

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.

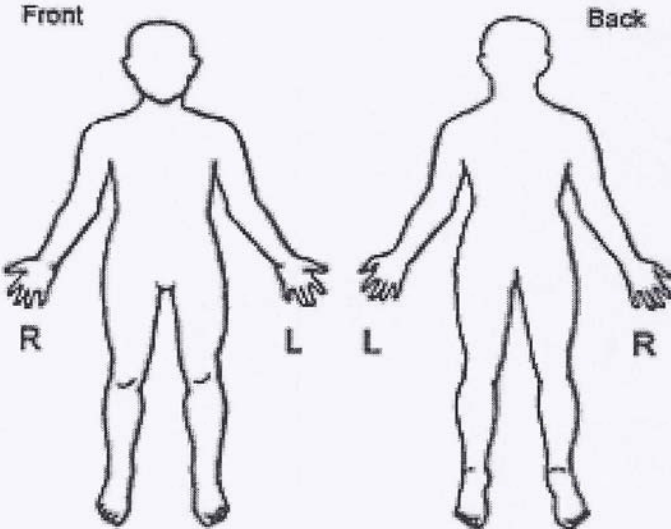
Physician's Signature _____

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