

## NEW PATIENT QUESTIONNAIRE – DISORDERS OF THE NECK

Patient Name: \_\_\_\_\_ Age: \_\_\_\_ Referred by: \_\_\_\_\_

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B/P: \_\_\_\_\_ HR: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ R: \_\_\_\_\_ L: \_\_\_\_\_ Handed

What is the primary complaint that brought you here today? Describe events.

When did your symptoms begin?

Was there an accident or injury prior to the symptoms? **NO YES** If yes, when was the accident?

Is the accident work related? **NO YES** Is there litigation pending? **NO YES** Possible litigation? **NO YES**

Please describe the accident. (If a MVA were you restrained? Did you have a shoulder strap on?)

Prior to this episode have you ever: 1) Experienced neck or arm pain? 2) Seen a doctor for neck or arm pain?  
3) Had any treatment or had films done of your spine for neck or arm pain? Explain.

Do you have neck pain? Describe.

Do you have arm pain? R L Both Describe.

Which is worse NECK or ARM?

Have you noticed any numbness or weakness? Where? Describe.

Have you noticed changes in your walking?

What aggravates the pain?

What improved the pain?

What treatment have you received? Describe responses.

Chiropractic: Physical Therapy:

Oral Steroids: NSAIDS

Traction: ESI:

What testing have you had for this problem? (Please note dates done & if the films are here with reports or we are obtaining them.)

MRI

CT

Myelogram

EMG

Plain films

Discogram

SNRI

Other