



Patient Questionnaire

Appointment Date: _____

Please help us help you. Complete all the following by marking the area or filling in the requested information.

Name: _____ DOB: _____

Have you been treated in this office before? Y__ N__ When / By Who? _____

Referred by: _____ Primary Care Physician: _____

Reason for visit: _____

____ Back Pain ____ Neck Pain ____ Leg Pain ____ Arm Pain

Problem Standing: _____ Problem Walking: _____ Other: _____

Length of time you have had this problem: _____

Is the condition due to an injury: Y__ N__ Don't know__ Injury Date: _____

If yes, was the injury a: Slip__ Fall__ Lifting accident__ Auto__

Other: _____ Place of injury: _____

Date Reported: _____ State in which injury occurred: _____

Have you had treatment for this problem prior to this accident?: Y__ N__

When and by what provider: _____

Is there litigation or a legal issue pending?: _____

Name of Attorney: _____

Are you working?: Y__ N__ If no, date you last worked: _____

Reason for not working: _____

I have had the following treatment for this problem (please check the appropriate answer)

Testing: Spine X-rays ____ Spine CT ____ Spine MRI ____ Myelogram ____

EMG/NCV ____ Leg ____ Arm ____ Discogram ____

Other: _____

Medication	Y__ N__	Limited Acitivity	Y__ N__	Exercises	Y__ N__
Phys. Therapy	Y__ N__	TENS Unit	Y__ N__	Chiropractic	Y__ N__
Pain Mgmt	Y__ N__	Bracing	Y__ N__	Injections	Y__ N__
Spinal Stim.	Y__ N__	Morphine Pump	Y__ N__	Surgery	Y__ N__

Other: _____

My back pain is (check what applies)

Low Back Pain: Y__ N__ Hip Pain: Y__ N__ (Right__ Left__ Both__)

Leg pain / numbness / tingling: Y__ N__ (Right__ Left__ Both__)

Is the leg pain worse than the back pain?: Y__ N__ Same__

Leg Weakness: Y__ N__

Mid Back Pain: Y__ N__ Upper Back Pain: Y__ N__

Pain/Numbness/Tingling in the chest/Abdomen: Y__ N__ (Right__ Left__ Both Sides__)

Neck Pain: Y__ N__ Shoulder / Shoulder Blade Pain: Y__ N__

Arm Pain / Numbness or tingling: Y__ N__ (Right__ Left__ Both Sides__)

Is the arm pain worse than the back pain?: Y__ N__ Same__

I have headaches with my back pain: Y__ N__

Arm Weakness: Y__ N__ (Right__ Left__ Both__)

I have lost bladder control: Y__ N__ When: _____

I have lost control of my bowels: Y__ N__ When: _____

Do you use?: Brace__ Corset__ Cane__ Walker__ TENS Unit__
Scooter__ Other: _____

I am currently doing home exercise: Y__ N__ How often/ type: _____

I am currently in physical therapy: Y__ N__ Where/When: _____

I am currently seeing a chiropractor: Y__ N__ Who/how often: _____

I have had surgery recommended: Y__ N__ By Who? _____