

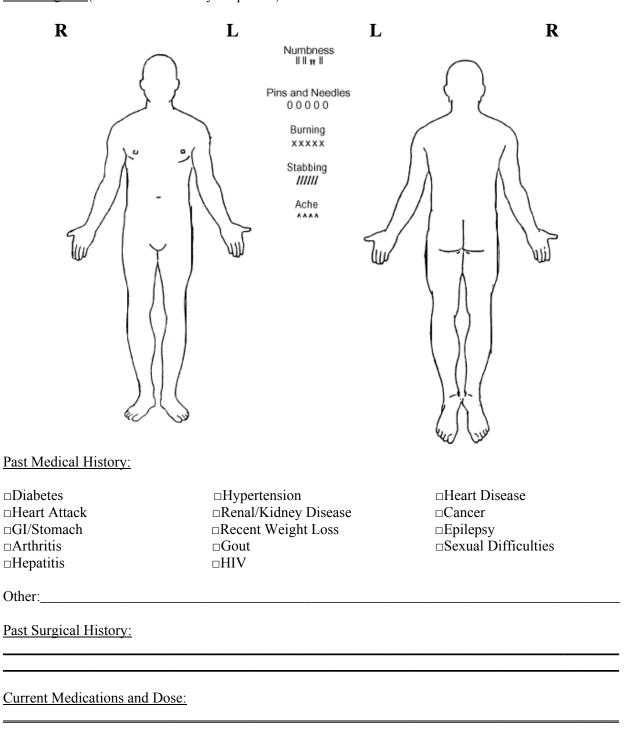
## SPINE PATIENT HISTORY QUESTIONNAIRE

Date:								_				
Patient Na	ame:											
Primary I	Octor:								City:	:		Phone #:
Referring	Doctor	:										<u> </u>
Date of B	irth:										Age:	<u></u>
Occupation	on:									R	ight /Left Hand	<u>led</u>
Description	on of the	e probl	lem:									
Do you da	ave any ave any op obje	bowel difficu ects, or	or blulty when have	adde /ith w diffi	r pro valki culty	ng? / hand	d writ	ting o	or fine	ma	nipulations? (su	ach as buttoning a shirt)
If so, has	this cha	nged r	ecent	lv?								
How did t When? Where?_ When was If you wes	s your s	upervi	sor no	otifie care /	d? ' occi	upatio	onal h	nealth	n cente	er –	which one and s it treated, did	where?
Have you etc.)	had an	y treati	ments	for t	this p	proble	em? (1	medi	cation	, ph	ysical therapy, o	chiropractor treatments,
Does anyt	thing m	ake the	e pain	bette	er or	wors	e?					
Please cir	cle the	approp	riate	numl	oer b	elow	show	ing l	now ba	ad y	our pain was <u>IN</u>	NITIALLY after the injury:
No pain	1 2	3	4	5	6	7	8	9	10	,	Worst possible 1	pain
Please cir	cle the	approp	riate	numl	oer b	elow	show	ing l	now ba	ad y	our pain is <u><b>NO</b></u>	<u>W</u> :
No pain	1 2	3	4	5	6	7	8	9	10	7	Worst possible p	pain

Patient Name:	
Pain Diagram (Please draw where your pain is)	

Allergies to Medications:

Family History: (arthritis, medical problems, or adverse reactions to anesthesia)



ocial History: (Do you use any of the below?)	
obacco products or Nicotine Patch (Type and frequen alcohol (how much/frequency)treet Drugs	
EVIEW OF SYMPTOMS (Circle all that apply)	
1. CONSTITUTIONAL Depression Anxiety  2. EYES Blurred Vision Trouble Seeing  3. EARS, NOSE, MOUTH, THROAT Sore Throat Trouble Hearing  4. Cardiovascular Heart Racing Chest Pain  5. RESPIRATORY Breathing Difficulty Shortness of Breath  6. GASTROINTESTINAL Diarrhea Constipation  7. GENITOURINARY Blood in Urine Urinary Stones  8. INTEGUMENT Skin rash Birth Marks  Any other concerns or questions for the doctor:	9. NEUROLOGIC Seizures Headaches Dizziness  10. PSYCHIATRIC Schizophrenia Bipolar Illness  11. ENDOCRINE Goiter Thyroid Disease  12. HEMATOLOGIC/LYMPHATIC Anemia Bleeding Problems  13. Allergies Hay Fever Iodine IV Contrast

## Patient section stops here.