

**Align Clinic, LLC**  
**Patient Information Update**

Patient's Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

In girls, has patient started her menses? Y / N If so, when? \_\_\_\_\_

In boys, has voice changed? Y / N

Risser Sign: \_\_\_\_\_

Scoliosis diagnosis date: \_\_\_\_\_

Size of curves in the most recent x-rays (i.e. in-brace and out-of-brace Cobb angles)?

Has the patient worn any scoliosis brace? Y / N

If Yes, What type of brace? \_\_\_\_\_

Date and type of last new brace (if someone else, please name orthotist)?

Date and details of the last follow-up appointment?

Height change since last new brace fitting? \_\_\_\_\_

*Note: It is critical to monitor closely the patient at 9, 12, and 15 months of wear so the brace is not too short for the patient. A short brace will have negative effects.*

**Image/Information Release**

I hereby give Align Clinic, LLC consent to obtain and release information and to photograph my child's image to be used in the following ways:

Communicate with other scoliosis professionals (i.e. PTs, referring MD and others)

Submit to insurance companies to meet coverage criteria.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_