NEWPORT ORTHOPEDIC INSTITUTE

Neck & Back History

Name:_____

Age:____ Date of Injury:___/___/___ Place of Injury:_____

Please describe what area of your neck and back hurts you:_____

_____

_____

Describe exactly how your injury began:_____

_____

_____

How frequent is your pain: *Occasional* *Intermittent* *Frequent* *Constant*

How severe are your symptoms? *Mild* *Slight* *Moderate* *Severe*

How would you rate your pain on a scale of 0 to 10 with ten being the worst imaginable pain?

At the time you first experienced the pain:_____

What would you rate your pain now:_____

What would you rate it at its least over the past two weeks:_____

What would you rate it at its worst over the same two weeks:_____

What type of pain do you have? *Sharp* *Dull* *Aching* *Stabbing* *Electrical*

Where does your pain radiate? *Buttock* *Thigh* *Calf* *Foot* *Elbow* *Forearm* *Hand*

Is your Back/Neck pain: *Worse than,* *Less than, or* *Equal to* any leg or arm pain?

What kind of arm or leg symptoms do you have?

Numbness *Tingling* *Weakness* *Fatigue*

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Of the actions below, circle those that make your pain worse:

Bending *Lifting* *Sitting* *Driving* *Deskwork* *Housework* *Coughing*

Straining *Sneezing* *Standing* *Walking* *Lying down*

Of the actions across, cross out those that make your symptoms better.

List medications that you have tried for this problem._____

_____

Which of the medications have helped?_____

Have you had Physical Therapy? *Yes* *No* Where?_____

Did it help you? *Yes* *No*

Do you experience loss of bowel of bladder control or awareness? *Yes* *No*

_____

Please circle if you experience: *Fever* *Chills* and/or *Night sweats*

Have you experienced a sudden change in weight either up or down? *Yes* *No*

Is this injury related to your work? *Yes* *No*

Is this injury related to an automobile accident? *Yes* *No*

Have you had back surgery? *Yes* *No* If so, when _____

What was done?_____

List any prior medical treatment:_____

_____

_____

List any prior similar complaint:_____

_____

_____