excel
orthopedics

p: (636) 778-3177
f: (314) 309-2551

Spine Patient Questionnaire

Please answer completely and print neatly.

NAME_____ DATE_____

DATE OF BIRTH_____AGE _____HEIGHT _____ WEIGHT _____
Gender: ❒ Male ❒ Female

Race: _____ Ethnicity: _____ Preferred Language Spoken: _____

Referring doctor's name and full address

_____

If not referred, how did you choose this clinic?_____
Internist or family doctor name and address_____

_____

Please describe your main complaint (check all that apply):
❒Neck pain ❒Arm ❒ pain❒Back pain ❒Leg ❒pain
❒numbness ❒weakness
❒weakness ❒numbness
❒Other _____
How long has the pain (or your problem) been present?_____
Has your problem worsened recently? ❒No ❒Yes – How recently?_____

_____

What started the pain (or problem)?_____
What makes the pain (or problem) worse?_____
What makes the pain (or problem) better?_____
What distance can you walk before having symptoms or have to stop?____Minutes, or___miles
Do you have to stop because of symptoms in your ❒legs ❒back ❒both ❒neither
❒Sitting ❒Standing makes my symptoms better.
❒Sitting ❒Standing makes my symptoms worse.
Is your pain (or problem) worse when going ❒uphill? ❒downhill?
Is your pain (or problem) worse ❒when getting out of bed? ❒when trying to sleep?

Do any of the below describe your problem?

Coughing or sneezing increases the symptoms	❒yes	❒no
Straining with a bowel movement increases the symptoms	❒yes	❒no
I have suffered from a lost of bowel or bladder control	❒yes	❒no
I have missed work because of this problem	❒yes	❒no

Please describe in your own words how you would describe your problem_____

_____

_____

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NAME _____

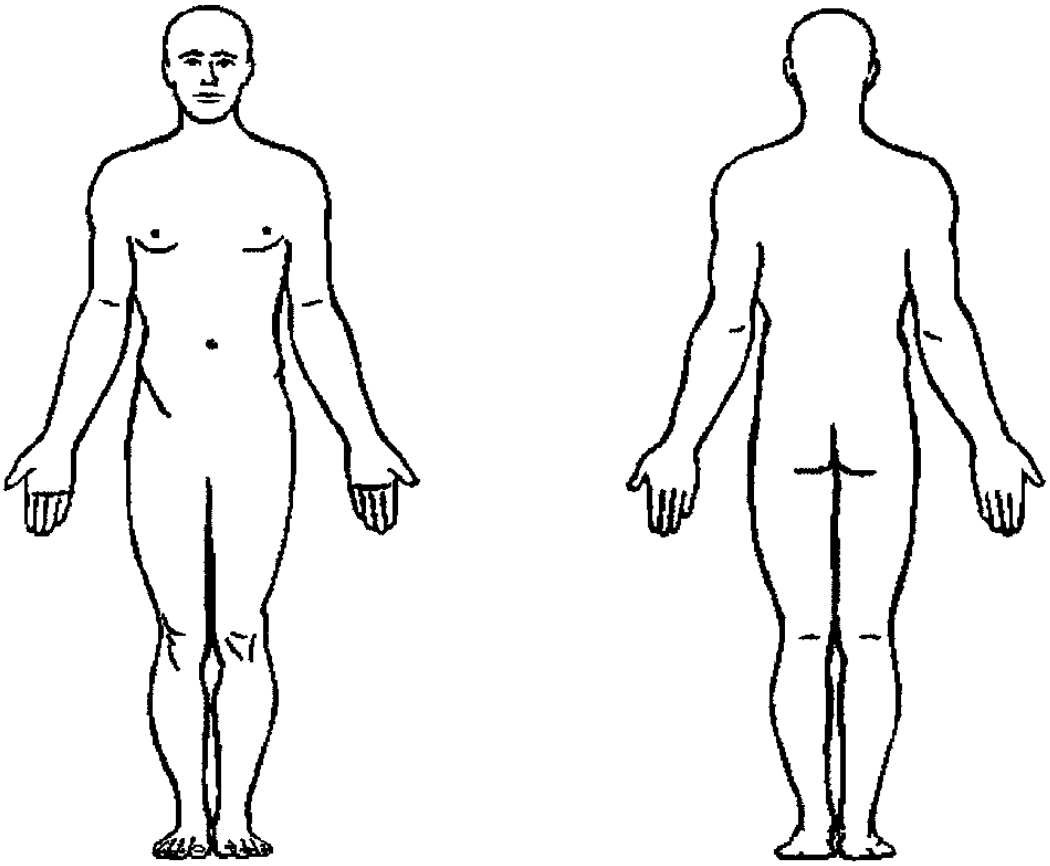
DATE _____

Mark the areas on your body where you feel the described sensations.
Mark the areas of radiation, include all affected areas. Use the appropriate symbols.

NUMBNESS = = = =
= = = =
= = = =

PINS & NEEDLES o o o o
o o o o
o o o o

STABBING ////
////
////



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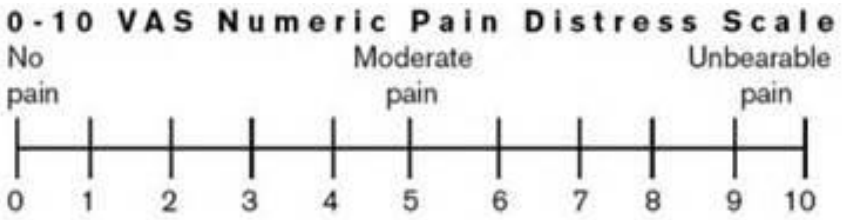
Please rate your current pain as it relates to your neck/back:



Please rate your current pain as it relates to your arm/leg (if applicable):