

Spinal Intake Form

Name: _____ Date: _____ Opie #: _____

Age: _____ Weight: _____ lbs. Height: _____ ft. _____ in.

Cause of Condition: ___Accident ___Disease ___Polio ___Congenital ___Other: _____

Date of Injury/Instability: MM/DD/YYYY

Pain Level: 0 1 2 3 4 5 6 7 8 9 10

Description of injury or illness: _____

Do you have a spinal surgery scheduled within the next 6 months? _____

Please Chose any that apply:

___ Compression Fracture ___ Spinal Fusion ___ Spondylosis ___ Spondylolysis ___ Stenosis

___ Degenerative Disc Disease ___ Scoliosis ___ Spina Bifida ___ Other: _____

Location of Injury:

___ Cervical: 1-7 ___ Thoracic: 1-12 ___ Lumbar: 1-5 ___ Sacral ___ Coccygeal

Do you have pain radiating to your extremities? If yes, please explain.

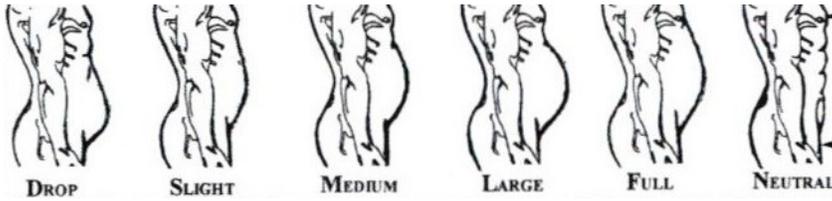
Office Use Only

Measurements:

Axillary _____ Xiphoid _____ Waist _____ Hip _____

Body Habitus

Circle one:



Custom Fit:

OTS:

Description:

___ L0486, L0190, L0984

CTLSO

___ L0486, L0984

Custom TLSO full front

___ L1486, L1220, L0984

Custom TLSO w/sternal shield

___ L0456

___ L0457

Aspen TLSO

___ L0456, L1220

___ L0457

Hope TLSO

___ L0627

___ L0642

Quick-Draw or similar

___ L0631

___ L0648

C-fit/OTS LSO Aspen

___ L0637

___ L0650

C-fit/OTS LSO Aspen

___ L0636

Custom LSO

Custom Fit Modifications:

___ Adjusting circumference of belts.

___ Adjusting length of tightening mechanism: cutting length of strings by ___"

___ Trimming lateral panels by cutting extra plastic and buffing edges.

___ Anterior panel and lateral panel is removed, trimmed, heat molded as necessary to ensure optimal fit and comfort.

Back Panel Adjustments:

___ Adjusted height of posterior panel extending to C7

___ Removing back panel, heating, trimming, customized to patient lordosis and reassembling.

___ Heat formed to patient's anatomy.

___ Trimming posterior panel to height from T9 to Scroccocygeal junction.

Shoulder and Chest Strap Adjustments:

___ Adjusted chest strap to location on shoulder straps to sit below sternal notch.

___ Adjusted length of chest strap to maintain shoulder straps in pectoral-axilla groove.

Reasons for a spinal brace must be one of the following:

1. Reduce pain by restricting mobility of the trunk
2. Facilitate healing following an injury to the spine or related issue.
3. Otherwise support weak and/or deformed spinal muscles.