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

Lumbar Spine History

Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

To reproduce, follow the printing instructions.

Do not fold this form.

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

PO	STERIOR	CHARACTER:	hu	rning 🔘		2	ching (ct:	abbing		other 🔾
	MBAR PAIN	FREQUENCY:		none			sional	$\overline{}$		quent		constant
			0	1 2	3	4	5	6 7		9	10	worst nain
	INTENSITY / SEVERITY:	0 = no pain										10 = imaginable
BU	TTOCK PAIN	CHARACTER:		rning 🔵				\bigcirc		abbing		other 🔾
		FREQUENCY:		none 🔘			sional	\bigcirc		quent		constant
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	4	5	6	8	9	10	10 = worst pain imaginable
												magmasic
HIP PAIN		CHARACTER:	bu	rning 🔘		a	ching	$\overline{}$	sta	abbing		other 🔾
	IAIN	FREQUENCY:		none 🔘			sional			quent		constant 🔾
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	4	5	6	7 8	9	10	10 = worst pain
	INTENSITY SEVERITY.	0 – 110 pairi	\bigcirc	\bigcirc		\bigcirc		\bigcirc	$\overline{)}$	<u> </u>	\bigcirc	imaginable
		CHARACTER	la .	umin e						. l. l. !		ath a:
LEC	PAIN - FRONT RIGHT	CHARACTER: FREQUENCY:		rning O			ching (sional (\geq		abbing equent		other o
		FREQUENCY.	0	1 2	3	4	5	6 7		9	10	
	INTENSITY / SEVERITY:	0 = no pain			• • • • • • • • • • • • • • • • • • •							10 = worst pain imaginable
LEC	9 PAIN - FRONT LEFT	CHARACTER:	bu	rning 🔘		а	ching	\supset	sta	abbing		other 🔾
		FREQUENCY:		none 🔵		occa	sional (fre	quent		constant 🔾
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	4	5	6	7 8	9	10	10 = worst pain
				\circ		<u> </u>		\bigcirc	$\overline{}$			imaginable
15/	C DAIN CIDE DICUT	CHARACTER:	hu	rning 🔘		2	ching (\bigcirc	ct:	abbing		other 🔾
LEG PAIN - SIDE RIGHT		FREQUENCY:		none				$\overline{}$		quent		constant
	INITENICITY / CEVERITY		0	1 2	3	4	5	6 7		9	10	10 = worst pain
	INTENSITY / SEVERITY:	0 = no pain										imaginable
LEC	G PAIN - SIDE LEFT	CHARACTER:		rning 🔾			ching	$\overline{}$		abbing		other O
		FREQUENCY:		none	_		sional			quent		constant
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	4	5	6	8	9	10	10 = worst pain imaginable
LEC	9 PAIN - BACK RIGHT	CHARACTER:	bu	rning 🔘		а	ching	\bigcirc	sta	abbing		other 🔾
		FREQUENCY:		none 🔘		occa	sional		fre	quent		constant 🔾
					_	4	-					
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	_	5	6	7 8	9	10	10 = Worst pain
	INTENSITY / SEVERITY:	0 = no pain	0	1 2	3	Ö	<u> </u>	6	8	9	10	10 = worst pain imaginable
150			0 hu	00	3	<u> </u>				<u> </u>		imaginable
LEC	INTENSITY / SEVERITY: G PAIN - BACK LEFT	CHARACTER:		rning 🔾	3	a	oching (sta	abbing	O	other 🔾
LEC	G PAIN - BACK LEFT	CHARACTER: FREQUENCY:		rning on		a	nching (sta fre	abbing equent	0	other constant worst pain
LEC		CHARACTER:		rning on	3	occa	oching (sta fre	abbing	O	other 🔾
LEC	G PAIN - BACK LEFT	CHARACTER: FREQUENCY: 0 = no pain	0	rning on none on 1 2		occa 4	aching contact of the sional contact of the	6 7	sta fre	abbing equent	10	other constant 10 = worst pain imaginable
	G PAIN - BACK LEFT	CHARACTER: FREQUENCY: 0 = no pain CHARACTER:	o bu	rning on none of the control of the		occa:	aching sional s	6 7	sta fre	abbing equent 9 abbing	10	other constant 10 = worst pain imaginable other other
	G PAIN - BACK LEFT INTENSITY / SEVERITY:	CHARACTER: FREQUENCY: 0 = no pain	o bu	rning on none or none on none or no		a occa	sional caching	6 7	sta fre 7 8 sta fre	abbing equent 9 abbing equent	10	other constant 10 = worst pain imaginable other constant
	G PAIN - BACK LEFT INTENSITY / SEVERITY:	CHARACTER: FREQUENCY: 0 = no pain CHARACTER:	o bu	rning on none of the control of the		occa:	aching sional s	6 7	sta fre 7 8 sta fre	abbing equent 9 abbing	10	other constant 10 = worst pain imaginable other other

