Name:
DOB:
Chart:
Age:
Date:

THE MOBILE SPINE CENTER
AT THE ORTHOPAEDIC GROUP, P.C.

SPINE QUESTIONNAIRE

DATE _____

NAME: _____ AGE: _____ OCCUPATION: _____

WHO REFERRED YOU HERE? _____

WHEN DID YOUR PRESENT PAIN START? _____

WHAT WERE YOU DOING WHEN IT STARTED? _____

HAVE YOU EVER INJURED YOUR BACK OR NECK BEFORE? _____

HAVE YOU EVER HAD BACK OR NECK PAIN BEFORE? _____

MY PAIN IS: (CHECK THE APPROPRIATE BOX)	Better	Worse	No Different
With cough or sneeze	☐	☐	☐
Sitting in a chair	☐	☐	☐
Lying on my back	☐	☐	☐
Standing	☐	☐	☐
Walking	☐	☐	☐
Lying on my side with my knees bent	☐	☐	☐
Nighttime	☐	☐	☐

ON A SCALE OF 0-10 (0 BEING NO PAIN AND 10 BEING SEVERE PAIN):
HOW WOULD YOU RATE YOUR PAIN IN YOUR:

Back _____ Right Leg _____ Left Leg _____

Neck _____ Right Arm _____ Left Arm _____

NAME ALL THE DOCTORS WHO HAVE TREATED YOU FOR THIS _____

HAVE YOU EVER HAD AN EPIDURAL BLOCK? _____ WHEN _____ DID IT HELP _____

HAVE YOU EVER HAD A FACET BLOCK? _____ WHEN _____ DID IT HELP _____

WHAT OTHER TREATMENTS HAVE BEEN USED? (CHECK THOSE THAT APPLY)
☐ MEDICINE ☐ BRACE ☐ PHYSICAL THERAPY ☐ MANIPULATION

HAVE YOU EVER HAD BACK SURGERY? DATE _____ DOCTOR _____

HAVE YOU EVER HAD NECK SURGERY? DATE _____ DOCTOR _____

HAVE YOU EVER MISSED WORK DUE TO THIS PROBLEM? _____ IF SO, WHEN _____
AND HOW LONG? _____

DO YOU HAVE AN INCONTINENCE PROBLEM? _____

HAS YOUR SEXUAL ACTIVITY BEEN EFFECTED? _____

HAS YOUR BACK OR NECK BEEN X-RAYED? _____ WHEN _____ WHERE _____

HAVE YOU EVER HAD A MRI OF THE BACK? _____ DATE _____ WHERE _____

HAVE YOU EVER HAD A MRI OF THE NECK? _____ DATE _____ WHERE _____

PLEASE ADD ANYTHING THAT YOU FEEL IS IMPORTANT _____

_____

_____

DO YOU HAVE AN ATTORNEY HELPING YOU? _____

Name:
DOB:
Chart:
Age:
Date:

PLACE AN "X" ON THE PICTURE
WHERE YOU HAVE PAIN

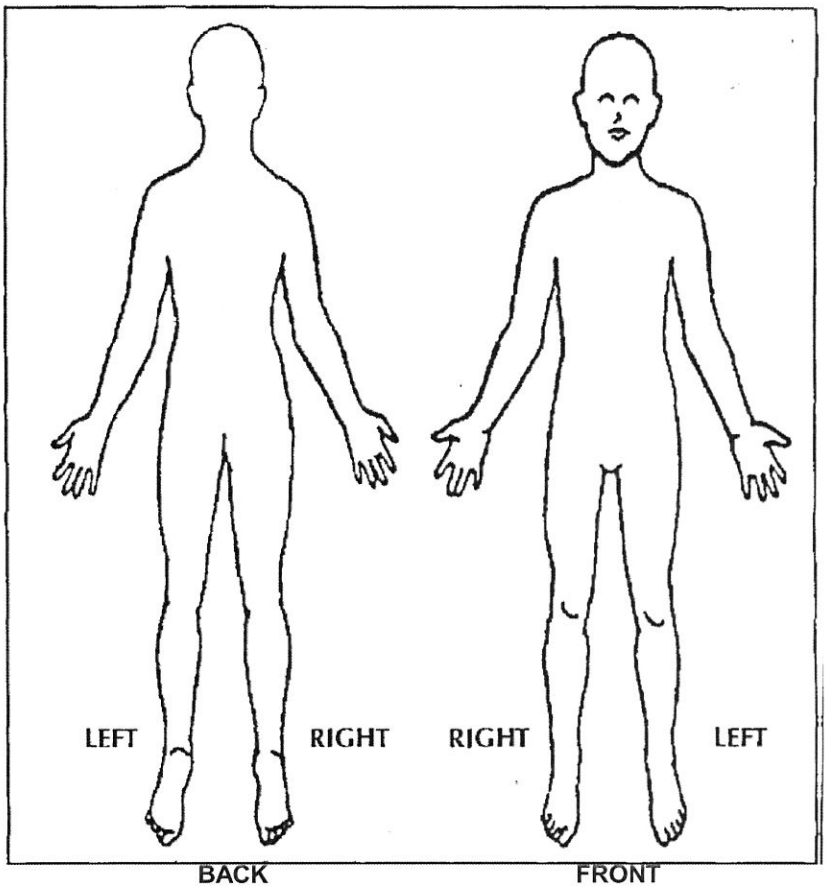
PLACE AN "O" ON THE PICTURE WHERE
YOU HAVE NUMBNESS AND TINGLING

DIVIDE THE TOTAL AMOUNT OF PAIN
BETWEEN YOUR SPINE AND EXTREMITY: = 100%

_____ % BACK PAIN
_____ % LEG PAIN

OR

_____ % NECK PAIN
_____ % ARM PAIN



DO NOT WRITE BELOW THIS SPACE

HABITUS LIST LIGHT TOUCH

STAND SPASM

FORWARD FLEX _____ HAND TO FLOOR _____

EXTENSION _____ REVERSE LORDOTIC CURVE _____

PAIN GREATER: FLEX_____ EXT _____ SAME _____

HEEL AND TOE WALK _____ GIVE AWAY _____

SIT MOTOR PARASTHESIAS STOCKING-NONDERMATOMAL
REFLEX SENSORY
LTS STRETCH

SUPINE STRETCH RIGHT _____ PFELX _____
LEFT_____ PFELX _____

WADDELL TENDER
SIMULATION-AXIAL DISTRACTION-SLR
REGIONAL OVERT