

Name _____ Date _____

Birthdate ____/____/____ Height ____ ft. ____ in. Weight ____ lbs.

Referring Physician Name (First, Last) _____ Phone _____

Internist or Family Physician Name _____ Phone _____

Name of Pharmacy _____ City _____ Crossstreets _____

A. 1. Chief complaint (check all that apply):

- Spinal Deformity (Scoliosis, Kyphosis, Flatback Syndrome, etc.)
 Neck Pain Arm: Pain Numbness Weakness Other: _____
 Back Pain Leg: Pain Numbness Weakness Other: _____

2. Your age: ____ Years: ____ Months: ____ Your gender: Male Female

3. How long has the pain (or your problem) been present? _____

4. Has your problem worsened recently? No Yes - How recently? _____

5. What started the pain (or problem)? _____

B. For NECK or ARM complaints (If you have no NECK or ARM complaints, go to NEXT page):

1. What % of your symptoms are in the neck and what % are in the arm (check ONE of the following)

- All Arm Neck 25%, Arm 75% Neck 50%, Arm 50% Neck 75%, Arm 25% All Neck

2. Which side are your symptoms on (check ONE of the following):

- Right 0%, Left 100% R 25%, L 75% R 50%, L 50% R 75%, L 25% R 100%, L 0%

3. There is: No pain of the arms and hands Pain of the (check the following):

Right: Upper back Shoulder Upper Arm Forearm Hand/finger

Left: Upper back Shoulder Upper Arm Forearm Hand/finger

a. Raising the arm: Improves the pain Worsens the pain Does not affect the pain

b. Moving the neck: Improves the pain Worsens the pain Does not affect the pain

4. There is: No weakness of the arms and hands Weakness of the (check the following):

Right: Shoulder Upper arm Forearm Hand/finger

Left: Shoulder Upper arm Forearm Hand/finger

5. There is: No numbness of the arms and hands Numbness of the (check the following):

R: Upper arm Forearm Thumb Index finger Long finger Ring finger Small finger

L: Upper arm Forearm Thumb Index finger Long finger Ring finger Small finger

6. There (is is no) difficulty picking up small objects like coins or buttoning buttons.

7. There (is is no) problem with balance or tripping frequently.

8. There are: (Frequent Occasional No) headaches in the back of the head.

C. For BACK or LEG complaints:

1. What % of your complaint is in the back and what % is leg or buttock? (check appropriate box):
 All Leg Back 25%, Leg 75% Back 50%, Leg 50% Back 75%, Leg 25% All Back
2. Symptoms are (check ONE of the following):
 Right 0%, Left 100% R 25%, L 75% R 50%, L 50% R 75%, L 25% R 100%, L 0%
3. There is: No leg pain Leg pain as follows (check the following):
 Right: Buttock Thigh-front Thigh-back Calf Foot
 Left: Buttock Thigh-front Thigh-back Calf Foot
4. There is: No weakness of the legs Weakness of the (check the following):
 Right: Thigh Calf Ankle Foot Big Toe
 Left: Thigh Calf Ankle Foot Big Toe
5. There is: No numbness of the legs Numbness of the (check the following):
 Right: Thigh Calf Foot
 Left: Thigh Calf Foot
6. The worst position is: Sitting Standing Walking
7. How many minutes can you stand in one place without pain? 0-10 15-30 30-60 60+
8. How many minutes can you walk without pain? 0-10 15-30 30-60 60+
9. Lying down: Eases the pain Does not ease the pain Sometimes eases the pain
10. Bending forward: Increases the pain Decreases the pain Doesn't affect the pain

D. For patients with a SPINAL DEFORMITY/CURVATURE (If you have NONE, go to section E)

How was your spinal deformity discovered? _____

1. Do you know your present curve measurement(s)? No Yes _____
2. Reasons for seeking treatment now: Progressive deformity Pain Can't stand straight
 I don't like the appearance of my back/waistline Other: _____

E. ★★★ ALL PATIENTS SHOULD ANSWER THE FOLLOWING ★★★

1. Coughing or sneezing (Increases Sometimes increases Does not increase) my symptoms.
2. There is: No loss of bowel or bladder control Loss of bowel or bladder control since _____.
3. I have: Not missed any work because of this problem Missed (how much?) _____ work.
4. Treatments have included: No medicines, therapy, manipulations, injections, or braces

Neck Back

- Physical therapy, exercise
- Massage & ultrasound
- Traction
- Manipulation
- Tens Unit
- Shoulder injections

Neck Back

- Anti-inflammatory medications
- Narcotic medication
- Epidural steroid injections _____ times which relieved the pain for (how long)? _____
- Trigger point injections _____ times which relieved the pain for (how long)? _____