♠ Direction of Feed **♠**

Lumbar Spine History

To reproduce, follow the printing instructions.

Please answer every question Do not fold this form.

GROIN PAIN	CHARACTER: burning aching	stabbing	other O				
	FREQUENCY: none occasional		onstant o				
INTENSITY / SEVERITY:	0 = no pain 0 1 2 3 4 5	6 7 8 9	10 = worst pain				
INTERSTITY SEVERITY.	0-110 pairi	0000	imaginable				
_	COURT ACTED IN CO.						
GENITAL PAIN	CHARACTER: burning aching		other o				
	FREQUENCY: none occasional		constant				
INTENSITY / SEVERITY:	0 = no pain 0 1 2 3 4 5	6 7 8 9	10 = worst pain imaginable				
	00000						
		LOCATION:					
	HIPS	yes ono o					
		THIGHS	yes ono o				
To your legs ache or beco	me painful with walking?	KNEES	yes ono				
		CALVES	yes ono				
		FEET	yes no				
		HAMSTRINGS	yes no				
loes vour nain radiate as	ross the buttock and down the leg?						
FRONT	SIDE	ĺ	BACK				
RIGHT SIDE yes no		RIGHT SIDE LEFT SIDE	yes no				
LEFT SIDE yes no	LEFT SIDE yes no	LEFT SIDE	yes ono				
	COUGHING OR SNEEZING none	worsened 🔘	improved 🔾				
	STANDING none	worsened 🔾	improved 🔾				
	SITTING none	worsened 🔘	improved 🔾				
	WALKING none	worsened 🔾	improved O				
Pain with:	CHANGING POSITION none	worsened	improved O				
	LAYING DOWN none	worsened	improved				
			improved 🔘)				
	BENDING none	worsened					
	LIFTING none	worsened	improved 🔾				
	LIFTING none	worsened	improved 🔾				
De veu heue NUINADNISCO	LIFTING none TWISTING none	worsened	improved 🔾				
Do you have NUMBNESS i	LIFTING none TWISTING none	worsened worsened	improved improved				
Do you have NUMBNESS i	LIFTING none TWISTING none	worsened worsened RIGHT SIDE	improved improved yes no				
Do you have NUMBNESS i	LIFTING none TWISTING none	worsened worsened RIGHT SIDE LEFT SIDE	improved improved yes no yes no				
·	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved yes no yes no yes no				
•	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved yes no yes no				
<u> </u>	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved yes no yes no yes no				
Do you have TINGLING in	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes no yes no yes no yes no				
Do you have TINGLING in	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved yes no yes no yes no				
Do you have TINGLING in	LIFTING none TWISTING none in your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved imp				
Do you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved imp				
Do you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes no yes no yes no yes no				
Do you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS? ontinence?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes yes no yes yes no yes				
Do you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes no yes no yes no yes no				
Do you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS? ontinence?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes yes no yes yes no yes				
Oo you have TINGLING in Are you experiencing inco	LIFTING none TWISTING none in your LEGS? your LEGS? ontinence?	worsened worsened RIGHT SIDE LEFT SIDE	improved improved improved yes no yes yes no yes yes no yes				