

**POMONA UNIFIED SCHOOL DISTRICT
Health Services & Programs**

SCOLIOSIS

Referral for Medical Evaluation

Student: _____ DOB: _____ School: _____ Grade: _____

Date: _____ Nurse: _____

Dear Parent/Guardian:

A scoliosis screening program was conducted recently at a school to detect possible spinal problems. Your child was screened by the school nurse and it is recommended that they be further examined by your physician. A complete examination by your physician is suggested to correctly establish whether a problem exists. Please take this form with you at the time of the doctor's examination. After the examination, return the form to your school nurse.

IF YOU REQUIRE FINANCIAL ASSISTANCE OR DO NOT HAVE A PHYSICIAN, PLEASE CONTACT THE SCHOOL NURSE WHO WILL ASSIST YOU IN SECURING MEDICAL CARE. BY CALL 397-_____.

Dear Doctor: The following observations were made during school screening:

- | | | | | | |
|---------------------------------|-----|-----|-----------------------------|-----|-----|
| 1. Shoulder higher | Rt. | Lt. | 7. Thoracic prominence | | |
| 2. Obvious spinal curvature | Rt. | Lt. | when bending over | Rt. | Lt. |
| 3. Prominent scapula | Rt. | Lt. | 8. Lumbar prominence | | |
| 4. Greater arm to
body space | Rt. | Lt. | when bending over | Rt. | Lt. |
| 5. Waist creases uneven | Rt. | Lt. | 9. Increased Kyphosis | Rt. | Lt. |
| 6. One hip higher | Rt. | Lt. | 10. Increased Lordosis | Rt. | Lt. |
| | | | 11. Elevated Shoulder Blade | Rt. | Lt. |

Scoliometer reading: Thoracic _____ **Lumbar** _____

EXAMINER'S REPORT TO SCHOOL

Examination Results:

Examination Date: _____

____ No significant findings at this time
____ Standing (anterior-posterior) x-ray shows: _____
____ Need for further evaluation on _____
____ Treatment recommended: _____

Does student required postural exercises or P.E. limitations? _____

Additional comments; _____

Parent signature for release of information: _____

PLEASE PRINT:

Doctor's Name: _____ Signature: _____

Address: _____

Phone: _____ Date: _____