

# NECK AND BACK PAIN INFORMATION SHEET

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you had pain? \_\_\_\_\_

How did it begin? \_\_\_\_\_

Does the pain extend into any of the following areas?

Buttock \_\_\_\_\_ Thigh \_\_\_\_\_ Calf \_\_\_\_\_ Foot \_\_\_\_\_ Shoulder \_\_\_\_\_ Arm \_\_\_\_\_ Hand \_\_\_\_\_

Which activity or position worsens the pain? Standing \_\_\_\_\_ Sitting \_\_\_\_\_ Lying on back \_\_\_\_\_

• Coughing or Sneezing \_\_\_\_\_ Lifting \_\_\_\_\_ Bending \_\_\_\_\_ Reaching \_\_\_\_\_ Weather \_\_\_\_\_

What have you found makes it more comfortable? (mark all that apply)

Rest \_\_\_\_\_ Activity \_\_\_\_\_ Medications \_\_\_\_\_ Position \_\_\_\_\_ Corset \_\_\_\_\_

Have you had any numbness? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you had a similar problem in the past year? \_\_\_\_\_

• If so, what was the diagnosis? \_\_\_\_\_

• How was it treated? \_\_\_\_\_

Any recent weight change? \_\_\_\_\_ Any difficulty with control of urine or stool? \_\_\_\_\_

I have had the following tests: Regular X-Rays \_\_\_\_\_, CT Scan \_\_\_\_\_, MRI \_\_\_\_\_

• Myelogram \_\_\_\_\_, Discogram \_\_\_\_\_, EMG \_\_\_\_\_, Nerve Conduction Study \_\_\_\_\_

List any other doctors and their specialty who have treated you for this condition:

Occupation: \_\_\_\_\_ For how long? \_\_\_\_\_

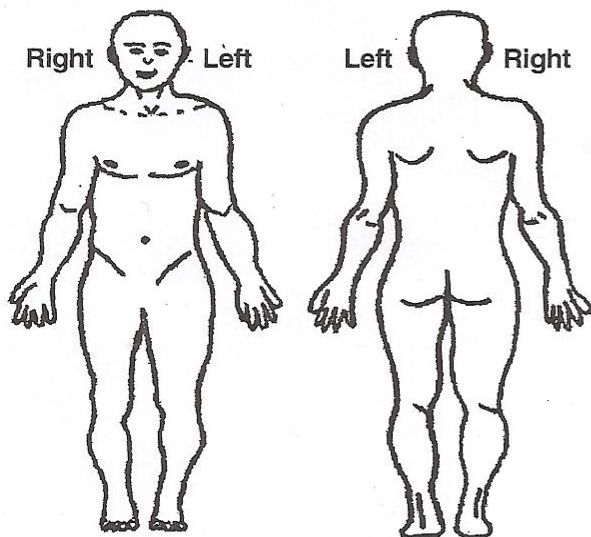
My job requirements are:

\_\_\_\_\_ Heavy lifting over 60 pounds/frequent bending and stooping

\_\_\_\_\_ Medium lifting 30-50 pounds

\_\_\_\_\_ Light lifting 10-20 pounds

\_\_\_\_\_ My job is highly stressful - It makes me tense



On the human form mark where and type of pain you are experiencing.

Numbness = = = =

Pins & Needles 0 0 0 0

Burning x x x x

Stabbing / / / /

Aching - - - -