

Orthopaedic Surgery, Spine

Patient Information Form

How long have you had back or neck pain?

- 0-3 months 3-6 months 6-12 months 1-2 years more than 2 years

How did you injure your back or neck?

- Unknown Twisting Squatting Fall from height (List Height _____)
- Lifting Bending Slipping Direct Blow

Other (please explain)

Do you have an attorney assisting you with this injury/claim?

- YES Not Certain
 NO

Did your accident occur at work?

- YES Not Certain
 NO Not Applicable

If yes, have you filed a first report of injury with your employer?

- YES Not Certain
 NO

Job Level of Effort:

- Heavy Manual Labor Light Manual Labor Non-Manual Labor Not Working

Are you still working?

- YES
NO

If no, how long have you been off work?

- 0-3 months 3-6 months 6-12 months 1-2 years more than 2 years

How long have you worked for your present employer?

- 6 months or less 6 months- 1 yr. 1-3 yrs. 3+ yrs. n/a

Do you enjoy your job?

- YES N/A
 NO

Do you like your boss?

- YES N/A
 NO

What term best describes your pain? (Circle all that apply)

- Worse with activities Worse with rest Worse at night
Unpredictable Intermittent No pain

Does your pain also occur in...? (Circle all that apply)

Buttock Calf Thigh
Foot Toes N/A

Have you had any change in urination associated with your pain?

YES Not Certain
 NO

Aside from your back or neck problem, are you in good general health?

YES Not Certain
 NO

Do you have, or have you ever had...?

Cancer Diabetes
 Coronary Bypass Surgery High Blood Pressure (Requiring Medication)

Do you exercise...?

Less than 20 min a week 20-60 min per week
 At least 60 min per week 60 + min a week Never

How many major surgeries have you had?

None 1-2 2-4 5+

How many back or neck surgeries have you had?

None 1 2 3 4 5 Other: _____

How many visits to doctors or chiropractors have you had in the past year for any reason?

None 1-2 2-4 4-8 8+

Check all medications that you have taken for your back or neck pain:

Tylenol Aspirin Percocet Valium
 Demerol Ultram Other: _____