



PHYSICAL MEDICINE / MANIPULATION EXAM

Have you ever had your spine or nervous system examined professionally? If yes, when and by whom?

Please describe any falls, accidents or other trauma you have had: _____

Have you ever been involved in a vehicle collision or near collision (even as a passenger or if you do not think you were hurt)?

Please list approximate dates and severity (mild, moderate or extreme):

Auto / truck / van: _____
 Bus, bicycle, motorcycle, train, airplane: _____
 Were you ever knocked unconscious? _____
 Have you ever used crutches, walker or a cane? _____
 Have you ever broken any bones? _____

Check any of the following you have had and explain when:

Spinal infection		Corrective shoes	
Spinal tap		Bars on shoes	
Traction		Chemotherapy	
Neck collar		Transfusión	
Spinal brace		Heel lift	
Physical therapy			

During the day I: (check all that apply)

Sit		Do mechanical work	
Stand		Do heavy lifting	
Walk		Driving	
Do desk work		Do phone work	

I wear:

Glasses		Bifocals		Contact lenses	
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Were you, or are you active in any sports? Which sports and when:

Have you been injured in any of these activities? Yes, No. Comments:

Do you read for prolonged periods? _____
 Do you play a musical instrument? _____
 Do you have a particular position for watching TV? _____