HISTORY: LUMBAR SPINE

NAME

FOR OFFICE USE

PATIENT NUMBER

DATE

THIS FORM APPLIES TO A PROBLEM WITH YOUR LOWER BACK (LUMBAR SPINE)

1. MAJOR COMPLAINT, AT PRESENT TIME (*the main reason you came to the doctor*) CIRCLE NUMBER

1. deformity
2. pain
3. aching-sore
4. tingling
5. numbness
6. stiffness
7. loss of motion
8. weakness
9. loss of strength
10. paralysis
11. limp
12. legs giving out
13. loss of work
14. loss of activities
15. tripping over obstacles
16. loss of sleep because of severe pain
17. getting up after sitting
18. electrical shocks
19. (other) ______________________
20. (other) ______________________

2. NATURE OF YOUR PROBLEM AS YOU UNDERSTAND IT OR HAVE BEEN TOLD (CIRCLE NUMBER)

1. injury
2. fracture
3. dislocation
4. arthritis
5. infection
6. growth
7. birth defect (*developmental*)
8. tumor
9. (other) ______________________
10. do not know

3. HOW DID YOUR PROBLEM START? (CIRCLE NUMBER) — **ON (date)**

1. gradually ____/____/____
2. suddenly ____/____/____
3. injury while ______________________ ____/____/____
4. injury at work at ______________________ ____/____/____
5. injury in vehicle accident at ______________________ ____/____/____
6. reinjury of previous problem at ______________________ ____/____/____
7. (other) ______________________ ____/____/____
8. do not know

ACCIDENT INJURY INFORMATION

- IF YOU HAVE NEVER BEEN INJURED, SKIP TO QUESTION 14
- IF YOU HAVE BEEN INJURED, CONTINUE WITH NEXT QUESTION

4. HOW AND WHERE WERE YOU MOST RECENTLY INJURED? (CIRCLE NUMBER)

1. at home
2. at work
3. at a store
4. at friends
5. on a bicycle
6. on a motorbike
7. on all terrain vehicle
8. in a car
9. as a pedestrian
10. in an airplane
11. in a sports accident
12. on a boat
13. (other) ______________________

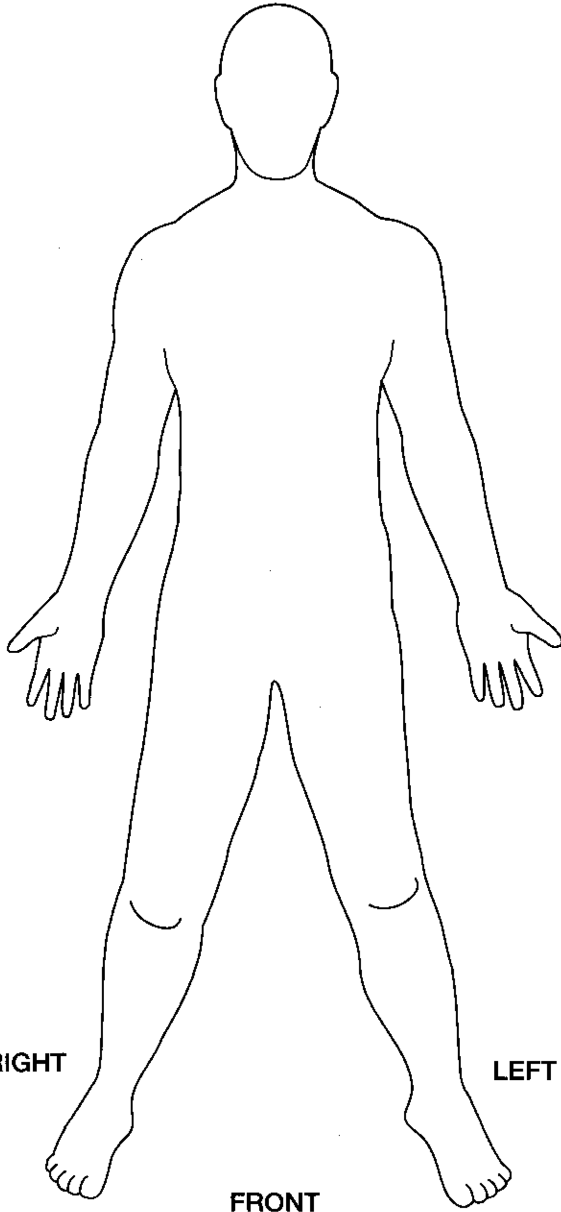
PATIENT PAIN DRAWING

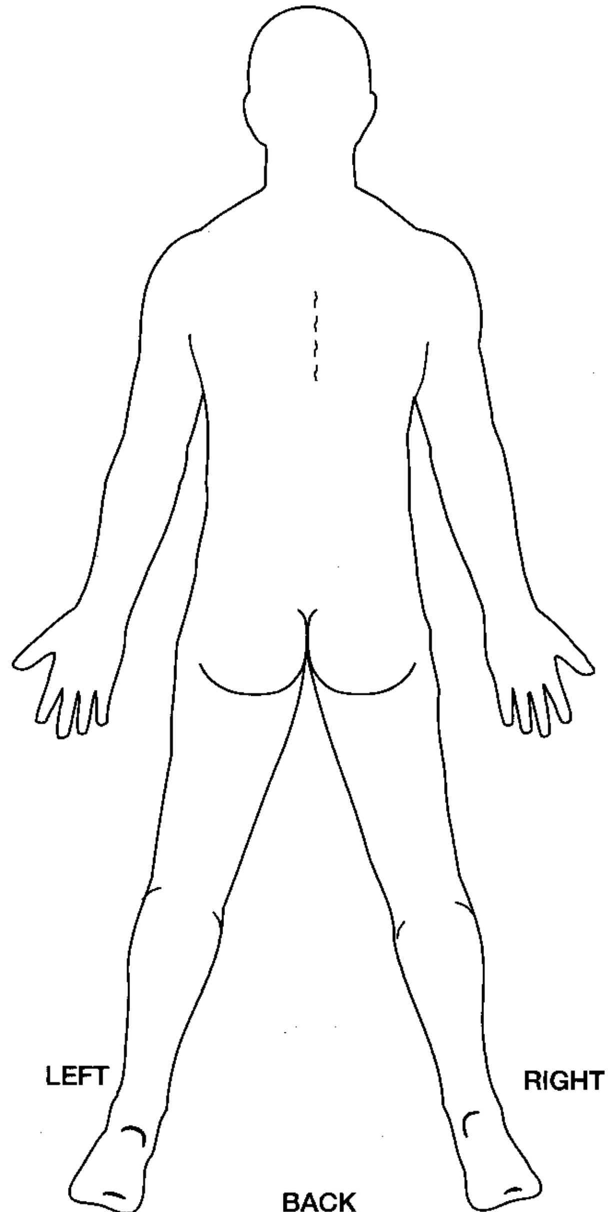
Form No. 51030 (1/95)

NAME	DATE

Where is your pain now?
Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Mark the areas of radiation. Include all affected areas. To complete the picture, please draw in your face.

ACHING	NUMBNESS	PINS AND NEEDLES	BURNING	STABBING
▲ ▲ ▲	= = =	○ ○ ○	X X X	/ / /





How bad is your pain now?
Please mark with an **X** on the body form where the pain is worst now.
Please mark on the line how bad your pain is now:

No pain ——————————————————————————— Worst possible pain