Date_____ ***The Orthopedic Sports Clinic***

Neil Badlani M.D.

Spine Patient History Questionnaire

Name_____ DOB_____ Age_____ Sex_____

Referred by_____ Height_____ Weight_____

Chief Complaint/Main Problem_____

Neck Pain (or numbness) Severity (1-10)_____
□Neck pain worse than shoulder/arm pain
□Neck pain same as shoulder/arm pain
□Neck pain less than shoulder/arm pain
Which arm/shoulder? □Right □Left □Both

Back Pain (or numbness) Severity (1-10)_____
□Back pain worse than hip/leg pain
□Back pain same as hip/leg pain
□Back pain less than hip/leg pain
Which hip/leg? □Right □Left □Both

When did your problem start?_____ Was the onset of pain? □Sudden □Gradual

Was this caused by? □Car accident □Fall □Work Injury Other_____

What other doctors have you seen for this?_____

Are you getting? □Better □Worse □Unchanged Pain is? □Constant □Intermittent

How far can you walk?_____ How long can you sit?_____ stand?_____

Which INCREASES your pain (circle all that apply)?

Standing Sitting Walking Lying Exercise
Bending forward Bending backward Other_____ _____

Which DECREASES your pain (circle all that apply)?

Standing Sitting Walking Lying Exercise
Bending forward Bending backward Other_____ _____

What are your activity limitations because of pain? _____

Occupation/Employer_____Are you currently working? □Yes □No

Is your job? □sedentary □light work □medium work □heavy labor

List previous spine surgeries you have had_____

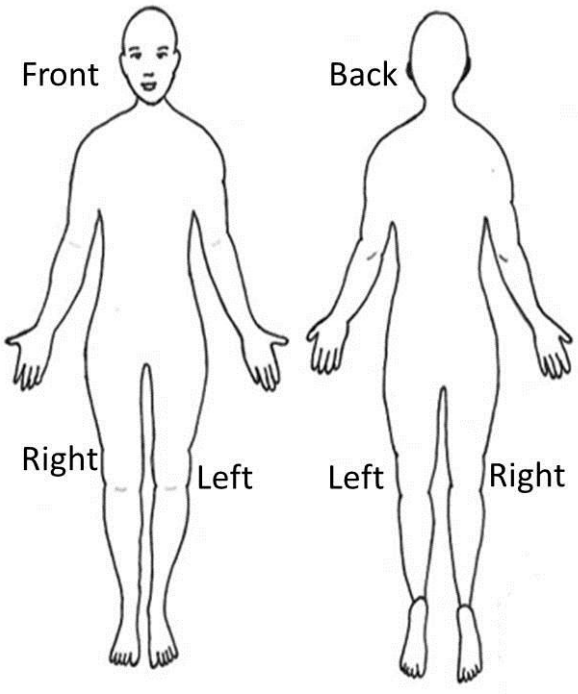
For your current problem, which imaging studies have you had?

□	Study	Date	Result
	X-rays		
	MRI		
	CT Scan		
	Myelogram		
	EMG		
	Bone Scan		
	Discogram		
	Other_____		

For your current problem, which treatments have you had?

□	Treatment	Date	Pain relief? (Indicate none, mild, moderate or excellent and duration of relief)
	Medications_____		
	Physical/Occupational Therapy		
	Injections (Epidural, facet, etc)		
	Brace or collar		
	Chiropractor		
	Other_____		

Pain Diagram- Please mark the areas on your body where you feel pain and other sensations.



Use these symbols and mark all affected areas

Ache- ^^^^^^

Numbness- ::::::::

Pins and Needles- ========

Burning- xxxxxxxx

Stabbing- ////////