♠ Direction of Feed **♠**

Cervical Spine History

Please answer every question

To reproduce, follow the printing instructions.

Do not fold this form.

		PLEASE PRINT PATIEN	IT'S LAST NAME		
Marking Instructions Please use a #2 pencil. Fill in the complete oval as shown					
		PLEASE PRINT PATIENT'S FIRST NAME		PATIENT'S DATE OF BIRTH	
				Month Day	Year
NECK PAIN	CHARACTER:	burning 🔘	aching 🔘	stabbing 🔘	other 🔘
	FREQUENCY:	none 🔾	occasional 🔵	frequent 🔘	constant
INTENSITY / SEVERITY:	0 = no pain	0 1 2 3	4 5 6	7 8 9 10	10 = worst pain imaginable
DAINI DETMETATENI					
PAIN BETWEEN SHOULDER BLADES	CHARACTER:	burning	aching O	stabbing	other
	(FREQUENCY:	none	occasional O	frequent	constant O
INTENSITY / SEVERITY:	0 = no pain	0000			10 = worst pain imaginable
					11 💮
RIGHT ARM PAIN	CHARACTER: FREQUENCY:	burning O	aching occasional	stabbing frequent	other constant
		0 1 2 3	4 5 6	7 8 9 10	worst nain
INTENSITY / SEVERITY:	0 = no pain	0000			10 = imaginable
LEET ADAA DAIN	CHARACTER:	burning 🔾	aching 🔘	stabbing 🔾	other 🔘
LEFT ARM PAIN	FREQUENCY:	none O	occasional O	frequent	constant
INITENICITY / CEVEDITY.		0 1 2 3	4 5 6	7 8 9 10	10 = worst pain
INTENSITY / SEVERITY:	0 = no pain	0000			imaginable
RIGHT SHOULDER PAIN	CHARACTER:	burning 🔾	aching 🔾	stabbing 🔾	other 🔾
	FREQUENCY:	none 🔾	occasional 🔾	frequent 🔾	constant
INTENSITY / SEVERITY:	0 = no pain	0 1 2 3	4 5 6	7 8 9 10	10 = worst pain imaginable
	CUADA CTED		1: 0		
LEFT SHOULDER PAIN	CHARACTER: FREQUENCY:	burning O	aching occasional	stabbing frequent	other constant
		0 1 2 3			10 = worst pain
INTENSITY / SEVERITY:	0 = no pain	0000			10 = imaginable
				RIGHT SIDE yes	O no O
Does your arm pain radia	ate from neck i	into the arm and	d hand?	LEFT SIDE yes	
				RIGHT SIDE yes	O no O
Is the pain worsened by	neck motion?			LEFT SIDE yes	
Is the pain worsened by	hending twist	ing or turning?		RIGHT SIDE yes	o no o
is the pain worselled by	wellanis, twist	or tarilling:		LEFT SIDE yes	o no o
.	. l. 1:6::			RIGHT SIDE yes	O no O
Does the pain worsen wi	tn lifting and r	noving the arm?		LEFT SIDE yes	

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Cervical Spine HistoryPlease answer every question

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	COMPUTER WORK	yes 🔘	no 🔵
	DRIVING	yes 🔘	no O
Is pain aggravated by:	READING	yes 🔾	no O
15 pani 455 4 4 4 6 4 7 1	EXTENSION	yes 🔾	no
	FLEXION	· .	
	PLEXION	yes 🔾	no O
	DICUT CIDE		
Do you have a loss of hand dexterity?	RIGHT SIDE	yes 🔾	no O
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LEFT SIDE	yes 🔾	no O
Do you have muscle weakness in your HANDS?	RIGHT SIDE	yes 🔾	no 🔾
bo you have muscle weakness in your maivos:	LEFT SIDE	yes 🔵	no 🔵
Do you have muscle weakness in your ARMS?	(RIGHT SIDE	yes 🔘	no 🔾
Do you have muscle weakness in your Arivis:	LEFT SIDE	yes 🔾	no 🔵
Do you have musele weekness in very LCC2	RIGHT SIDE	yes 🔾	no 🔵
Do you have muscle weakness in your LEGS?	LEFT SIDE	yes 🔘	no O
		•	
D	RIGHT SIDE	yes 🔘	no O
Do you have muscle weakness in your FEET?	LEFT SIDE	yes 🔾	no O
		700	
	RIGHT SIDE	yes 🔾	no O
Do you have numbness in your HANDS?	LEFT SIDE	yes 🔾	no
		700	
	RIGHT SIDE	yes 🔘	no O
Do you have numbness in your ARMS?	LEFT SIDE	yes 🔾	no
	ELI I SIDE	yes	110
	RIGHT SIDE	yes 🔾	no
Do you have numbness in your LEGS?	LEFT SIDE	yes O	no
	ELI I SIDE	усз	110
	RIGHT SIDE	yes 🔾	no
Do you have numbness in your FEET?	LEFT SIDE	•	
	LLF1 SIDE	yes 🔾	no O
Is your walking impaired?		yos 💮	no 🔾
is your waiking impaneu:		yes 🔾	110
Is your balance impaired?		VAC	no 🔾
13 your balance impaneu:		yes 🔾	110
	BOWEL	yes 🔾	no
Are you experiencing incontinence?			
	BLADDER	yes 🔾	no O
And you avanding our insections or several distance is			
Are you experiencing any impotence or sexual dysfunction?		yes 🔵	no 🔵

