

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. Please note there may be a considerable degree of variation between individual responses. Your consent to proceed is required for both examination and care procedures.

Your name: _____

Your Signature: _____

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							
Biceps (C5 C6)	(L) 0 1+ 2+3+ 4+ 5+	(R) 0 1+ 2+3+ 4+ 5+	SENSORY FUNCTION Dermatome Testing Sensory deficit to pinprick <input type="checkbox"/> No <input type="checkbox"/> Yes Specify region/s _____ Sensory deficit to light touch <input type="checkbox"/> No <input type="checkbox"/> Yes Specify region/s _____				
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) <input type="checkbox"/> Yes <input type="checkbox"/> No (Babinski response)	(R) <input type="checkbox"/> Yes <input type="checkbox"/> No (Babinski response)					
NEURAL TENSION ASSESSMENT				ABNORMAL REFLEXES			
PNF (L) <input type="checkbox"/> +ve <input type="checkbox"/> -ve SLR (L) <input type="checkbox"/> +ve <input type="checkbox"/> -ve Slump (L) <input type="checkbox"/> +ve <input type="checkbox"/> -ve (R) <input type="checkbox"/> +ve <input type="checkbox"/> -ve (R) <input type="checkbox"/> +ve <input type="checkbox"/> -ve (R) <input type="checkbox"/> +ve <input type="checkbox"/> -ve				<ul style="list-style-type: none"> Planter response: _____ Finger flexor response: _____ Frontal release signs: _____ APGAR score: _____ 			
HEADACHES				ORTHOPAEDIC			
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				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 <input type="checkbox"/> -ve <input type="checkbox"/>		T®  Provocation +ve <input type="checkbox"/> -ve <input type="checkbox"/>		L/SIJ®  Provocation +ve <input type="checkbox"/> -ve <input type="checkbox"/>			
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. Hypoglossl. _____							
MEDICO LEGAL DIAGNOSIS							