NEW PATIENT QUESTIONAIRE – DISORDERS OF THE SPINE

Patient Name: _____ Age: ___ Referred by:_____

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, back, leg or arm pain? 2) Seen a doctor for neck, back, leg or arm pain? 3) Had any treatment or had films done of your spine for neck or arm pain? Explain.

Do you have BACK or NECK pain? Describe.

Do you have LEG or ARM pain? R L Both Describe.

Which is worse NECK/BACK or LEG/ARM?

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

Have you noticed any changes in your walking?

What aggravates the pain? Coughing or sneezing? NO YES Are your symptoms worse at night?

Have you had any change in your bowel or bladder habits since this episode began?

What improved the pain?

What treatment have you received? Describe responses.
Chiropractic: Bed Rest Physical Therapy

Epidural Injections: NSAIDS

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

Plain films Discogram SNRI Other

Are you symptoms improving, getting worse or staying the same? Have you had to change your lifestyle as a result of pain?

Are you currently on a back exercise program? NO YES