

SPINE HISTORY

Check appropriate symptoms, circle ONE dominant issue:

Neck

Pain

Back

Pain

Leg L R Both

Pain

Weakness

Numbness/Tingling

Arm L R Both

Pain

Weakness

Numbness/Tingling

Total Duration of symptoms:

_____ weeks months years

Do you currently take narcotics? Yes No

How long have you been taking this medication?

_____ weeks months years

Physical Therapy

Currently Yes No

How long have/did you attend?

_____ weeks months years

Are you currently taking anti-inflammatories?

(Examples: Ibuprofen, Aspirin)

Yes No

Other treatments (check all that apply):

- Massage
- Heat
- Ice
- Acupuncture
- Traction
- Chiropractic
- Other: _____

Past Surgical History (check all that apply):

- Surgery
 - Decompression
 - Fusion
 - Unknown

Previous Surgeon(s):

Injection

- Epidural
- Facet
- RFA Ablation
- Trigger point
- Unknown

Surgery/Injection

Level(s): _____

Location:

- Lumbar (low back)
- Thoracic (mid-back)
- Cervical (neck)

Please indicate your symptoms:

Symptom key

- ===== Aching
- dddd Stiffening
- ^^^^ Tightness
- cccc Cramping
- xxxx Burning
- //// Stabbing
- 000 Numbness
- tttt Tingling
- ssss Sensitive
- pppp Other

