



Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Part One: Medical History**

When was the scoliosis first diagnosed, and by whom? \_\_\_\_\_

\_\_\_\_\_

How was it treated? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names of the physicians and/or clinics who treated you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any family members with scoliosis, how they were treated, and who they were treated by: \_\_\_\_\_

\_\_\_\_\_

List any incidents of trauma, including complications at birth such as Caesarean delivery: \_\_\_\_\_

\_\_\_\_\_

What was the Cobb angle when you were first diagnosed? \_\_\_\_\_

Did the Cobb angle change after treatment? If yes, to what? \_\_\_\_\_

When was your last x-ray, and what was the Cobb angle? \_\_\_\_\_

What are you doing currently to treat your scoliosis? \_\_\_\_\_

\_\_\_\_\_

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### **Part Two: Social & Occupational History**

Please list the hobbies and activities you enjoy on a regular basis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any of these activities involve repetitive impacts or shocks? \_\_\_\_\_

What activities require you to perform any sort of repetitive motion? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you keep a written diary? \_\_\_\_\_

How many hours daily do you spend on a laptop computer? \_\_\_\_\_ Studying at

a desk? \_\_\_\_\_ Watching television? \_\_\_\_\_ Playing video games? \_\_\_\_\_

Do you have any friends or family members who are unaware of your scoliosis? If

so, would it matter to you if they found out? \_\_\_\_\_

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What is your primary motivation in wanting to correct your scoliosis? \_\_\_\_\_

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**Part Three: Nutritional History**

How many cans of soda pop do you consume daily? Diet or regular? \_\_\_\_\_

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How often do you consume citrus fruits or juices? \_\_\_\_\_

How many glasses of water do you drink each day? \_\_\_\_\_

Do you drink milk or soy milk \_\_\_\_\_ Dairy or soy products? \_\_\_\_\_

How many times do you eat out at fast-food restaurants each week? \_\_\_\_\_

Are artificial sweeteners (such as Splenda, NutriSweet, sucralose, etc.) or MSG (Accent) a regular part of your diet? \_\_\_\_\_

How often do you eat fresh fruits & vegetables? \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

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Are you currently taking any vitamins or nutritional supplements? If so, which ones? \_\_\_\_\_

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Do you take any prescription or non-prescription medication on a regular basis? If

so, which ones? \_\_\_\_\_