

# Scoliosis Consultation

Pivonka Chiropractic, P.C.  
1355 S. Higley Rd. #102 Gilbert AZ 85296  
(480) 892-0022

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Phone: Home \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_

Marital Status or Parents if a child : Married  Divorced  Seperated  Other

Diagnosed with Scoliosis By: Self  Chiropractor  Family Doctor  School Nurse

Date of Initial Diagnosis: \_\_\_\_\_

Other Doctors Consulted with: \_\_\_\_\_ D.C., M.D., D.O.

\_\_\_\_\_ D.C., M.D., D.O.

Treatment Recommended to date: Chiropractic  P.T.  Brace  Surgery

Watch and Wait for \_\_\_\_\_ months

Past Treatments :	Duration: Months or Years	Results:
<input type="checkbox"/> Chiropractic	_____	_____
<input type="checkbox"/> P.T.	_____	_____
<input type="checkbox"/> Brace	_____	_____
<input type="checkbox"/> Surgery	_____	_____
<input type="checkbox"/> Watch and Wait	_____	_____

Insurance Carrier \_\_\_\_\_

Please have the front desk make a copy of your card. There is no guarantee of benefits

Have Scoliosis X-rays been taken: Yes  No  Date of films: \_\_\_\_\_

Who has the films now: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How many curves seen: 1  2  Cobb Angle degrees: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Does patient have pain? Yes  No

Where is the pain? Neck  Mid-Back  Lower Back  Other: \_\_\_\_\_

Please rate the Pain:

0 1 2 3 4 5 6 7 8 9 10  
no pain take pain meds worst pain ever

Pain is: Dull/Achey  Sharp  Burning  Throbbing

Percent of day with pain: \_\_\_\_\_% of the day

Has patient begun puberty: Yes  No  How long ago: \_\_\_\_\_ mths/ years

\_\_\_\_\_  
Signature/ Parent or Guardian if minor

\_\_\_\_\_  
Date

Office Use Only

Rotations: Shoulders: CCW Neut CW Thorax: CCW Neut CW Pelvis: CCW Neut CW

Tilts Shoulders: CCW Neut CW Thorax: CCW Neut CW Pelvis: CCW Neut CW

3D scapular deformation: Yes  No

Rib Prominence: Thoracic \_\_\_\_\_ deg. R L Apex \_\_\_\_\_ Lumbar \_\_\_\_\_ deg R L Apex \_\_\_\_\_

Measurements: Chest \_\_\_\_\_ Hips \_\_\_\_\_ T1 to Coccyx \_\_\_\_\_ T4-T12 \_\_\_\_\_ Thigh \_\_\_\_\_