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## **Spine History**

Why are you seeing the	doctor t	oday?								
		_								
How long has the pain/problem been present?										
Has the pain/problem worsened recently? $\ \square$ No $\ \square$ Yes, how recently?										
Quality of the pain:	Sharp	□Bur	ning $\Box$	Dull [	Aching					
What makes the pain/p	roblem b	etter? _								
What makes the pain/p	roblem v	vorse?_								
Is the pain (check all the	at apply):		ontinuous	s $\square$ Ac	ctivity relate	ed $\square$	Night pa	ain [	∃Unpre	edictable
What other treatments	have you	tried?								
$\square$ Physical Therapy/Exercise $\square$ TENS unit $\square$ Narcotic medications $\square$ Chiropractor						ctor				
☐ Steroid injections					Anti-Inflan	nmatori	es	☐ Br	races	
Other:										
My Pain/Discomfort Is	: 0	1	2	3 4	5	6	7		9	10
(circle number)			ght N		   Moderate			Excrucia		
Generally speaking, are		_						LXCIUCIO	ating	VVOISC
Getting much bet					what bette			va abo	ut tha c	amo
☐ Getting much betting somewha				ig some ig much		:1 1	□ Stayiii	g abou	ut tile s	arrie
and the second s	(sha					Numb/ Fingling (shade the area)		we		
Righ	t	Left	Right		Right	ft Le	rt	ght		

For p	atients with <u>neck</u> or <u>arm</u> proble	ems (do	not complete if being	seen for a back problem):							
1.	1. What percent of your pain is neck pain and what percent is arm pain? (check appropriate box)										
	□ Neck 0%, Arm 100%	□Nec	k 25%, Arm 75%	☐ Neck 50%, Arm 50%							
	□ Neck 75%, Arm 25%	□Nec	k 100%, Arm 0%								
2.	What percent of your arm pain is on the right side and what percent is on the left side? check appropriate box)										
	$\square$ No arm pain	☐ Right 0%, Left 100%		☐ Right 25%, Left 75%							
	☐ Right 50%, Left 50%	□Righ	nt 75%, Left 25%	☐ Right 100%, Left 0%							
3.	Raising the arm: $\Box$ Improves the	the pain $\ \square$ Worsens the pain $\ \square$ Does not affect the									
4.	Moving the neck: ☐ Improves th	the pain $\square$ Worsens the pain $\square$ Does not affect the pa									
5.	There ( $\square$ is $\square$ is no) difficulty picking up small objects like coins or buttoning buttons.										
6.	There ( $\square$ is $\square$ is no) problem with balance or tripping frequently.										
7.	There are: ( $\square$ Frequent $\square$ Oc	casional	□ No) headaches in	the back of the head.							
For p	atients with <u>back</u> or <u>leg</u> proble	ms (do ı	not complete if being	seen for a neck problem):							
1.	What percent of your pain is bac (check appropriate box)	k pain a	nd what percent is leg (	or buttock pain?							
	☐ Back 0%, Leg 100%	$\square$ Bacl	k 25%, Leg 75%	☐ Back 50%, Leg 50%							
	☐ Back 75%, Leg 25%	$\square$ Bacl	k 100%, Leg 0%								
2.	What percent of your leg pain is on the right side and what percent is on the left side? (check appropriate box)										
	☐ No leg pain	Righ	nt 0%, Left 100%	☐ Right 25%, Left 75%							
	☐ Right 50%, Left 50%	□Righ	nt 75%, Left 25%	☐ Right 100%, Left 0%							
3.	The worst position for the pain is: $\square$ Sitting $\square$ Standing $\square$ Walking										
4.	How many minutes can you stand	d in one	place without pain?								
	□ 0 to 10 □ 15 to 30 □	30 to 6	0								
5.	How many minutes can you walk	without	pain?								
	□ 0 to 10 □ 15 to 30 □	30 to 6	0								
6.	Lying down: 🗆 Eases the pain	□Do	es not ease the pain	$\square$ Sometimes eases the pain							
7.	Bending forward: ☐ Increases the	e pain	☐ Decreases the pain	☐ Doesn't affect the pain							