SPINE FORM

NAME_____ **TODAY'S DATE**_____

1. What date (roughly) did your present pain start? _____

2. Did you injure your back/neck? _____ How? _____

3. Are you still able to work? ____ Yes ____ No Occupation_____

4. How did the pain start?

a. Suddenly	( )	g. Injured at work	( )		
b. Gradually	( )	h. Auto Accident	( )		
c. Lifting	( )	i. Hit in Back	( )		
d. Twisting	( )	j. Sports	( )		
e. Fall	( )	k. No apparent cause	( )		
f. Bending	( )	l. Other _____	( )		
		_____			

5. Does this make your pain:

	Worse	Better
a. Lying down	( )	( )
b. Sitting	( )	( )
c. Standing	( )	( )
d. Walking	( )	( )
e. Physical Therapy	( )	( )
f. Pain Pills	( )	( )
g. Muscle relaxers	( )	( )
h. Aspirin	( )	( )
i. Arthritis pills	( )	( )

6. How long have you had any back pain? _____Years _____ Months ____Weeks
How long have you had any neck pain? _____Years _____ Months ____Weeks
How long have you had any leg pain? _____Years _____ Months ____Weeks
How long have you had any arm pain? _____Years _____ Months ____Weeks

7. Do you have weakness in your legs or arms?
____Yes ____No

If yes, describe_____

_____

8. Have you had neck or back surgery? ____Yes ____No

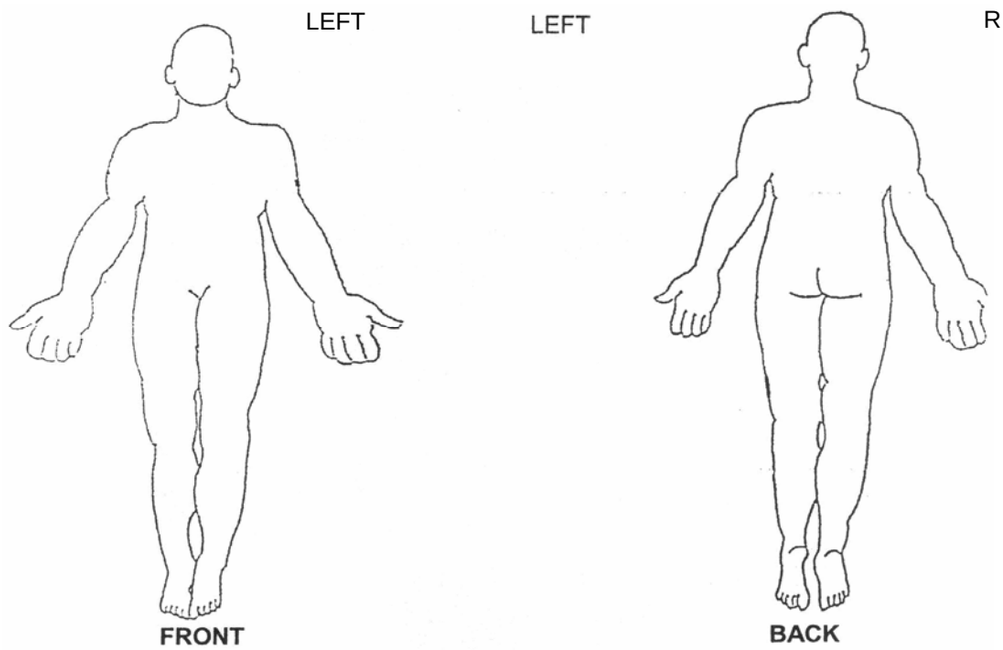
Number of times_____ Dates:_____

WHERE IS YOUR PAIN?

Mark the areas of your body where you feel the described sensations.

ACHE <<<< **NUMBNESS** 00000 **BURNING** xxxxx **STABBING** ///// **PINS & NEEDLES** ++++++

RIGHT LEFT LEFT RIGHT



Please mark on the line: How bad is your neck/back pain now?

0___1___2___3___4___5___6___7___8___9___10
No pain Worst possible

How bad is your arm/leg pain now?

0___1___2___3___4___5___6___7___8___9___10
No pain Worst possible