Thoracic Spine History

Please answer every question

To reproduce, follow the printing instructions.

Do not fold this form.

PLEASE PRINT PATIENT'S LAST NAME									
Marking Instruction	ons 🔌								
Please use a #2 pencil.	PLEASE PRINT PATIENT'S FIRST NAME				PATIENT'S DATE OF BIRTH				
Fill in the complete oval as shown						Month	Day	Year	
	CHARACTER:	burning (\geq	achin	_	stabbing		other \subset	
<u> </u>	REQUENCY:	none 🤇	\supset	occasion	al 🔵	frequent		constant (
INTENSITY / SEVERITY:	0 = no pain	0 1 2	2 3	4 5	6	7 8 9	10	10 = worst pai	
interesting Several II	o – no pam	\circ	$\overline{}$			$\circ \circ \circ$	\bigcirc	imaginab	le
PAIN BETWEEN									
CHUILIDED BLYDEC	CHARACTER:	burning	\geq	achin	_	stabbing		other C	\simeq 1
()	REQUENCY:	none C	<u> </u>	occasion		frequent		constant C	<u> </u>
INTENSITY / SEVERITY:	0 = no pain	0 1 2	2 3	4 5	6	7 8 9	10	10 = worst pai imaginab	
	•					000		IIIIagiiiau	
PAIN RADIATING									
	CHARACTER:	burning (achin	g 🔾	stabbing		other 🦳	
	REQUENCY:	none		occasion	_	frequent		constant	\prec
	REQUERCI.	0 1 2	2 3	4 5	6	7 8 9	10	40 worst pai	
INTENSITY / SEVERITY:	0 = no pain		. ·	4 3		, · · ·		10 = Worst par	
Where is your chest wall pai	in located?	none (left sid	e (right side		both side	25
Trifere is your direst trail par	in iocatea.							200	
					(RIGHT SIDE	yes	O no C	
Do you have muscle weakne	ess in your L	EGS?				LEFT SIDE	yes	O no C	3
							,		
RIGHT SIDE yes no							\supset		
Do you have muscle weakness in your FEET?							yes	O no C	3
Do you have numbross in your LEGS?						RIGHT SIDE	yes		
Do you have numbness in your LEGS?						LEFT SIDE	yes	o no o	
Do you have numbness in yo	our FFFT?				(RIGHT SIDE	yes	o no o	2)
LEFT SIDE							yes		2)
Is your walking impaired? yes one of the second of the sec									
[
Is your balance impaired?							yes	O no C	
						DOWEL			
Are you experiencing incontinence? BOWEL BLADDER						yes	no C	\exists	
, .					(BLADDER	yes	o no c	
Are you experiencing any im	anatansa ar	coviial div	-fct	ion?			wor		$\overline{\overline{}}$
Are you experiencing any impotence or sexual dysfunction?									
Is pain aggravated by:	COLIGHIN	IG OR SNEEZ	ING	none C)	worsened O		improved (
	COOdim	STAND		none)	worsened		improved	\prec
		SITT		none)	worsened O		improved	\prec
		WALK		none		worsened O		improved	\exists
	CHAN	IGING POSIT		none		worsened O		improved	\exists
	CHAN	LAYING DO		none		worsened O		improved	\exists
		BEND		none		worsened O		improved	\prec
		LIFT		none		worsened		improved	\exists
		TWIST		none		worsened O		improved	\exists