

SECTION A

1. CHIEF COMPLAINT (CHECK ALL THAT APPLY) [] NECK PAIN [] ARM PAIN [] NUMBNESS [] WEAKNESS
[] BACK PAIN [] LEG PAIN [] WEAKNESS/OTHER

2. HAS YOUR PROBLEM WORSENERED RECENTLY? ___ NO ___ YES IF YES, HOW RECENTLY? _____

3. WHAT STARTED THE PAIN (OR PROBLEM)? _____

SECTION B

FOR PATIENTS WITH NECK OR ARM PAIN, NUMBNESS OR WEAKNESS:

**** (IF YOU ARE SEEING THE DOCTOR FOR BACK OR LEG PAIN, GO TO SECTION C) ****

1. DO YOU HAVE NECK PAIN? ___ NO ___ YES

2. DO YOU HAVE ARM/HAND PAIN? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

3. DO YOU HAVE ARM/HAND NUMBNESS? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

4. DO YOU HAVE ARM/HAND WEAKNESS? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

5. THERE IS [] OR IS NO [] DIFFICULTY PICKING UP SMALL OBJECTS LIKE COINS OR BUTTONING BUTTONS.

6. THERE IS [] OR IS NO [] PROBLEMS WITH BALANCE OR TRIPPING FREQUENTLY.

7. THERE IS [] FREQUENT [] OCCASIONAL [] NO HEADACHES IN THE BACK OF THE HEAD.

SECTION C

FOR PATIENTS WITH BACK OR LEG PAIN, NUMBNESS OR WEAKNESS:

**** (IF YOU ARE SEEING THE DOCTOR FOR NECK OR ARM PAIN, GO TO SECTION D) ****

1. DO YOU HAVE BACK PAIN? ___ NO ___ YES

2. DO YOU HAVE LEG PAIN? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

3. DO YOU HAVE LEG NUMBNESS? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

4. DO YOU HAVE LEG WEAKNESS? ___ NO ___ YES IF YES, ___ LEFT ___ RIGHT ___ BOTH

SECTION D

1. THERE IS [] NO LOSS OF BOWEL OR BLADDER CONTROL [] LOSS OF BOWEL OR BLADDER SINCE _____

2. I HAVE [] NOT MISSED ANY WORK BECAUSE OF THIS PROBLEM [] MISSED (HOW MUCH?) _____

3. 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

- [] [] BRACES
- [] [] ANTI-INFLAMMATORY MEDICATIONS
- [] [] NARCOTIC MEDICATION
- [] [] EPIDURAL STEROID INJECTIONS
- [] [] TRIGGER POINT INJECTIONS

4. LIST PAIN MEDICATIONS AND DOSE TAKEN FOR THIS PROBLEM: [] NONE

SIGNATURE: _____ DATE: _____