

## Scoliosis Update Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Since Your Last Visit:

Have you had any new accidents, injuries, falls, etc.? \_\_\_\_\_

\_\_\_\_\_

Any pain or soreness? \_\_\_\_\_

Are you following the dietary recommendations? Yes No

Are you drinking soda pop or diet drinks? Yes No

What nutritional supplements are you taking? \_\_\_\_\_

Omega 3 \_\_\_\_ FYI \_\_\_\_ Musculoskeletal \_\_\_\_ Probiotics \_\_\_\_ Vitamins \_\_\_\_\_

Are you taking any prescription medications? \_\_\_\_\_

I'm doing my exercises: Once A Day\_\_ Twice A Day\_\_ Occasionally\_\_ Not At All \_\_\_\_

I have watched the Exercise DVD Yes No

I would like to review my Exercises and Scoliosis Chair Yes No

I'm doing the Scoliosis Chair: Once A Day\_\_ Twice A Day\_ Occasionally\_ Not At All \_\_\_\_

Most of my time is occupied with \_\_\_\_\_

I carry my backpack / purse on my \_\_\_\_\_

When I study or read I sit on \_\_\_\_\_

In my free time I like to \_\_\_\_\_

My current sports are \_\_\_\_\_

I feel that my scoliosis is Better \_\_\_\_ Same \_\_\_\_ Worse \_\_\_\_

Comments, Questions, Concerns: \_\_\_\_\_

\_\_\_\_\_