

Spine Patient Questionnaire

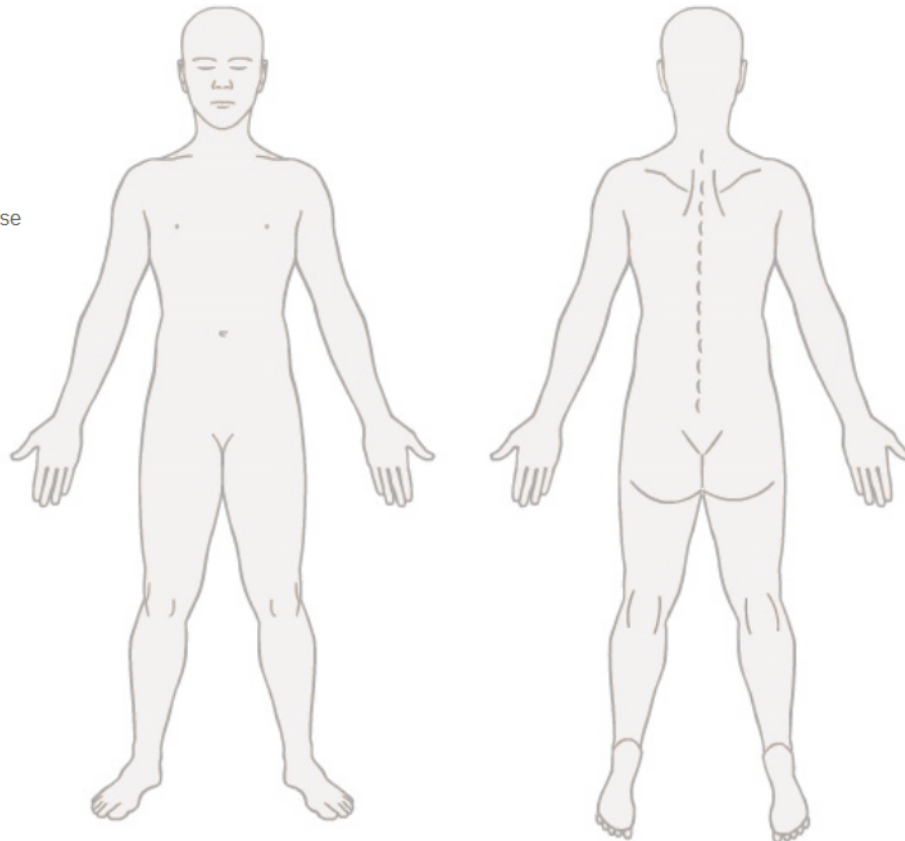
Name: _____ Age: _____ Date: _____ Page 1 of 3

Right or Left Handed? Right Left Height _____ "(hg) (v) inches) Weight _____ (pounds)

On the body diagrams use the appropriate pencil to mark where you feel the following sensations:

				Aching Pain		Pins and Needles	
				Stabbing Pain		Numbness	

Click a color to select
Click and hold your mouse
to draw



Please indicate (with an X) how severe your pain is now.

No Pain ----- Worst pain
0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

- When did your present pain start (approximately what date)? _____
- Is your pain due to a work-related injury? no yes if yes, when? _____
- Is your pain due to an auto accident injury? no yes if yes, when? _____
- Have you had similar pains in the past? no yes
If yes, when? _____

