



Intake Form

Name: _____ Age: _____ Date: _____

Standing:

Pronation R L B -
Supination R L B -
↑ Q Angle R L B -

Dx: _____

Other Findings:

Low Back ROM
Flexion P R -
Extension P R -
L Lat. P R -
R Lat. P R -
L Rot. P R -
R Rot. P R -
Heel Walk + - Toe Walk + -

Date of Birth: ____/____/____

Height: _____ Weight: _____

Shoe Size: _____

Sitting:

Cervical ROM
Flexion P R -
Extension P R -
L Lat. P R -
R Lat. P R -
L Rot. P R -
R Rot. P R -
Compression + -
Distraction + -
Reflexes +1 +2 +3
TPT
Sub-Occip. R L -
Traps R L -
Rot. Cuff R L -

Foot Levelers Custom Orthotics:

Pair 1: _____

Pair 2: _____

Recommendations: _____

Supine:

Lasegue's R L -
Pat-Fab. R L -
Toe-In >R >L =

Prone:

L-S Compr. + -
Dors. Compr + -
TPT
Q.L. R L -
Gluts R L -
Piriformis R L -
Yeoman's R L -
Leg Lengths R _____ L _____