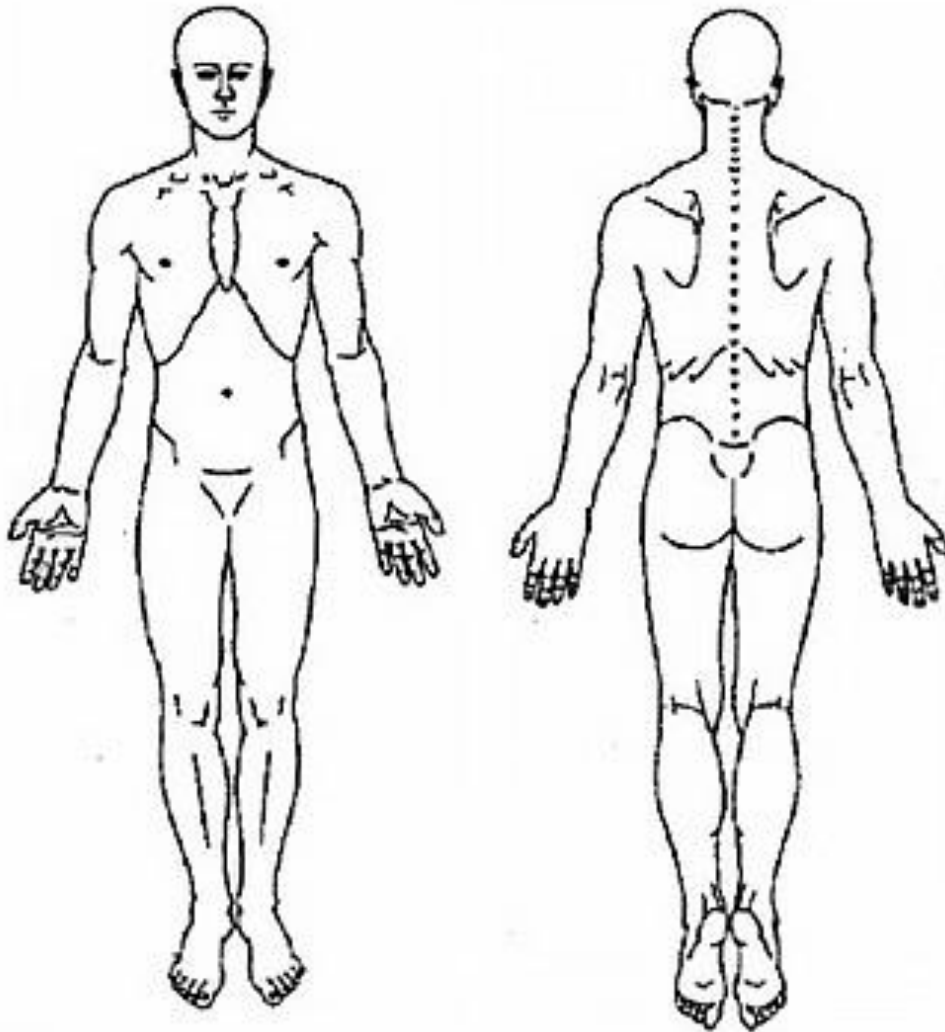


TOTAL BODY SCREENING EXAMINATION FORM

Patient Name: _____

Date: _____

Chief Complaint(s): _____



<i>POSTURE SCAN/CONGESTION</i>		<i>TENSION/IMBALANCES</i>	
Landmarks Level	_____	Tension: Minimal	Vertical Line
Asymmetry	_____	Tension: Maximal	Shade
Spinal Asymmetry	Vertical Line	Normal Movement	↔
Sacral Asymmetry	"•"	Direction of Ease	→
Limb Weight (Heavier)	"√"	Direction of Ease	←
Congestion	"C"	No Movement	_____