View

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Presenting complaint(s) \_\_\_\_\_

Spinal examination reveals probable/possible subluxation complex at the following spinal areas:

Cervical spine (Neck) \_\_\_\_\_

Thoracic spine (Mid-back) \_\_\_\_\_

Lumbar spine (Low back) \_\_\_\_\_

Sacrum/Coccyx \_\_\_\_\_

Other \_\_\_\_\_

Possible causes \_\_\_\_\_

Assumed height \_\_\_\_\_ Measured height \_\_\_\_\_

Probable phase of spinal degeneration \_\_\_\_\_

Spinal curves:

\_\_\_\_\_ Normal \_\_\_\_\_ Exaggerated

\_\_\_\_\_ Reduced \_\_\_\_\_ Reversed

\_\_\_\_\_ Scoliosis

Children (names, ages, health) \_\_\_\_\_

*Compliments of:*