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Welcome Back Form

Name _____ Date _____

According to our records your last visit to this office was: _____

If any of your information and/or situation has changed, please fill in below, if not write "same".

Address _____

Daytime phone _____ Evening phone _____ Email _____

Since my last visit to this office, I have had the following marked physical, emotional, or chemical stresses or traumas: _____

Have you been Entrained by anyone else or have you received any other healing modalities since your last visit to this office, if yes please list? _____

Since your last visit to this office, have you had any physical trauma such as a fall, sports impact, or jolt that you feel may have injured your spine? _____

Have you been involved in an automobile accident either as a driver or passenger? Explain and give dates: _____

I have had the following major relationship, job, residence, or other life changes since my last visit to this office: _____

Have you been hospitalized? If yes, what was done? _____

Are you taking any prescription or over-the-counter drugs regularly? Please list: _____

Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress or condition at this time: _____

OFFICE USE ONLY: Verified Last Visit to Office **Updated:** Address Daytime phone Evening Phone Email



Health Concern (1-3 Elements) _____

Onset _____

Provocative _____

Quality _____

Referral / Radiation / Severity (VAS 1-10) _____

Timing _____

PRONE EXAMINATION:

Visual Observation

O-Member lies prone without any marked deviations in A-P/P-A curves, or lateral deviations, and is centered on table.

1. **R** or **L** Hip is elevated on one side with an associated pulling on spinal structures.
2. **R** or **L** Shoulder elevated when prone.
3. **R** or **L** Head rotated when prone.
4. Legs to **R** or **L** side of table (off centering of member on table).
5. Thoracic kyphosis with visible spinal tension or lumbar P.V.M. pull.
6. Entire spine in fight or flight posture when prone.
7. Can not perform prone analysis due to limitation of movement.
8. Cervical A-P, P-A Curve Increased _____ Flat _____ Reversed _____ WNL _____
9. Lumbar A-P, P-A Curve Increased _____ Flat _____ Reversed _____ WNL _____
10. Other: Extremities, Examination of left and right (ankles)

CRF < 2 seconds on all extremities. No visual varicosities or edema noted, bilaterally.

L: Edema Varicosities **R** Edema Varicosities

11. Other: _____

RESPIRATIONS

1. Full movement _____
2. Moderate movement _____
3. Minimal movement _____
4. No visible movement _____

Comments: _____

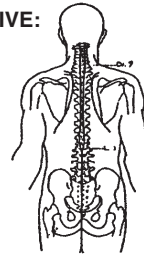
PRONE SPINAL ANALYSIS: Grade from 0-5

- | | | |
|--------------------------------|---------|---------|
| Short Leg Syndrome | L _____ | R _____ |
| Heel Tension (HT) | L _____ | R _____ |
| Eversion Stress (EV) | L _____ | R _____ |
| Ankle Adduction (ADD) | L _____ | R _____ |
| Ankle Abduction (ABD) | L _____ | R _____ |
| Elevated leg (EL) | L _____ | R _____ |
| Cervical Syndrome (CS) | L _____ | R _____ |
| Z Flick | Yes | No |
| S.t. lig. | Yes | No |
| Leg Crossover (positive ilium) | Yes | No |

ACTIVE VS PASSIVE:

Grade from 1-3

- | | |
|---------|---------|
| A _____ | P _____ |
| A _____ | P _____ |
| A _____ | P _____ |
| A _____ | P _____ |
| A _____ | P _____ |



Inspection and/or Palpation Head, Neck, Spine, Ribs, Pelvis

No deformities, inflammation, or tenderness in bony prominences or soft tissue. Misalignment - Intersegmental distortion/osseous misalignment (m)
 R-> or L<- Restricted (R) Swelling (S) Taut/Tenderness (T)
 Spasm (Sp) Defects (D) - Scars, Extra or Missing Vertebrae, Missing TP or SP, Lipoma _____

Diagnosis

- M99.00 Segmental & Somatic Dysfunction, Head Region (Occipito-Cervical)
- M99.01 Segmental & Somatic Dysfunction, Cervical region
- M99.04 Segmental & Somatic Dysfunction, Sacral region
- M99.05 Segmental & Somatic Dysfunction, Sacroiliac, Hip, Pubic regions
- M99.02 Segmental & Somatic Dysfunction, Thoracic region
- M99.03 Segmental & Somatic Dysfunction, Lumbar region

CPT Code

- 99212 - RE - Problem Focused

O	T1	T9	L1	S1
C1	T2	T10	L2	S2
C2	T3	T11	L3	S3
C3	T4	T12	L4	S4
C4	T5		L5	S5
C5	T6			CX1
C6	T7			CX2
C7	T8			

Time Patient Facing (minutes)

Start _____ Finish _____ Total _____