McLAREN MEDICAL GROUP
BACK EXAMINATION

Name:_______________________ Date of Birth: _______________

History:

1. Do you have a history of:
   - ❑ Sciatica
   - ❑ Ruptured Disc
   - ❑ Spondylolisthesis
   - ❑ Anklyosing Spondylitis
   - ❑ Back Strain
   - ❑ Sponsylosis
   - ❑ Heart Disease
   - ❑ Diverticulosis
   - ❑ Slipped Disc
   - ❑ Arthritis
   - ❑ Cancer
   - ❑ Weight Loss
   - ❑ Pain in the Leg or Thigh
   - ❑ Chest Pain
   - ❑ Rheumatoid Arthritis
   - ❑ Spinal Epidural Abscess
   - ❑ Aneurysm
   - ❑ Urinary Tract Infection
   - ❑ Lumbago
   - ❑ Degenerative Disc
   - ❑ Scoliosis
   - ❑ Abdominal Pain
   - ❑ Other_______________

2. Have you had a back problem severe enough to limit your activities? ❑ YES ❑ NO

   When?_______________________ Duration _______________

   Did you seek professional care? ❑ YES ❑ NO

   Treatment_______________________ Surgery _______________

3. Do you have any current back complaints? ❑ YES ❑ NO

3A. **Rechecks**

   Are there any changes in your symptoms since your initial exam? ❑ YES ❑ NO

   What type?_______________________

   Percent of improvement _______%

4. Do you have any:
   - ❑ Radiation
   - ❑ Abdominal Pain
   - ❑ Painful Urination
   - ❑ Weight Loss
   - ❑ Pain with Cough or Sneeze
   - ❑ Change in Bladder Habits
   - ❑ Frequent Urination
   - ❑ Painful Urination
   - ❑ Change in Bowel Habits
   - ❑ Tingling
   - ❑ Weakness
   - ❑ Pelvic Pain
   - ❑ Numbness

5. Stance/Posture

   ❑ Normal ❑ Kyphosis ❑ Scoliosis Pain ❑ Marked Lordosis

6. Palpation/Tenderness

SI Area	❑ YES	❑ NO	❑ N/A
Paralumbar Muscles	❑ YES	❑ NO	❑ N/A

7. Spasms

SI Area	❑ YES	❑ NO	❑ N/A
Paralumbar Muscles	❑ YES	❑ NO	❑ N/A

8. Good Heel/Toe Walking ❑ YES ❑ NO ❑ N/A

9. Good Great Toe Extension ❑ YES ❑ NO ❑ N/A

10. Motor Loss ❑ YES ❑ NO ❑ N/A

McLAREN MEDICAL GROUP
BACK EXAMINATION

11. Sensory Loss: ❑ YES ❑ NO ❑ N/A
    Location ❑ Knee ❑ Posterior Calf ❑ Top of Foot ❑ Side of Foot

12. Babinski's: ❑ Right ❑ Left ❑ N/A

13. Straight Leg Test: ❑ Right ❑ Left ❑ Negative ❑ Positive ❑ N/A

14. Patrick's: ❑ Right ❑ Left ❑ Negative ❑ Positive ❑ N/A

15. Reflexes:
    ❑ Right Patellar ❑ Normal ❑ Increased ❑ Decreased ❑ N/A
    ❑ Left Patellar ❑ Normal ❑ Increased ❑ Decreased ❑ N/A
    ❑ Bilaterally Equal ❑ YES ❑ NO ❑ N/A

    ❑ Right Achilles ❑ Normal ❑ Increased ❑ Decreased ❑ N/A
    ❑ Left Achilles ❑ Normal ❑ Increased ❑ Decreased ❑ N/A
    ❑ Bilaterally Equal ❑ YES ❑ NO ❑ N/A

17. Lungs Clear ❑ Right ❑ Left ❑ N/A

18. Abdomen:
    Tenderness to Palpation? ❑ Right ❑ Left ❑ N/A
    Where? ❑ RUQ ❑ RLQ ❑ LUQ ❑ LLQ ❑ Umbilical ❑ Epigastric
    ❑ Right Periumbilical ❑ Left Periumbilical

    Pulsatile Test ❑ YES ❑ NO ❑ N/A
    Lloyds Test ❑ Positive ❑ Negative ❑ Right ❑ Left ❑ N/A

    Bruits ❑ YES ❑ NO ❑ N/A
    Organomegaly ❑ YES ❑ NO ❑ N/A

19. Rectal:
    Tone ❑ Normal ❑ Decreased ❑ N/A
    Mass ❑ Normal ❑ Decreased ❑ N/A
    Prostate Enlarged ❑ Normal ❑ Decreased ❑ N/A
    Prostate Nodule ❑ Normal ❑ Decreased ❑ N/A

20. Any additional findings:

____

____

IMPRESSION: ________________________________

PLAN: ______________________________________

____

____

____

____

Signature: ______________________ Date/Time: ______________