



For Staff use only

Date of Injury: _____
Where in NZ: _____
How it happened: _____

Claim Number: _____
Read Codes: _____

Mr Mrs Miss Ms Other: _____

Full Legal Name: _____

Preferred Name: _____

Address: _____

Phone (hm): _____

Mobile: _____

Email: _____

Date Of Birth: _____

Ethnic Group: _____

Occupation: _____

Work Intensity: Light Medium Heavy Sedentary

Employer: _____

Name of GP: _____

When was your last Chiropractic Treatment? _____

How did you hear about our clinic? _____

Emergency Contact: _____

Phone: _____

Relationship to you: _____

HEALTH QUESTIONNAIRE: (Do any of the following apply to you?)

- Pregnant
- Cardiovascular Condition
- Hearing / Sight Disability
- HIV +. Hep C
- Skin Infection
- Intellectual Disability
- Physical Disability
- Cancer
- Other

MEDICATION:

CONSENT TO TREATMENT:

I hereby consent to treatment by an appropriate qualified Practitioner for the purpose of providing comprehensive treatment/ services as may be necessary in support of my illness, injury or condition, including Manipulation, Acupuncture, and Medical Laser. I have been given the opportunity to read clinic information prior to treatment. I understand I have the right to decline part or all of the treatment being offered. I understand my right to a second opinion.

AGREEMENT TO PAY:

I understand that I am liable to pay for treatment if:

- It is not covered by ACC
- If any treatment is declined by ACC or other funder
- For the costs of materials such as collars, splints etc
- If I fail to cancel my appointment within 12 hours, I will be required to pay a fee.
- I understand that in the event of this service requiring to engage a Debt Recovery Service to recover your debt, you will be liable for any recovery fees.

CONSENT TO RELEASE INFORMATION TO A 3RD PARTY:

I consent to the disclosure of my records to any person/organization necessary for the effective management of my condition.

I consent to a discharge/ update report being sent to my doctor or medical centre.

ACC DECLARATION:

I DECLARE: That the information I have given about this claim is true and correct and that I have not withheld any information likely to affect my application.

I AUTHORISE: The collection and release of any information about me to the extent that this is needed to prevent future injuries, determine cover and/or assess my entitlement to compensation, rehabilitation assistance, medical treatment and/or the appropriate level of care and personal attention that I should receive. ACC to contact anyone who holds relevant information, including any external agencies or service providers (such as medical practitioners, specialists, New Zealand Police, and Treatment Providers, IRD, WINZ, Assessment Agencies, employers and witnesses to the injury).

SIGNED: (If under 16 must be signed by parent/guardian)

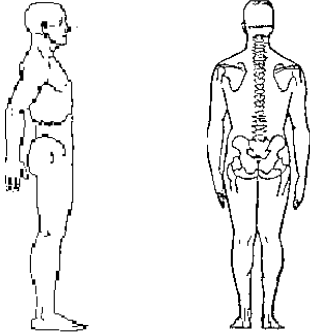
DATE:

Wanaka Health Physical Examination Form:

Vital Signs

BP (mmHg) _____
 Height _____
 Weight _____

Postural Examination



L _____ R _____

Weight Division

Thoracic and Lumbo-Pelvic

Flexion _____
 Extension _____
 Lt LatFlex _____
 Rt LatFlex _____
 Left Rot _____
 Right Rot _____
 Adams _____

Walking tests:

L4 (side of feet) L _____ R _____
 L5 (on heels) L _____ R _____
 S1/2 (on tip toes) L _____ R _____
 Heel to Toe _____
 Rhombert's _____
 Trendelenberg L _____ R _____

Cervical ROM

Flexion _____
 Extension _____
 Left LatFlex _____
 Right LatFlex _____
 Left Rot _____
 Right Rot _____

Cervical Tests

Cx Comp _____
 Max Cx Comp L _____ R _____
 Cx Distraction _____
 Hautants (VBI) L _____ R _____
 NTT L _____ R _____
VAI test L _____ R _____

Seated Lumbar Tests

Kemps L _____ R _____
 Seated SLR L _____ R _____
 Seated DLR _____
 Slump _____
 Valsalvas _____

Cranial Nerve Exam:

Close eyes tight _____
 Open eyes wide _____
 Open mouth slow _____
 Poke tongue out _____
 Say Ah _____
 Clench teeth _____
 Bare teeth _____
 Basic hearing _____
 Eye movements _____
 Eye Convergence _____

