

Neurosurgery Spine Questionnaire

What is the primary reason for your visit today? (circle one)

Back Pain / Neck Pain / Leg Pain / Arm Pain

Is your pain: RIGHT sided LEFT sided BOTH sides

What, if any, is your secondary reason for your visit? (circle all that apply)

Back Pain / Leg Pain / Neck Pain / Arm Pain / Brain / Groin Pain / Shoulder Pain /
Foot Pain / Buttocks / Other: _____

Is your pain: RIGHT sided LEFT sided BOTH sides

How long has your primary reason been a problem?

Is the current problem a result of: (circle all that apply)

Approximate date of injury: ____/____/____

Work Injury / Auto Accident / Sports Injury / Lifting / Bending / Falling / No apparent cause /
Other: _____

Is there any litigation pending? (circle all that apply)

Lawsuit / Auto Claim / Worker's Comp / Disability Claim / Social Security Claim / None
CLAIM # _____

What have you had done for this problem? (circle all that apply)

Treatments: Nothing / Chiropractic Care / Acupuncture / Injections / Physical Therapy / Surgery

Dates of treatments: _____

Names of medications tried: _____

Imaging: EMG / X-Ray / CT Scan / Myelogram / MRI / Other: _____

Do you have any numbness? YES or NO

Where: _____

How frequent? Constant / Intermittent

Do you have any weakness? YES or NO

Where: _____

How frequent? Constant / Intermittent

Do you have any trouble controlling your bladder? YES or NO

Do you have any trouble controlling your bowels? YES or NO

What makes the pain worse? (circle all that apply)

During Exercise / After Exercise / Sitting / Standing / Walking / Bending / Pushing / Pulling / Squatting / Lying Down / Coughing / Other: _____

What reduces your pain? (circle all that apply)

Lying down / Sitting / Standing / Walking / Medication / Shifting or Changing positions / Manipulation / Nothing / Other: _____

Do you use a cane, walker or wheel chair to help you get around? _____

Have your symptoms caused you to: (circle all that apply)

Limit / Stop / No Change Working (if previously working)

Limit / Stop / No Change Housework & Yardwork

Limit / Stop / No Change Daily Activities