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BAHRI ORTHOPEDICS & SPORTS MEDICINE CLINIC, P.A.

Patient with Chronic Low Back Pain (Drawing of Patient's Pain)

(1 of 2)

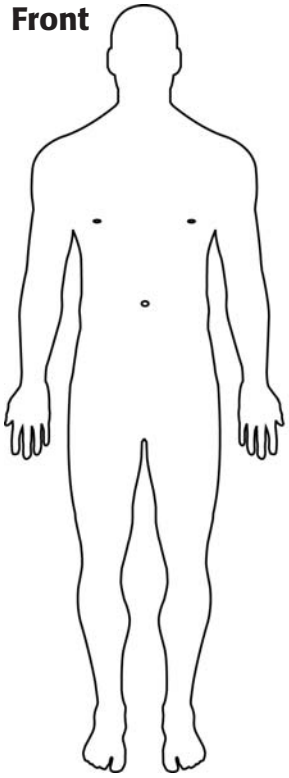
Created 05/12/2009

Please Give This Paper to the Doctor at the Time of Examination.

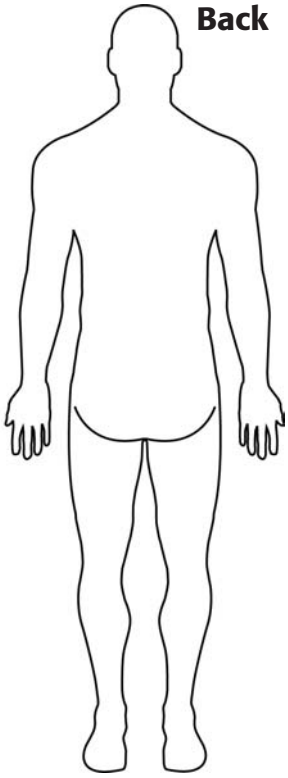
Name: _____ **Date:** _____

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark areas of radiation. Include all affected areas. To complete the picture ... please draw in your face.

Front



Back



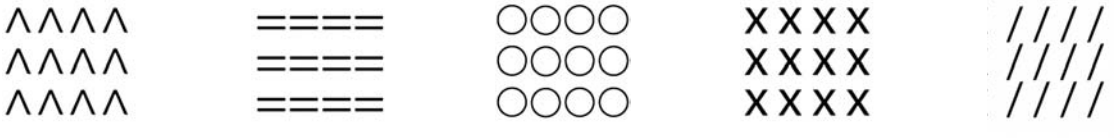
If it applies:

Balance of pain in arm(s):

- ○ most
- ○ some
- ○ none

Balance of pain in leg(s):

- ○ most
- ○ some
- ○ none



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Please take the time to fill out the appropriate places.

Created 05/12/2009

Name: _____ **Age:** _____

Present Job: _____ **How Long:** _____

Last Job: _____

1) **On what date** *(roughly at least)* **did you present pain start?** _____
2) **How long have you had any problems with back, neck, or legs?** _____
3) **How long have you been unable to work or do normal housework?** _____
4) **Did your pain start:** ◯ gradually ◯ suddenly ◯ injury _____
   Where? _____
5) **Do you get short of breath or a tight feeling in your chest with your back pain?** _____
   _____
6) **Do you notice your pain after you exercise or exert yourself?** _____
7) **Does your pain ever radiate down your left arm or elsewhere?** *Please describe* _____
   _____
8) **If sudden onset, please describe what happened.** _____
   _____
9) **My pain occurs when I** *(check appropriate box)*:

Cough or sneeze	◯ Better	◯ Worse	◯ No Difference
Sit in a straight chair	◯ Better	◯ Worse	◯ No Difference
Sit in a soft easy chair	◯ Better	◯ Worse	◯ No Difference
Bend forward to brush teeth	◯ Better	◯ Worse	◯ No Difference
Walk up stairs	◯ Better	◯ Worse	◯ No Difference
Walk down stairs	◯ Better	◯ Worse	◯ No Difference
Lie flat on my back	◯ Better	◯ Worse	◯ No Difference
Lie flat on my stomach	◯ Better	◯ Worse	◯ No Difference
Lie on my side with my knees bent	◯ Better	◯ Worse	◯ No Difference

10) **My back sometimes gets stuck when I bend forward.** ◯ Yes ◯ No
    After walking, bending forward relieves my pain. ◯ Yes ◯ No
    My back feels like giving way when I bend forward. ◯ Yes ◯ No
    My pain stops me when I walk a certain distance. ◯ Yes ◯ No
11) **Have you been in a hospital for back, leg, or neck pain?** ◯ Yes ◯ No
    Number of times: _____ **Please give dates:** _____
12) **Have you had myelograms taken?** ◯ Yes ◯ No
    Number of times: _____
13) **Have you had neck or back surgery?** ◯ Yes ◯ No
    Number of times: _____ **Please give type and dates:** _____
14) **Have you been in a hospital with other medical problems?** ◯ Yes ◯ No
    Number of times: _____ **Please describe:** _____
15) **What treatments have made your pain better?** _____
    What treatments have made your pain worse? _____
16) **What made you come to this office?** _____
17) **Do you have an attorney helping you?** ◯ Yes ◯ No
18) **Do other members of your family have significant back trouble?** ◯ Yes ◯ No
    Who: _____
19) **Do you have to change jobs?** ◯ Yes ◯ No
    To what? _____
20) **Are you under pressure at home?** ◯ Yes ◯ No **At Work?** ◯ Yes ◯ No
    ◯ Mild ◯ Moderate ◯ Severe
21) **What is the most aggravating thing about your pain?** _____
22) **What was the date of your last physical exam and the name of the doctor who did it?** _____
    _____ **Pelvic Done?** ◯ Yes ◯ No
    Rectal Done? ◯ Yes ◯ No