

History Form - Neck & Back Pain

Pain is _____ constant _____ comes & goes Rate the pain 1-10 (10 is worst) _____

pain is _____ sharp _____ dull _____ stabbing _____ achy _____ burning RH LH

When did the pain begin? _____ Gradually began to hurt _____ Had an Injury _____

Mechanism of Injury _____

Specific spot that hurts - neck _____ mid back _____ low back _____ midline _____ right / left side _____

arm/ hand _____ right / left _____ leg / foot _____ right / left _____

what makes it worse? _____ lifting _____ bending _____ leaning back _____ leaning to side

_____ twisting _____ walking _____ sitting _____ lying down

_____ pushing _____ pulling _____ night pain? _____ pain wakes you from sleep?

Have you had pain before in this area ? _____ Any history of this problem as a child? _____

Any previous back/ neck surgeries? _____ Year _____ Hospital / Doctor _____

Major illnesses _____ Cancer(s) _____ Change in bowel / bladder? _____

Family history of back/neck problems? _____ have you missed work ? _____ how long? _____

numbness or tingling in arm, hand, fingers? _____ specifically which fingers? _____

numbness or tingling in leg, foot, or toes? _____ specifically where? _____

have you had any of the following - fever, fatigue, night sweats, weight loss, pain at night, IV drug use

Tegener activity level (0-10) _____ Sport or Job _____

position _____ were you in a car or motorcycle accident? _____

is this a work comp case? _____ are you working with an attorney? _____

Treatments _____ NSAIDS _____ Pain meds _____ steroid injections _____ HA injections

_____ PRP / stem cell _____ surgery _____ PT _____ Brace