

Back Pain (thoracic or lumbar spine)

Please complete *all* questions, this information is necessary for the physician to evaluate and treat your condition.

Name _____ Date _____ Age _____

Were you seen in the ER? _____ Primary Care Physician? _____

List other providers you have seen for this _____

List if and where xrays or MRI's have been taken _____

List any dates of work missed as a result of this _____

HISTORY OF PRESENT ILLNESS: *Please check (✓)*

When did symptoms first appear? (onset) ___#days ___#weeks ___#months ___#years

Where are your symptoms located? ___R ___L ___Both ___Mid back ___Lower back ___Buttocks ___Legs

Does the pain radiate to: ___R ___L ___Both ___Thigh ___Leg ___Foot

How would you describe the quality of your pain? ___Burning ___Localized ___Shooting ___Stabbing

Was there an injury? **YES** or **NO** (circle one) Is It **WORK** or **AUTO** related? (circle one)

Type: _____ Date _____ Where: _____

What aggravates the pain? ___Bending ___Lifting ___Daily activities ___At rest ___Standing ___Walking

How is the pain relieved? ___No relief ___Heat ___Ice ___Rest ___NSAIDS (otc meds)

Rate severity of pain today (Mild) 0 1 2 3 4 5 6 7 8 9 10 (Severe)

REVIEW OF SYSTEMS: Do you experience any of these other problems?

CONSTITUTIONAL: ___Chills ___Fever ___Weakness ___Weight gain ___Weight loss

HEENT: ___Headaches ___Congestion ___Dizziness (Vertigo)

RESPIRATORY: ___Chest pain ___Cough ___Recent infections ___History of Tuberculosis

CARDIAC: ___Chest pain ___Lower extremity swelling ___Irregular heartbeat

GASTROINTESTINAL: ___Abdominal pain ___Constipation ___Black tarry stool ___Loss of appetite

GENITOURINARY: ___Dysuria ___Increased frequency ___Hematuria ___Urinary incontinence

NEUROLOGIC: ___Difficulty walking ___Poor coordination ___Muscle weakness ___Paresthesias(change in

PSYCHIATRIC: ___Anxiety ___Depression sensation)

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SKIN: ___Itchy skin ___Skin rash ___Skin lesions

MUSCULOSKELETAL: ___Joint pain ___Rheumatologic Disorder (i.e.: Rheumatoid arthritis or Fibromyalgia)

___Previous back or neck pain