



Do not write, stamp, punch holes  
or affix a sticker in this area.

Direction of Feed

# Cervical Spine History

Please answer every question

To reproduce, follow the printing  
instructions.  
Do not fold this form.

Is pain aggravated by:

COMPUTER WORK	yes	<input type="radio"/>	no	<input type="radio"/>
DRIVING	yes	<input type="radio"/>	no	<input type="radio"/>
READING	yes	<input type="radio"/>	no	<input type="radio"/>
EXTENSION	yes	<input type="radio"/>	no	<input type="radio"/>
FLEXION	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have a loss of hand dexterity?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have muscle weakness in your HANDS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have muscle weakness in your ARMS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have muscle weakness in your LEGS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have muscle weakness in your FEET?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have numbness in your HANDS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have numbness in your ARMS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have numbness in your LEGS?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Do you have numbness in your FEET?

RIGHT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>
LEFT SIDE	yes	<input type="radio"/>	no	<input type="radio"/>

Is your walking impaired?

yes  no

Is your balance impaired?

yes  no

Are you experiencing incontinence?

BOWEL	yes	<input type="radio"/>	no	<input type="radio"/>
BLADDER	yes	<input type="radio"/>	no	<input type="radio"/>

Are you experiencing any impotence or sexual dysfunction?

yes  no