ELMONT SCHOOL DISTRICT

Elmont, New York 11003

SCOLIOSIS SCREENING PARENT/GUARDIAN NOTIFICATION OF RESULTS AND REFERRAL

Student Name: _____ DOB: ___/___/_____ Date: _____

Address: _____

School Name: _____ School Phone: _____

Dear Parent/Guardian:

☐ Your child was screened for scoliosis at school as required by state law and no issues were noted.

☐ Your child was screened for scoliosis at school as required by state law. Your child's screening showed a possible spine problem. This screening notification does not mean your child has Scoliosis. It is important that you have your child's medical provider check their spine. Please bring this form with you to your appointment and ask the provider to complete the bottom section. Please return the completed form to the School Nurse. Please feel free to contact the Health Office if you have any questions.

SCHOOL SCREENING FINDINGS: (**L**-left, **R**-right, **S**-standing, **B**-bent over)

L	R	S	B		S	B	
☐	☐	☐	☐	Higher shoulder	☐	☐	Asymmetrical skin folds
☐	☐	☐	☐	Shoulder blade prominence	☐	☐	Exaggerated thoracic curve
☐	☐	☐	☐	Obvious curve of the spine	☐	☐	Exaggerated lumbar curve
☐	☐	☐	☐	Vertebrae appear to rotate to one side	☐	☐	Head not centered over midline
☐	☐	☐	☐	Rib prominence	☐ Adams Forward Bend Test- when bending forward right and left sides of the back are asymmetrical		
☐	☐	☐	☐	Higher hip			
☐	☐	☐	☐	Arm greater distance from body, or appears longer	Scoliometer Reading _____		

Other: _____

School Health Professional: _____ **Date:** _____

MEDICAL PROVIDER'S RECOMMENDATIONS AND ORDERS: ☐ **Additional documentation attached with signature/date**

Diagnosis: _____

Recommendations:

☐ Normal spinal exam – No treatment at this time
☐ Observation – Return in: _____
☐ Brace: Number of hours to be worn at school: _____
☐ Student can remove brace at school: ☐ No ☐ Yes If Yes: Length of time removed: _____
☐ Physical Therapy
☐ Surgery
☐ Other: _____
☐ Referral (please describe): _____

Activity Limitations (if any, please describe): _____

Medical Provider: _____ _____

(Please print name) (Signature)

Phone: _____ Fax: _____ Email: _____Date: _____

For school use: ☐ Completed form received on date: _____

8/2018