

1. What was your chief complaint when you visited your doctor?

2. What do you think is the problem?

3. What does your doctor think is causing your back pain?

4. Describe your pain (burning, sharp, etc.) _____
5. Does the pain go down your. . .

Arms _____	Legs _____
In the front/back _____	In the front/back _____
Left/Right/Both _____	Left/Right/Both _____
- 6a. Does anything make the pain worse? _____
- 6b. Does anything make the pain better? _____
7. Do you have numbness? _____ Where? _____
8. Do you have any weakness? _____ Where? _____
9. Have you had any bowel or bladder changes? _____ Describe _____

10. Have you had spine surgery? _____ When? _____
11. Do you have any other medical conditions?

12. Describe your general health _____

13. Have you had any previous spine. . .
 MRI's? _____
 Where & When _____
 Cat Scans? _____
 Where & When _____
 Spine X-Rays? _____
 Where & When _____

Please shade in the areas which hurt:

