

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

Direction of Feed

Lumbar Spine History

Please answer every question

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 LAST NAME

Grid for patient's last name

PLEASE PRINT PATIENT'S FIRST NAME

Grid for patient's first name

PATIENT'S DATE OF BIRTH

Month Day Year grid

POSTERIOR LUMBAR 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

BUTTOCK 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

HIP 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

LEG PAIN - FRONT RIGHT

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

LEG PAIN - FRONT LEFT

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

LEG PAIN - SIDE RIGHT

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

LEG PAIN - SIDE LEFT

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

LEG PAIN - BACK RIGHT

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

LEG PAIN - BACK LEFT

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

PELVIC 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

SAMPLE

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

Lumbar Spine History

Please answer every question

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GROIN 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

GENITAL 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

Do your legs ache or become painful with walking?

LOCATION:

- HIPS yes no
- THIGHS yes no
- KNEES yes no
- CALVES yes no
- FEET yes no
- HAMSTRINGS yes no

Does your pain radiate across the buttock and down the leg?

FRONT

- RIGHT SIDE yes no
- LEFT SIDE yes no

SIDE

- RIGHT SIDE yes no
- LEFT SIDE yes no

BACK

- RIGHT SIDE yes no
- LEFT SIDE yes no

Pain with:

- COUGHING OR SNEEZING none worsened improved
- STANDING none worsened improved
- SITTING none worsened improved
- WALKING none worsened improved
- CHANGING POSITION none worsened improved
- LAYING DOWN none worsened improved
- BENDING none worsened improved
- LIFTING none worsened improved
- TWISTING none worsened improved

Do you have NUMBNESS in your LEGS?

- RIGHT SIDE yes no
- LEFT SIDE yes no

Do you have TINGLING in your LEGS?

- RIGHT SIDE yes no
- LEFT SIDE yes no

Are you experiencing incontinence?

- yes no

Are you experiencing genital numbness?

- yes no

Are you experiencing any impotence or sexual dysfunction?

- yes no

Do your legs or feet get cold or blue with walking?

- yes no

