

Scoliosis Screening Form

STUDENT'S NAME: _____ BIRTH DATE: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

THE INFORMATION ENTERED ON THIS FORM IS A RECORD OF SCREENING RESULTS AND IS NOT TO BE USED FOR DIAGNOSTIC PURPOSES.

SCHOOL SCREENING FINDINGS:

L R

- High shoulder
 Shoulder blade stands out more than the other
 Obvious curve of the spine in area of rib cage

L R

- Rib hump
 Obvious curve of spine in lower back
 Hip higher than the other side

Round back

Other: _____

School Screener's Name & Title: _____ Date: _____

PROFESSIONAL EXAMINATION REPORT:

Diagnosis: _____

Recommendations:

- No Treatment Treatment: Observation
 Brace
 Surgery
 Other (please describe): _____
 Referral (please describe): _____

Activity Limitation (if any, please describe): _____

Additional Comments: _____

Return Appointment: No Yes - Return Date: _____

Doctor's signature or hand stamp

Date

Doctor's Mailing Address/Phone: _____