

**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. Janice Blumer at [jblumer@westernu.edu](mailto:jblumer@westernu.edu)

**Pomona campus students**

Email completed form using your WesternU email account to Dr. Rebecca Giusti at [rgiusti@westernu.edu](mailto: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?