ANSWER THE FOLLOWING AS THEY RELATE TO THE PAIN YOU ARE EXPERIENCING

Today's Date_____

Patient Name_____Height_____Wt_____

Did your primary care doctor refer you? ____yes ____no

If yes, what is that doctor's name? _____

Which of these symptoms do you get?
____Tiredness in your legs when you walk
____Giving way of your leg(s) when you walk
____Weakness in your leg(s)
____Numbness or tingling in your leg(s) or feet
____Numbness or tingling in your arm(s) or hand
____Bladder symptoms of urgency or incontinence
____Weakness in your arm(s) or dropping things
____Headaches

What started the pain?
____ Auto Accident
____ Fall
____Work Injury
____Lifting Injury
____Not sure
____The pain developed over time

How long have you had the pain?
____Less than 1 month
____1-3 months
____3-6 months
____6-12 months
____over 1 year (number of years) _____

Indicate if any of these describes your pain:
____Dull ____Deep ____Sharp
____Tingling ____Burning ____Achy
____Stabbing

How would you describe it when it occurs?
____Constant _____several times a day
____Daily _____several times a week
____only with certain activities

Do any of these make it WORSE?
_____Lying down _____walking _____stairs
_____bending over _____coughing _____sitting
_____driving _____standing _____Lifting

Do any of these make it BETTER?
_____Lying down _____moving _____walking
_____sitting

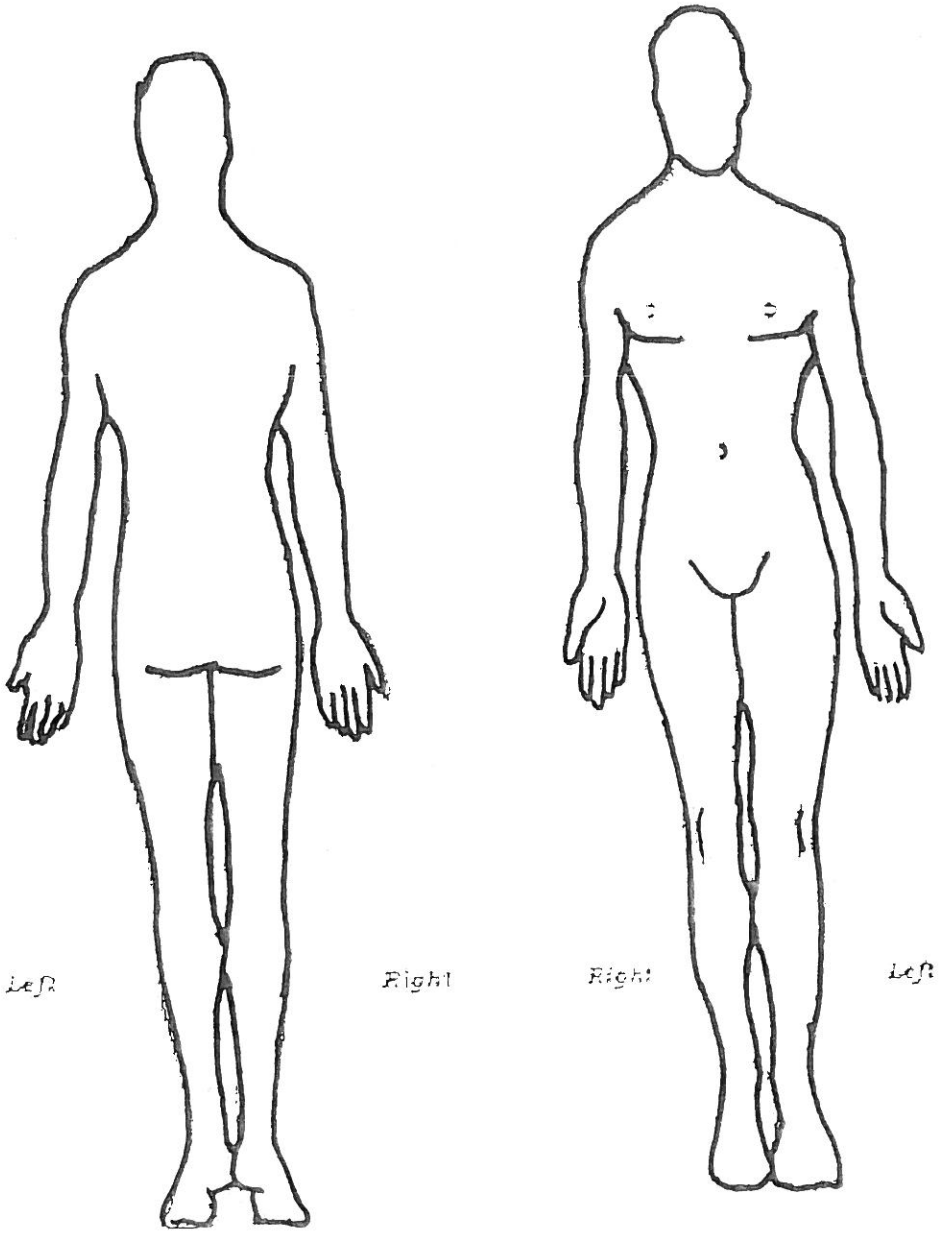
Which of these specialists have you seen?
_____Physical Therapist _____chiropractor
_____pain management

Have you gotten a prescription for:
_____Ibuprofen, Naproxen, Voltaren, Celebrex
_____Steroids (prednisone, medrol, 5-10 steroid pack

How bad is the pain? Not Bad at All 1 2 3 4 5 6 7 8 9 10 Unbearable

PAIN DIAGRAM

PLEASE INDICATE ON THE DIAGRAM WHERE YOU FEEL PAIN



Patient Name: _____ DOB: _____