

DORN METHOD Documentation and Diagnosis Sheet:

Date: _____

Name: _____ Sex: _____ Status: _____ B-Day: _____

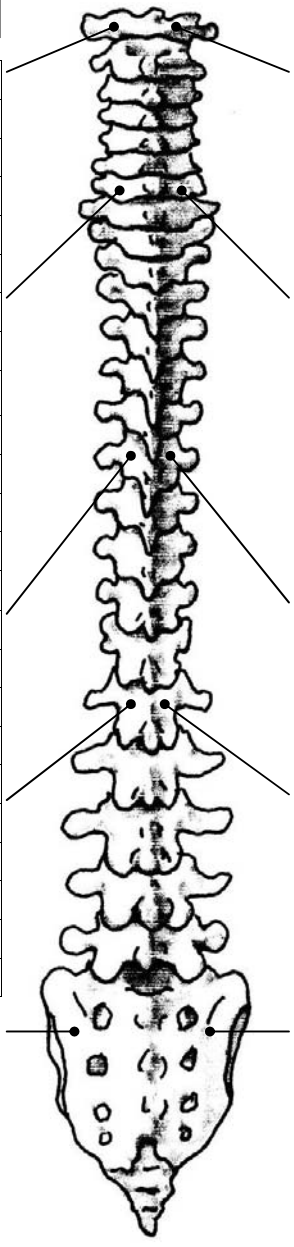
Address: _____

Contact No: _____ E-Mail: _____

Patient History/Complains: _____

Scoliosis/Curvature From - To, Mark (or) Comments:	Misalignment Mark with X	Spinal Column Posterior View	Misalignment Mark with X	Scoliosis/Curvature From - To, Mark (or) Comments:
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		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		



Sacrum Left Side:

Higher Backwards

Leg Length Left:

_____ cm/inch longer

Sacrum Right Side:

Higher Backwards

Leg Length Right:

_____ cm/inch longer