

Spine History of Illness - New Patient

I certify that the following information is correct to the best of my knowledge. I will not hold my doctor or any members of his/her staff responsible for any errors or omissions that I may make in the completion of this form.

Patient Name *(Print: First, Middle, Last)* _____

Patient Signature _____ Date _____

I have reviewed and discussed this form with this patient.

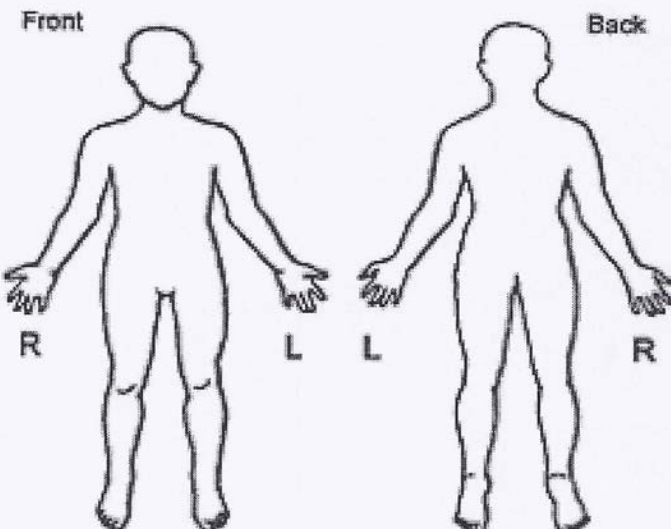
Physician's Signature _____

List the reason for today's visit
(what is the problem?) _____

✓	Symptoms: <i>(all that apply to today's visit)</i>	Constant	Intermittent	↓ Mark Your Typical Pain Intensity Here ↓												
				← Least Pain Worst →												
				0	1	2	3	4	5	6	7	8	9	10		
	Neck pain															
	Back pain															
	Right arm pain															
	Left arm pain															
	Right leg pain															
	Left leg pain															
	Weakness			Describe any weakness, numbness or neurologic problems here:												
	Numbness															
	Balance problems															
	Trouble using hands															
Onset of Problem		< 1 month			1- 3 months			3-6 months			6 months - 2 yrs			> 2 yrs		
Approximate duration of current problem																
When did you first seek medical attention?																

Pain Diagram

Using the symbols below, mark the location and type of pain on the diagram on the left. Include all affected areas.



SENSATIONS

- aching ^ ^ ^ ^ ^ ^ ^
- sharp or stabbing X X X X X
- burning / / / / / / / /
- pins and needles - - - - - - - -
- numbness 0 0 0 0 0 0