

College of Osteopathic Medicine of the Pacific
NMM/OMM Screening Assessment for Structural Exam
ALL INFORMATION IS HELD CONFIDENTIAL

Lebanon campus students

Email completed form using your WesternU email account to Dr. Kara Mintierr at kmintier@westernu.edu

Pomona campus students

Email completed form using your WesternU email account to Dr. Rebecca Giusti at rgiusti@westernu.edu

Name _____ D.O.B. _____
(Please Print) Last First

The purpose of the following questions is to provide our students with a safe environment that is conducive to learning for all who are involved. Thank you for answering them carefully and thoroughly.

- 1) Past Medical History: Do you have or have had any of the following? (place an X after any that apply)
- Motor vehicle accidents
 - Severe injuries
 - Fractures
 - Herniated discs
 - Back, neck, or joint pain
 - Arthritis
 - Congenital abnormalities
 - Missing limbs or organs
 - Hospitalizations
 - Neurologic abnormalities such as seizure, migraines, panic attacks, or history of passing out
 - History of sexual abuse
 - Cardiac or respiratory disease

If you answered "yes" to any of the above, please describe in further detail and if applicable, please include the year.

- 2) Past Surgical History: Please list any surgeries you have had performed, the reason for the surgery and the year.
- 3) Do you have any foreign objects inside or outside your body? If "yes", place an X after any that apply below or explain in "Other".

Year placed:

- Shrapnel
- Bullet
- Shunt
- Orthopedic Hardware
- Pacemaker
- Prosthesis
- Other:

- 4) Are you currently on any medications? Yes No If "yes", please list medications and dosage.
- 5) Have you ever received treatment from an osteopathic physician, chiropractor, physical therapist, acupuncturist or massage therapist? Yes No If "yes", why?
- 6) Are you currently in pain? If so, where is the pain located and please rate your pain on a 1-10 scale, 10 being the worst.
- 7) Do you require any of the following to complete your daily activities?
 - Seeing Eye dog
 - Service dog
 - Wheelchair
 - Forward wheel walker
 - Cane
 - None of the above
 - Other:
- 8) There is a required dress code for the OMM course. Women are expected to wear a sports bra and shorts above the knee, and men are required to wear shorts above the knee with a bare chest. Is there any reason you would not be able to comply with this dress code? Yes No. If "yes" please explain.
- 9) Are you currently involved in any litigation involving personal injury (i.e. motor vehicle accident lawsuit) that may preclude you from having manipulation performed on you? Yes No
- 10) Is there anything else we should know that would preclude you from participating as a patient or a practitioner in OMM?