

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? _____

b. 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. Have you had any previous spine:

MRI's _____

Where/When _____

Cat Scans? _____

When/Where _____

X-ray's _____

When/Where _____

Please shade in the areas which hurt:

