



# Dr. Jodi Sheppard Chiropractic Office

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Name \_\_\_\_\_

Date (DD-MM-YYYY) \_\_\_\_-\_\_\_\_-\_\_\_\_\_

## Patient Symptoms Checklist For a Motor Vehicle Accident:

For each symptom, check YES or No. If yes, rate the severity on a scale of 1-10 (10 being extreme pain).

\*This checklist is intended as a guide to the assessment and treatment of Grade 1 or Grade 2 WAD (Whiplash Associated Disorder).  
This checklist is not an exhaustive list and does not take into consideration other and all non-WAD injuries.

General Neck Pain      YES     NO   
1 2 3 4 5 6 7 8 9 10

Neck Stiffness      YES     NO   
1 2 3 4 5 6 7 8 9 10

Neck Tenderness      YES     NO   
1 2 3 4 5 6 7 8 9 10

Headaches      YES     NO   
1 2 3 4 5 6 7 8 9 10

Upper Back Pain      YES     NO   
1 2 3 4 5 6 7 8 9 10

Shoulder Pain      YES     NO   
1 2 3 4 5 6 7 8 9 10

Pain in Arm(s)      YES     NO   
1 2 3 4 5 6 7 8 9 10

Pain in Hands(s)      YES     NO   
1 2 3 4 5 6 7 8 9 10

Pain in Jaw      YES     NO   
1 2 3 4 5 6 7 8 9 10

Other Bodily Pain      YES     NO   
Describe \_\_\_\_\_  
\_\_\_\_\_

Loss of Consciousness

YES     NO

Memory Loss

YES     NO

Dizziness or Unsteadiness

YES     NO

Loss of Hearing

YES     NO

Nausea or Vomiting

YES     NO

Vision Problems

YES     NO

For Office Use Only

### Cervical Range of Motion

Flexion (60°) \_\_\_\_\_

Extension (50°) \_\_\_\_\_

Right Rotation (80°) \_\_\_\_\_

Left Rotation (80°) \_\_\_\_\_

Right Lateral (45°) \_\_\_\_\_

Left Lateral (45°) \_\_\_\_\_