

# Scoliosis Screening

**Instructions:** This screening test is designed to help identify potential signs of scoliosis. It is not a substitute for professional medical advice, diagnosis, or treatment. If you or someone you know exhibits any of these signs, please consult with a healthcare professional for a thorough evaluation.

## Personal Information:

Name:

Date of Birth:

Gender:

## Contact information:

Phone:

Email:

## General Health Questions

1. Do you or the individual experience any back pain?

Yes

No

2. Have you noticed any asymmetry in the shoulders or hips?

Yes

No

3. Is there a visible curve or rotation of the spine when bending forward?

Yes

No

## Self-Examination

Please perform the following self-examination in front of a mirror.

1. Stand with feet together and arms hanging naturally at the sides.

- Are the shoulders level?
  
- Are the hips level?
  
- Is the head centered over the pelvis?

**2. Bend forward at the waist with arms hanging down.**

- Is there any noticeable asymmetry or humping of the ribcage?

**3. Check for any unusual curves or bumps along the spine.**

- Are there any visible curves or rotations?

**Additional Information**

**1. Any family history of scoliosis?**

Yes

No

**2. Have you had any recent growth spurts?**

Yes

No