

DORN METHOD Documentation & Assessment Sheet:

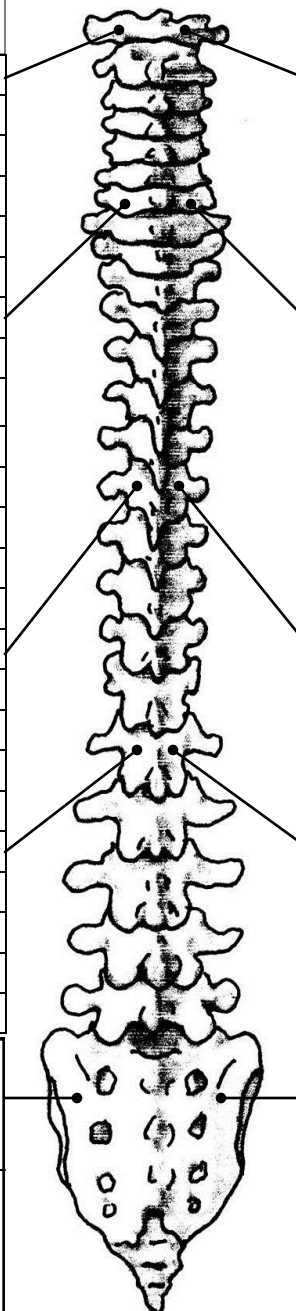
Date: _____

Name: _____ Gender: _____ Status: _____ Birthday: _____

Address: _____

Contact No: _____ E-Mail: _____

Patient History/Complains: _____

Scoliosis/Curvature From - To, Mark (or) Comments:	Misalignment Mark with X	<u>Spinal Column</u> Posterior View	Misalignment Mark with X	Scoliosis/Curvature From - To, Mark (or) Comments:
				
	C 1		C 1	
	C 2		C 2	
	C 3		C 3	
	C 4		C 4	
	C 5		C 5	
	C 6		C 6	
	C 7		C 7	
	Th 1		Th 1	
	Th 2		Th 2	
	Th 3		Th 3	
	Th 4		Th 4	
	Th 5		Th 5	
	Th 6		Th 6	
	Th 7		Th 7	
	Th 8		Th 8	
	Th 9		Th 9	
	Th 10		Th 10	
	Th 11		Th 11	
	Th 12		Th 12	
	L 1		L 1	
	L 2		L 2	
	L 3		L 3	
	L 4		L 4	
	L 5		L 5	
<u>Sacrum Left Side:</u> Higher <input type="checkbox"/> Backwards <input type="checkbox"/>			<u>Sacrum Right Side:</u> Higher <input type="checkbox"/> Backwards <input type="checkbox"/>	
Leg Length Left: _____ cm/inch longer			Leg Length Right: _____ cm/inch longer	