

EmergeOrtho

SPINE QUESTIONNAIRE

Dr. Zook

Physical Examination: HT: _____ WT: _____ B/P: _____			HEENT: _____
T: _____ P: _____ R: _____			Neck: _____
			Chest/Lungs: _____
			Heart: _____
			Abd: _____

Name: _____ Age: _____ Date: ____/____/____

Name of your primary care physician: _____

For what problem are you seeing the Doctor today? _____ Who referred you? _____

When did this problem start? _____

How did the pain start? Gradually: _____ Suddenly: _____ Lifting: _____ Fall: _____ Bending: _____ Pulling: _____
 Injured in auto accident: _____ Injured at work: _____ Injured during sports: _____
 No apparent cause: _____ Other: _____

What activities make the pain worse? Sitting: _____ Standing: _____ Walking: _____ Lifting: _____
 Getting up from seated position: _____ Bending forward: _____ Bending backward: _____
 Coughing: _____ Sneezing: _____

What reduces the pain? Lying down: _____ Sitting: _____ Walking: _____ Changing positions: _____
 Physical therapy: _____ Medicines: _____ Chiropractic manipulations: _____ Injections: _____
 Nothing: _____ Other: _____

Have you ever had pain like this before? No: _____ Yes: _____ When? _____

On a scale of 0-10, 0 being no pain and 10 being the worst pain you can imagine, how bad is your pain right now? _____

On a scale of 0-10, how bad is your worst pain since the problem started? _____

How has this problem been treated up to now? Local heat or ice: _____ Non-prescription medicine: _____ Prescription medicine: _____
 Physical therapy: _____ Chiropractic manipulation: _____ Massage: _____ Acupuncture: _____ Other: _____

Have you had surgery for this problem? No: _____ Yes: _____

Where and when was surgery done? _____

Name of surgeon: _____

What type of surgery was this? _____

What other health care providers have you seen for this problem?

Primary care doctor: _____ Surgeon: _____ Physical Therapist: _____

Chiropractor: _____ Other: _____

Are you receiving any compensation for this problem? No: _____ Yes: _____

Workers Compensation? _____ Other: _____

Are you involved in any legal proceedings for this problem, or do you anticipate legal action because of this problem? No: _____ Yes: _____

Please list last grade completed in school: _____

Have you ever had a problem with abuse of alcohol, prescription drugs, or recreational drugs? No: _____ Yes: _____

Explain: _____

Have you ever been diagnosed with mental health problems? No: _____ Yes: _____

Depression: _____ Anxiety: _____ Bi-polar disorder: _____ Borderline personality: _____

Obsessive compulsive: _____ Schizophrenia: _____

Other: _____

If yes, how has this been treated? _____
