



experience effective physical therapy

Scoliosis and Bracing History

Date: _____

Patient Name: _____

Current Age: _____

Date of Birth: _____

Age at Initial Diagnosis: _____

Family History of Scoliosis: _____

Scoliosis Curve History (please be specific, include dates of x-rays, curves and periods of curve progression):

Scoliosis Bracing History (please be specific, include types of bracing and current brace wearing schedule):

Female patient Mensus/Menopause History: _____

Surgical history related to Scoliosis: _____