



Last Name _____ First Name _____ Date of Birth _____

Email _____ Phone # _____ Cell/Alternate # _____

Address _____ City _____ State _____ Zip _____

Primary Insurance _____ ID # _____ Secondary _____ ID # _____

Spine

waist size _____

- arthrosis - lumbar / thoracic
degenerative disc disease
disc displacement - cervical / lumbar / thoracic
fracture - cervical / lumbar / thoracic
kyphosis / scoliosis
radiculitis
spondylosis - lumbar / thoracic
stenosis - lumbar / thoracic
strain - lumbar / thoracic

other _____

Thoracic Lumbar



Lumbar Support (with lateral stability)



Lumbar Support



Cervical Collar



Hip & Knee

- Left Right
cartilage tear
contracture / ligamentous disruption
dislocation
instability - hip / knee
osteoarthritis - hip / knee
sprain

other _____

circum. at mid patella _____
6" above mid patella _____

Hip Support



Contracture Knee



Positioning ROM Hinged

Dual Hinged Knee



Single Hinged OA Knee



Ankle & Foot

- Left Right
contracture
foot drop
fracture
instability
plantar fasciitis
sprain

other _____

shoe size _____

Fracture Boot



Contracture AFO



In-bed Ambulating

Ankle Support



Foot Drop Splint



Upper Extremity

- Left Right
carpal tunnel syndrome
contracture - elbow / wrist
fracture - forearm / wrist
osteoarthritis - hand / elbow
shoulder subluxation

other _____

Shoulder Immobilizer



Contracture Elbow



Positioning ROM Hinged

Contracture Wrist/Hand



Resting Hand WHFO

Wrist/Hand



MD, DO, PA, NP, or APRN _____ Phone _____

Address _____ City _____ State _____ Zip _____