Upper Limb:

Muscle Tests: Left Right
 U/trap (C3/4) 1 2 3 4 5 1 2 3 4 5
 Rhomboids (C5) 1 2 3 4 5 1 2 3 4 5
 Serr Ant (C5/6/7) 1 2 3 4 5 1 2 3 4 5
 Suprasp (C5) 1 2 3 4 5 1 2 3 4 5
 Deltoid (C5) 1 2 3 4 5 1 2 3 4 5
 Lat Dorsi (C6/7) 1 2 3 4 5 1 2 3 4 5
 Pectorals (C6/7) 1 2 3 4 5 1 2 3 4 5
 Biceps (C5/6) 1 2 3 4 5 1 2 3 4 5
 Triceps (C7/8) 1 2 3 4 5 1 2 3 4 5
 Wrist Pron (C6) 1 2 3 4 5 1 2 3 4 5
 Wrist Sup (C6) 1 2 3 4 5 1 2 3 4 5
 Wrist Ext (C6) 1 2 3 4 5 1 2 3 4 5
 Wrist Flex (C7) 1 2 3 4 5 1 2 3 4 5
 Oppon Sup 1 2 3 4 5 1 2 3 4 5
 Oppon Pron 1 2 3 4 5 1 2 3 4 5
 Finger Flex (C8) 1 2 3 4 5 1 2 3 4 5
 Fing Ab/Add(8/1) 1 2 3 4 5 1 2 3 4 5
 Fing Ext 1 2 3 4 5 1 2 3 4 5
 Hoffmans 1 2 3 4 5 1 2 3 4 5

Reflexes:

Biceps (C5) L _____ R _____
 Brachiorad (C6) L _____ R _____
 Triceps (C7) L _____ R _____

Dermatomes:

Right C1 2 3 4 5 6 7 8 T1 2
 Left C1 2 3 4 5 6 7 8 T1 2

Cervical Palpation: 1 2 3 4 5 6 7

Shoulder _____
 Other _____
 Elbow _____
 Other _____
 Wrist _____
 Other _____

Lower Limb

Muscle Tests: Left Right
 Hip Flex(L1/2/3) 1 2 3 4 5 1 2 3 4 5
 Hip Abd (L4/5) 1 2 3 4 5 1 2 3 4 5
 Hip Add (sit-S1/2) 1 2 3 4 5 1 2 3 4 5
 Knee Ext (L4/5/S1) 1 2 3 4 5 1 2 3 4 5
 Knee Flex (L5/S1) 1 2 3 4 5 1 2 3 4 5
 Dorsiflex (L4/5) 1 2 3 4 5 1 2 3 4 5
 Plantarflex (S1/2) 1 2 3 4 5 1 2 3 4 5
 Big Toe Ext (L5) 1 2 3 4 5 1 2 3 4 5
 Hip Ext (L4/5/S1) 1 2 3 4 5 1 2 3 4 5

Reflexes:

Quadriceps (L4) L _____ R _____
 Achilles (S1) L _____ R _____

Dermatomes:

Left L1 2 3 4 5 S1 2 3 4 5
 Right L1 2 3 4 5 S1 2 3 4 5

Hip _____
 Other _____
 Knee _____
 Other _____
 Ankle _____
 Other _____

Supine:

SLR L _____ R _____
 DLR _____
 FABERE L _____ R _____
 Psoas L _____ R _____
 Ant Femur L _____ R _____
 TFL Ankle L _____ R _____
 Challenge (hip adduction- L5)

Other:

Cat II L _____ R _____
 Cat I/ III L _____ R _____
 Soto Hall _____
 Short Arm L _____ R _____
 Short Leg L _____ R _____

Sacroiliac Stress Tests:

Ely L _____ R _____
 Nachlas L _____ R _____
 Yeomans L _____ R _____
 Bilat Knee Flex _____

Thoracic Palpation:

1 2 3 4 5 6 7 8 9 10 11 12

Lumbopelvic Palpation:

1 2 3 4 5 LSIJ RSIJ Sac Ccx

CMRT _____

Visceral _____

X-rays	Dx
C/T	CR C T LP EXT
L/P	P ^x 3 ^x 1 ^x MX ₂
Misc	3x 2x 14d M th 1