

Patient Name

Initial Consultation

Date of birth

Address

Practitioner

Appointment

Complaint history

Scoliosis first diagnosed
Previous x-rays or scans
Previous treatment /consultations

Pain? What type of pain? Where?

Pain out of 10

Best /10
Worst /10
Avg /10

Maturation

Onset of menstruation/ Menopause

Social History

Year at School
Competitive sports
Hobbies
Type of work

Medical history

Birth:
Milestones:
Accidents/Traumas:
Operations:
Illnesses :
Hospitalisations:
Medication:

Family History

Scoliosis
Other Spinal Complaints

Main concern about Scoliosis

- Pain
- Progression
- Aesthetics

Comments