Nervous System Health Questionnaire

NAME: (Dr/Mr/Mrs/Ms/Miss)	
DOB:	
PHONE:	
ADDRESS and POSTCODE:	
EMAIL:	
OCCUPATION:	
PARTNER/SPOUSE'S NAME (if applicable):	
NO. OF CHILDREN AND NAMES (if applicable):	
MANY OF OUR PATIENTS ARE REFERRED IN BY A FAMILY MEMBER OR FRIEND. HOW DID YOU HEAR ABOUT US?	

1. What are the issues or symptoms you are most concerned about today?

   When did it start?

   What do you think caused it?

2. Most people brush their teeth over **700 times per year** to take care of them. **The spine and nervous system are far more important**. How often do you get adjusted by a chiropractor? (Please circle most appropriate answer)

   Frequently | Only when it hurts | Once a month | Never

3. **The nervous system is the master control system** of the body, helping to control and regulate all other systems of the body. **Physical, chemical, and emotional stressors** can cause damage to the spine and nervous system. Please rate your current level of overall stress:

   1 2 3 4 5 6 7 8 9 10

4. **If you are experiencing any of the health concerns below, please circle them:**

Neck pain	Hip/leg pain	Constipation	Allergies
Mid back pain	Headaches/Migraine	Thyroid issues	Depression/Anxiety
Low back pain	Heart Disease	Menstrual pain	Infertility
Arm/shoulder pain	Cancer	Vertigo/dizziness	Heartburn/GORD

5. **Have you been diagnosed with any other conditions we should be aware of?**

6. Prescription drugs, even when properly prescribed, can cause unwanted side effects or even death (*Lazarou et al, JAMA 1998*). It is very rare for a drug to be tested for safety when taken in conjunction with other medications.

   Please list any medications you are currently taking, and what they have been prescribed for (please use back if more than 3 prescribed) :

	Medication:	Condition prescribed for:
1		
2		
3		

7. Dysfunction to the spine and nervous system **can be caused by traumas that occur as early as the birthing process**. Car accidents, falls during childhood, concussions and sustained work postures can all cause misalignments in the spine.
   Please list any traumas you have experienced that may have impacted your spine:

	Trauma/accident/work related activity	Year
1		
2		
3		

Informed Consent

- I understand Valley Rising Chiropractic does not hold accounts, and that I am personally responsible for the full payment of all fees incurred.

- In extremely rare circumstances, some treatments of the neck may damage a blood vessel and give rise to stroke-like symptoms (estimated at between 1 in 2 million to 1 in 5.85 million neck manipulations. Haldeman, et al. Spine vol 24-8 1999).
- Other very slight risks include strain/injury to a ligament or disc in the neck (less than 1 in 139,000) or the low back (1 in 62,000). (Dvorak study in Principles and Practice of Chiropractic, Haldeman. 2nd Ed).

NOTE

Chiropractic adjustments (manipulations) of the spine are internationally recognised as being safer in dealing with neck and low back pain than medication and other alternatives. (A Risk Assessment of Cervical manipulation, JMPT, 1995. Manga Report, Ontario Ministry of Health, 1993.)

The procedures to be used in your case will be described after which you will be asked if you have any questions. After speaking with the Chiropractor we request that you sign below as your consent to proceed is required for both examination and care procedures.
Please note there may be a considerable degree of variation between individual responses.

Your name: ______________________________

Your Signature: ___________________________

Date: ___________

MEDICO LEGAL EXAMINATION
(OFFICE USE ONLY)

