

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

Direction of Feed

Thoracic 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

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

 Month Day Year

LOCALIZED BACK 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

PAIN BETWEEN SHOULDER BLADES

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

PAIN RADIATING FROM BACK AROUND CHEST WALL/RIB CAGE

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

Where is your chest wall pain located? none left side right side both sides

Do you have muscle weakness in your LEGS? **RIGHT SIDE** yes no

LEFT SIDE yes no

Do you have muscle weakness in your FEET? **RIGHT SIDE** yes no

LEFT SIDE yes no

Do you have numbness in your LEGS? **RIGHT SIDE** yes no

LEFT SIDE yes no

Do you have numbness in your FEET? **RIGHT SIDE** yes no

LEFT SIDE yes no

Is your walking impaired? yes no

Is your balance impaired? yes no

Are you experiencing incontinence? **BOWEL** yes no

BLADDER yes no

Are you experiencing any impotence or sexual dysfunction? yes no

Is pain aggravated by:

COUGHING OR SNEEZING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
STANDING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
SITTING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
WALKING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
CHANGING POSITION	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
LAYING DOWN	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
BENDING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
LIFTING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
TWISTING	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>