Robert W. Tenney, D.C.
1020 Forest Avenue
Portland, ME 04103

New Patient Examination Form

Patient Name_____ Date of Exam_____ Date of Injury/Illness_____

History/ChiefComplaint(s)_____
_____
_____
_____

Vitals
Respiration _____
Pulse_____
Temperature_____
BP: Rt_____ Lt_____

Height_____
Weight_____

Vascular Screening
Carotid Lt_____ Rt_____
Radial Lt_____ Rt_____
Popliteal Lt_____ Rt_____
Dorsalis Pedis Lt_____ Rt_____
Other:
Lt_____ Rt_____
Lt_____ Rt_____

Ambulation
☐ Normal _____
☐ Impaired _____
☐ Difficult _____
☐ Needs Assistance _____
☐ Cane/Crutch _____
☐ Pain _____

Gait
☐ Normal
☐ Abnormal
_____
_____
_____
_____

Body Type
☐ Ectomorph
☐ Endomorph
☐ Mesomorph
☐ Obese

Movement/Coordination
Rhomberg:
Position_____
Test_____

Finger to Nose Lt_____ Rt_____
Heel to Shin Lt_____ Rt_____

Sensory Evaluation
☐ Normal
UE_____
_____
LE_____
_____
Other_____
_____
_____

Reflexes
Biceps Lt_____ Rt_____
Brach/Rad Lt_____ Rt_____
Triceps Lt_____ Rt_____
Patellar Lt_____ Rt_____
Achilles Lt_____ Rt_____
Other LE: Lt_____ Rt_____
Plantar Response Lt_____ Rt_____

Muscle Bulk
Arm Lt_____ Rt_____
Forearm Lt_____ Rt_____

Thigh Lt_____ Rt_____
Leg Lt_____ Rt_____
Other(s): Lt_____ Rt_____
Lt_____ Rt_____

Motor Evaluation
Deltoids Lt_____ Rt_____
Biceps Lt_____ Rt_____
Wrist Ext Lt_____ Rt_____
Wrist Flex Lt_____ Rt_____
Finger Add Lt_____ Rt_____
Other UE: Lt_____ Rt_____
Lt_____ Rt_____
Hip Flexors Lt_____ Rt_____
Knee Ext Lt_____ Rt_____
Tib Ant Lt_____ Rt_____
Ext. Hall Lt_____ Rt_____
Peroneus Lt_____ Rt_____
Other LE: Lt_____ Rt_____
Lt_____ Rt_____

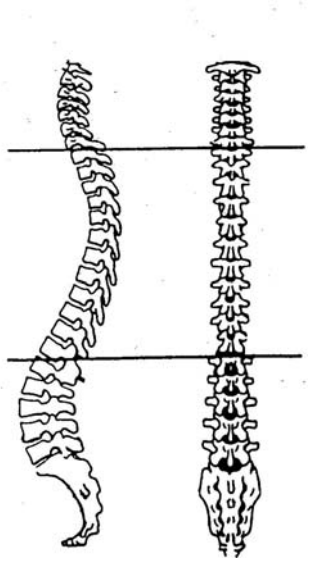
Orthopedic Evaluation
Trendelenburg_____
Toe Walk_____
Heel Walk_____
Gillette Test_____
Cervical Compression: Lt_____
Rt_____
Cervical Distraction_____
Shoulder Depression_____
Kemp's_____
Becterew_____
SLR: Lt_____
Rt_____
Other(s): _____
_____
_____

Additional Orthopedic Tests
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

	Cervical			Thoraco-Lumbar		
Range of Motion	**Normal**	**Grade Restriction**	**Grade Pain**	**Normal**	**Grade Restriction**	**Grade Pain**
		☐ Normal AROM			☐ Normal AROM	
Extension	75º	_____	_____	35º	_____	_____
Flexion	65º	_____	_____	95º	_____	_____
Lt. Lateral Flexion	40º	_____	_____	40º	_____	_____
Rt. Lateral Flexion	40º	_____	_____	40º	_____	_____
Lt. Rotation	55º	_____	_____	35º	_____	_____
Rt. Rotation	55º	_____	_____	35º	_____	_____

Comments:_____
_____

Extremity ROM:_____
_____



SPINAL EVALUATION
Noted Restrictions

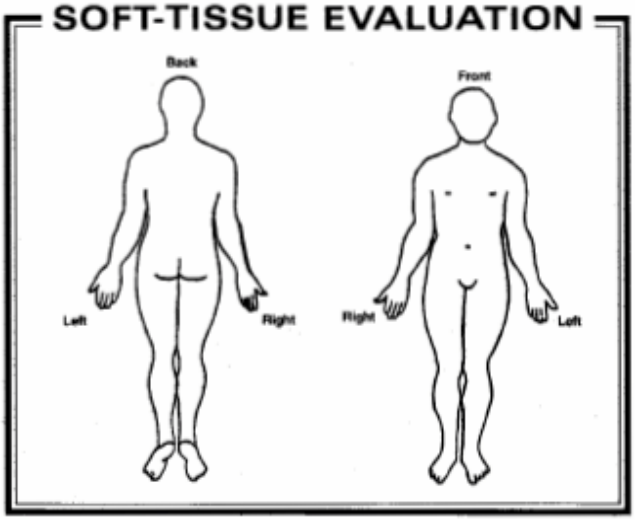
_____

_____

_____

_____

_____



Soft Tissue Observations

_____

_____

_____

_____

_____