

PATIENT NEW SPINE PROBLEM

DATE OF VISIT _____

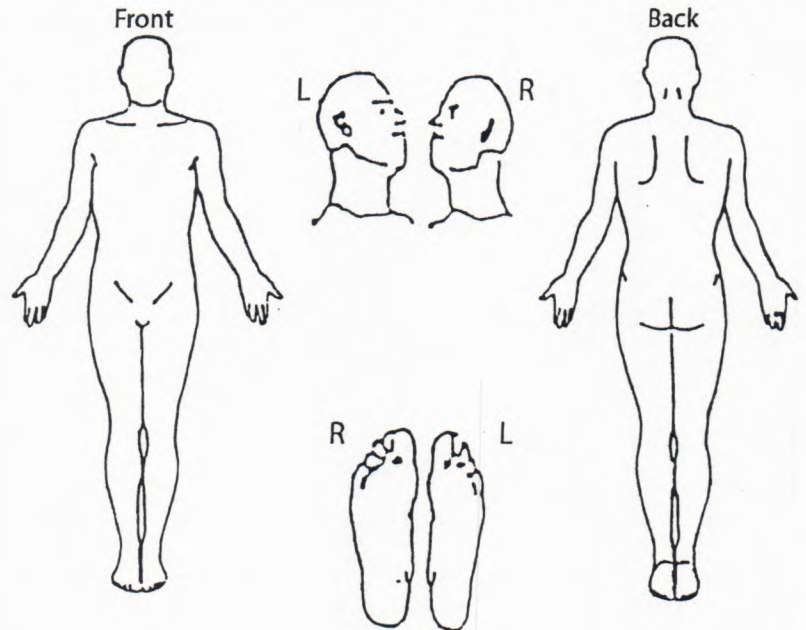
Please circle or fill in completely

Name:					
Pain	Neck	Back	Arms	Legs	
Pain on which side	Left	Right	Both		
If all your pain = 100%, assign each area a percentage:			Arm	Leg	Back Neck
Worse when:	Standing	Sitting	Walking	All	
How far can you walk?					
Better when:	Lying Down	Standing	Sitting	Walking	No Different
What position gives least amount of pain?					
Pain aggravated by:	Coughing	Sneezing	Straining	Bending Forward	Bending Backward
How long have you had present pain?					
What do you think started your pain?					
Have you had the following:	Body Part	Date		Body Part	Date
Myelogram			MRI		
Discogram			CT Scan		
Plain X-Rays			EMG		
Is this a 2nd opinion?	Yes	No			

On diagram, please shade in the location of your pain
Please CIRCLE the one most painful area

Check all that describes pain:

- Sharp
- Shooting
- Throbbing
- Stabbing
- Burning
- Aching
- Sickening
- Punishing



Place an "X" to indicate the level of your pain of the following:

Average level of pain you have every day

No Pain | _____ | Worst Possible Pain

Level of pain you have now

No Pain | _____ | Worst Possible Pain