



Name: _____

Date: _____

People usually notice various positive changes in their life when they start getting their subluxations adjusted regularly. They start living life with a 'clear' nerve system.

Please check off which of these apply in your case ----->

Tell us what's better:

- | | |
|---|--|
| <input type="checkbox"/> Clearer thinking | <input type="checkbox"/> Active living |
| <input type="checkbox"/> Fewer colds/flu | <input type="checkbox"/> More restful |
| <input type="checkbox"/> Fewer allergy signs | <input type="checkbox"/> Stronger |
| <input type="checkbox"/> More positive attitude | <input type="checkbox"/> More alert |
| <input type="checkbox"/> Better immunity | <input type="checkbox"/> Higher level of energy |
| <input type="checkbox"/> Less dizzy | <input type="checkbox"/> Better grades/performance |
| <input type="checkbox"/> Better balance | <input type="checkbox"/> Better moods |
| <input type="checkbox"/> Handle stress better | <input type="checkbox"/> Sleeping better |
| <input type="checkbox"/> More flexible | <input type="checkbox"/> Improved taste/smell |
| <input type="checkbox"/> Fewer neck aches | <input type="checkbox"/> Better hearing |
| <input type="checkbox"/> Less joint pain | <input type="checkbox"/> Improved elimination |
| <input type="checkbox"/> Walk easier | <input type="checkbox"/> Better athletic performance |
| <input type="checkbox"/> Sit easier | <input type="checkbox"/> Clearer vision |
| <input type="checkbox"/> Stand easier | <input type="checkbox"/> Improved blood pressure |
| <input type="checkbox"/> Lift easier | <input type="checkbox"/> Less indigestion |
| <input type="checkbox"/> Driving is easier | <input type="checkbox"/> Less pain |
| <input type="checkbox"/> Fewer headaches | <input type="checkbox"/> More regular menstruation |
| <input type="checkbox"/> Taking less medication | <input type="checkbox"/> Less painful periods |
| <input type="checkbox"/> Easier breathing | |

How many times per week are you using your Denneroll? (circle)

1-2 3-5 Never

Do you have any questions for the doctor: _____

FOR OFFICE USE ONLY

Some or all of the following will be performed to monitor the kinesio-pathological, myopathological, histopathological, neuropathological and biochemical components of the vertebral subluxation complex in this patient.

T-L Spine ROM F (110) ____ E (80) ____ R rot (90) ____ L rot (90) ____ R lat (50) ____ L lat (50) ____

Tandem 0 +1 +2 +3 +4 **Rhomberg's** 0 +1 +2 +3 +4 **Schober's** + - **Grip** L ____ R ____

Ant Delt L/R **Post Delt** L/R **Medial Delt** L/R **Calf Girth** L ____ R ____

Biceps L/R **Triceps** L/R

C-T Spine ROM F (90) ____ E (70) ____ R rot (90) ____ L rot (90) ____ R lat (45) ____ L lat (45) ____

Notes: _____

X-Ray: C-Lat ____ C/T-Ap ____ L-lat ____ L/S-AP: ____

| BILAT SCALE | |
|-------------|---|
| L | R |
| | |

| PALP | ROM | COMP | TRIGGER PT'S |
|------|-------|------|--------------|
| C0 | C/S | C0 | |
| C1 | FLEX | C1 | |
| C2 | EXT | C2 | |
| C3 | R-LF | C3 | |
| C4 | L-LF | C4 | |
| C5 | R-ROT | C5 | |
| C6 | L-ROT | C6 | |
| C7 | T/S | C7 | |
| T1 | FLEX | T1 | |
| T2 | EXT | T2 | |
| T3 | R-LF | T3 | |
| T4 | L-LF | T4 | |
| T5 | R-ROT | T5 | |
| T6 | L-ROT | T6 | |
| T7 | L/S | T7 | |
| T8 | FLEX | T8 | |
| T9 | EXT | T9 | |
| T10 | R-LF | T10 | |
| T11 | L-LF | T11 | |
| T12 | R-ROT | T12 | |
| L1 | L-ROT | L1 | |
| L2 | L/S | L2 | |
| L3 | FLEX | L3 | |
| L4 | EXT | L4 | |
| L5 | R-LF | L5 | |
| S1 | L-LF | S1 | |
| | R-ROT | | |
| | L-ROT | | |

Leg Length