

Postural Assessment

Patient Information	
Name:	
Date of Birth:	
Contact Information:	
Referring Physician (if any):	
Date of Assessment:	

Section	Details/Findings
Medical History	
Previous Injuries (related to posture):	
Surgical Interventions (related to posture):	
Current Medications:	
Known Musculoskeletal Disorders:	
Questions	
Do you often experience back or neck pain?	
Do you have any known postural habits (e.g., slouching, crossing legs)?	
How many hours per day do you spend sitting?	

Do you perform regular exercises aimed at posture correction?	
Tests	
Forward Head Posture Test:	
Shoulder Alignment Test:	
Pelvic Tilt Assessment:	
Leg Length Discrepancy:	
Findings	
Head Position:	
Shoulder Position:	
Spine Curvature:	
Hip Alignment:	
Foot Arch:	
Interpretation	
Identified Postural Deviations:	
Potential Causes:	
Recommended Interventions:	

Overall Interpretation	
General Posture Type:	
Primary Areas of Concern:	
Recommendations for Daily Activities:	