

VinCon Diagnostic Center 5732 Canton Cove, Winter Springs, FL 32708

Patient Name: _____ DOB: ____/____/____ Today's date: _____

Please fill out the section that pertains to your test today

Weight _____ lbs

Spine: (___ Cervical/Neck) (___ Thoracic/Middle back) (___ Lumbar/Lower back)

Do you have or have you had any of the following problems?

Spine surgery? _____ No _____ Yes, where? _____

Trauma to spine? _____ No _____ Yes, where? _____

Car accident? _____ No _____ Yes, when? _____

Pain in arms or legs? _____ No _____ Yes, where? _____

Numbness in arms or legs? _____ No _____ Yes, where? _____ When? _____

Do you presently have neck, mid back or lower back pain or numbness _____ No _____ Yes

Related to injury/trauma? _____ No _____ Yes **If Yes, What is the Date of injury/trauma:** ____/____/____

What date did your symptom(s) begin? ____/____/____

Females: Are you pregnant? (Please circle one) **Yes No Unsure**

Comments: _____

TECHNOLOGIST ONLY: _____

Joint Questionnaire:

TMJ: (___) Right (___) Left

SHOULDER(S): (___) Left Shoulder (___) Right Shoulder (___) Both Shoulders

ELBOW(S): (___) Left Elbow (___) Right Elbow (___) Both Elbows

WRIST(S): (___) Left Wrist (___) Right Wrist (___) Both Wrists

HIP(S): (___) Left Hip (___) Right Hip (___) Both Hips

KNEE(S): (___) Left Knee (___) Right Knee (___) Both Knees

ANKLE(S): (___) Left Ankle (___) Right Ankle (___) Both Ankles

Do you have any of the following problems? (Please circle)

Pain Swelling Trauma Pain with rotation Pain with straightening of joint

Pain with lifting Cracking sounds Clicking Popping History of joint dislocation

Numbness or tingling Burning sensation Loss of range of movement History of surgery

What date did your symptom(s) begin? ____/____/____

Females: Are you pregnant? (Please circle one) **Yes No Unsure**

How long have you had this pain/problem? _____

When did this pain or problem begin? _____

If due to trauma, give brief description of what happened: _____

Related to injury/trauma? _____ No _____ Yes **If Yes, What is the Date of injury/trauma:** ____/____/____

Comments: _____

TECHNOLOGIST ONLY: _____