ISOMETRIC MOTOR STRENGTH

C1-2	(R)	Grade	1 2 3 4 5	T1	(R)	Grade	1 2 3 4 5
Neck Flexion	(L)	Grade	1 2 3 4 5	Finger abduction	(L)	Grade	1 2 3 4 5
C3	(R)	Grade	1 2 3 4 5	L1-2	(R)	Grade	1 2 3 4 5
Lateral neck	(L)	Grade	1 2 3 4 5	Hip flexion	(L)	Grade	1 2 3 4 5
C4	(R)	Grade	1 2 3 4 5	L3	(R)	Grade	1 2 3 4 5
Shoulder elevation	(L)	Grade	1 2 3 4 5	Knee extension	(L)	Grade	1 2 3 4 5
C5	(R)	Grade	1 2 3 4 5	L4	(R)	Grade	1 2 3 4 5
Shoulder abduct	(L)	Grade	1 2 3 4 5	Foot dorsiflex	(L)	Grade	1 2 3 4 5
C6	(R)	Grade	1 2 3 4 5	S1	(R)	Grade	1 2 3 4 5
Wrist extension	(L)	Grade	1 2 3 4 5	Foot plantarflexion	(L)	Grade	1 2 3 4 5
C7	(R)	Grade	1 2 3 4 5	T1	(R)	Grade	1 2 3 4 5
Elbow extension	(L)	Grade	1 2 3 4 5	Finger flexion	(L)	Grade	1 2 3 4 5

DEEP TENDON REFLEXES

Becips (C5 C6) (L) 0 1+ 2+3+ 4+ 5+ (R) 0 1+ 2+3+ 4+ 5+

Triceps (C7) (L) 0 1+ 2+3+ 4+ 5+ (R) 0 1+ 2+3+ 4+ 5+

Patellar (L4) (L) 0 1+ 2+3+ 4+ 5+ (R) 0 1+ 2+3+ 4+ 5+

Achilles (S1) (L) 0 1+ 2+3+ 4+ 5+ (R) 0 1+ 2+3+ 4+ 5+

Normal plantar response (L) ☐ Yes ☐ No (Babinski response)
(R) ☐ Yes ☐ No (Babinski response)

SENSORY FUNCTION

Dermatome Testing

Sensory deficit to pinprick

☐ No ☐ Yes

Specify region/s ____________________

Sensory deficit to light touch

☐ No ☐ Yes

Specify region/s ____________________

NEURAL TENSION ASSESSMENT

PNF (L) ☐+ve ☐-ve SLR (L) ☐+ve ☐-ve Slump (L) ☐+ve ☐-ve
(R) ☐+ve ☐-ve (R) ☐+ve ☐-ve (R) ☐+ve ☐-ve

ABNORMAL REFLEXES

- Planter response:____________
- Finger flexor response: ____________
- Frontal release signs: ____________
- APGAR score: ____________

HEADACHES

Region______________________________

Description + (frequency)______________________________

Additionally the patient related that they had suffered:

Nausea	( )	Blurred Vision	( )	Palpitations	( )
Vomiting	( )	Dizziness	( )	Persistent Cough	( )
Indigestion	( )	Fatigue	( )	Dyspnoea	( )
Chest pain	( )	Insomnia			

ORTHOPAEDIC

Rotation (R)___ (L)___ Lat Flex. (R)___ (L)___

Flexion___+ve___-ve Extension___+ve___-ve

Distraction___+ve___-ve Compression___+ve___-ve

Valsalva man___+ve___-ve

Cough test___+ve___-ve

Eli's test (L)_____(R)_____

S.L.R. tst (L)_____(R)_____

RANGE OF MOTION ABNORMALITIES

C® — Provocation +ve ☐ -ve ☐

T® — Provocation +ve ☐ -ve ☐

L /SIJ® — Provocation +ve ☐ -ve ☐

The following **CRANIAL NERVE TESTS** were performed and results obtained.

1. Olfactory (smell)__________ 2. Optic. (Light Rflx.)__________ 3/4/6. Eye Movt.__________

5. Trigeminal (bite)__________(sensory)__________7. Facial (taste)__________(expression)__________

8. Cochlear (hearing)__________Vestibular__________9. Glossopharangeal (swallow)__________ gag rflx__________

10. Vagus (phonation)__________(swallow)__________11. Accessory (shrug)__________12. Hypoglssl.__________

MEDICO LEGAL DIAGNOSIS