

Name: _____

(First)

(Last)

Date: _____

Best Phone number to reach you: _____

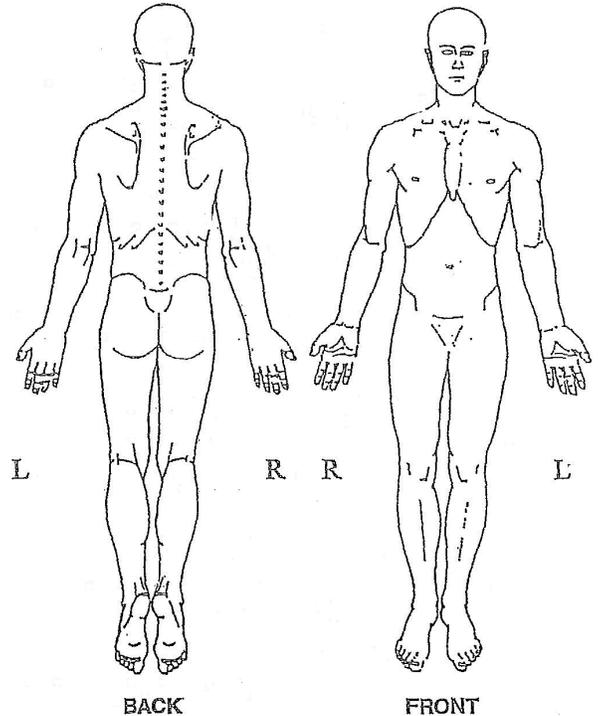
1. Pain Location Diagrams

Please fill out the diagrams to the right with the type of pain felt and its location. Place the number that corresponds to the type of pain over the area where the pain is felt.

Example: If you had a stabbing pain in your arm, you would put 3's over the area on the diagrams where the stabbing was felt.

Use space bar & enter to scroll to the area you mark with pain.

- Numbness 11111
- Aching 22222
- Stabbing 33333
- Burning 44444
- Pins & Needles 55555
- Other 66666



Please rate the intensity of your back pain by placing an "X" across the lines below for questions 2-9. For example, if your pain was a little worse than moderate, you would mark the line like this:

Use space bar & enter X to indicate where you have pain. | _____ X _____ |

None | Excruciating

- 2. Back Pain | _____ |
- 3. Back pain one year ago | _____ |
- 4. Leg pain | _____ |
- 5. Leg pain one year ago | _____ |
- 6. Neck pain | _____ |
- 7. Neck pain one year ago | _____ |
- 8. Arm pain | _____ |
- 9. Arm pain one year ago | _____ |

10. If you have scoliosis or kyphosis, please rate the severity of your deformity on your current appearance by placing an "X" across the line below

Normal appearance | _____ | Severely crooked

Medications

11. Do you currently use medications for back and/or neck pain? Please describe (Aspirin, Tylenol, etc.)
If you use pain medications, in general, how often do you need to take them?