ASHLAND ORTHOPEDIC ASSOCIATES
CASE HISTORY

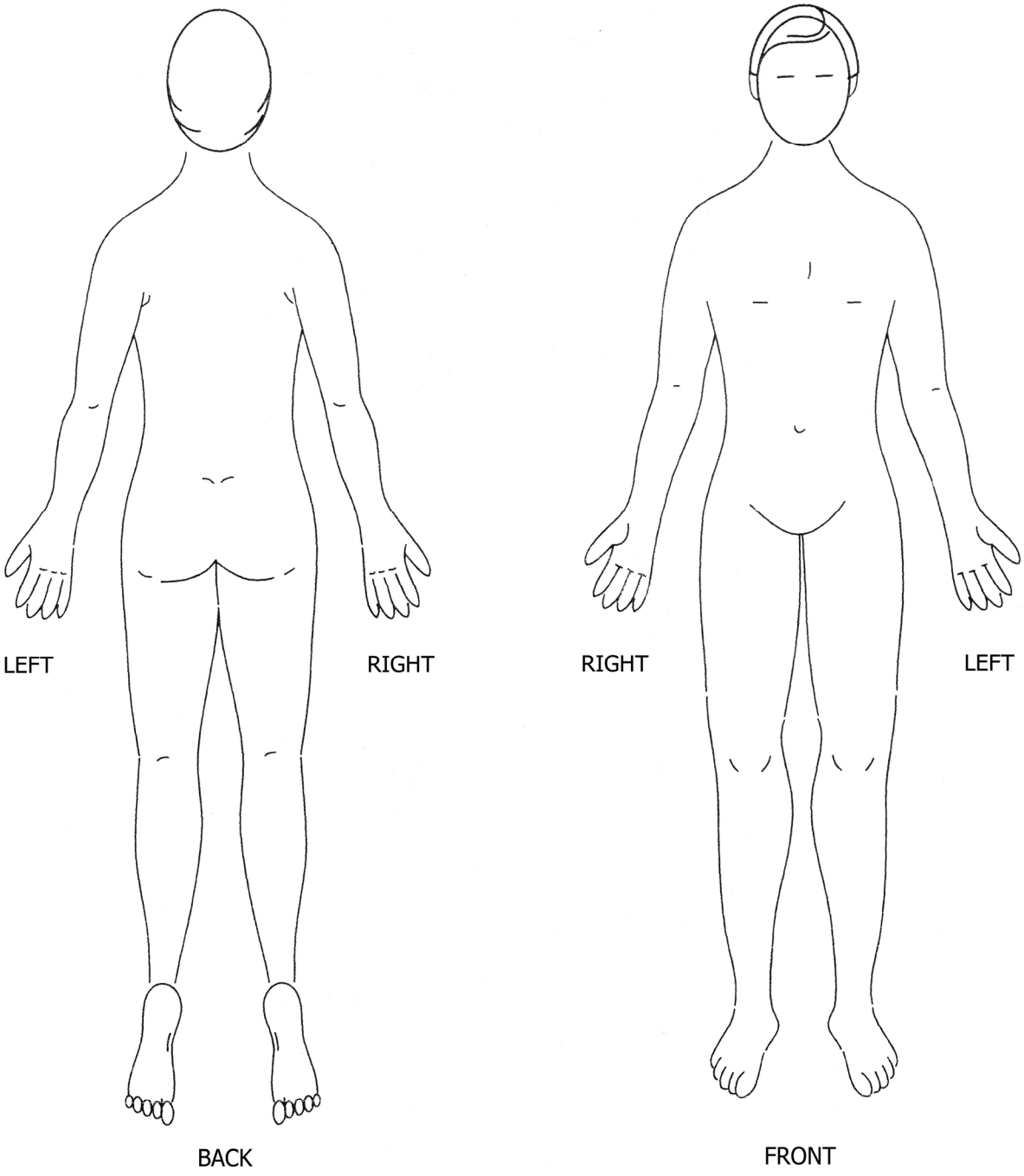
Patient Name _____ Date Completed _____

PATIENT WITH BACK, HIP, OR LEG PAIN:

PAIN DRAWING

The pain drawing will help us to understand the pain you have been experiencing.
Please diagram your pain using the following symbols:

Numbness	Burning	Pins & Needles	Stabbing	Other
— — —	X X X	O O O	/ / /	* * *



PATIENTS WITH BACK, HIP OR LEG PAIN, ANSWER THE FOLLOWING:

How long have you had your present attack of back and/or leg pain? _____

How long have you had back problems? _____

How many attacks of back pain and/or leg pain have you had per year? _____

On a scale of 0 - 10, with 0 being no pain and 10 pain so severe that you could not live with it for more than a few minutes. How would you rate your…

1. BACK PAIN RIGHT NOW? _____
2. The most severe BACK PAIN IN GENERAL over the last 6 months? _____
3. The most severe BACK PAIN in the last 6 months? _____
4. LEG PAIN RIGHT NOW? _____
5. LEG PAIN IN GENERAL over the last 6 months? _____
6. The most severe LEG PAIN in the last 6 months? _____

Did your back pain get better once the leg pain started? _____

Is your BACK pain (check one) _____Constant _____Intermittent (comes & goes)

Is your BACK pain (check one) _____Better _____Staying the same _____Getting worse

Is your LEG pain (check one) _____Constant _____Intermittent (comes & goes)

Is your LEG pain (check one) _____Better _____Staying the same _____Getting worse

Does your pain in the back and/or leg affect your sleep in any of the following ways?:

_____NO _____Cannot sleep at all because of pain _____Once I fall asleep I'm OK

_____I must get up and walk around to relieve the pain _____I awaken the same time every night

_____I must take medicine to sleep _____Cannot sleep on right and/or left side

_____Cannot sleep on stomach

How much time during the usual waking hours do you spend lying down? _____

What makes your pain worse? _____

What makes your pain better? _____

Is the pain worse on first arising in the morning? _____

Is the pain worse toward the end of the day? _____

Is the pain worse when first changing position (i.e., standing after sitting)? _____

Do you have any of the following problems?

_____Feel like you must urinate and cannot _____Dribbling _____Loss of feeling of voiding

_____Inability to void _____Urgent desire to void and cannot hold it _____Constipation

_____Difficulty with sex

Do you have difficulty with walking? _____

Do you stumble? _____ Due to pain? _____

Do you limp? _____ Due to pain? _____

Which of your knees give way? Right Left None

In which foot do you have weakness? Right Left None

In which foot do you have numbness? Right Left None

Who have you seen for your pain and when?

Name(s) _____

Type of Doctor/Therapist _____

What treatments have you had for your pain? _____

Which treatments helped your pain the most? _____

How many times/dates have you been hospitalized for your back? _____

Please list the dates and types of all back surgeries you have had _____

_____

Other tests for your back? Number and date(s)

CT Scan _____ Myelogram _____

M.R.I. _____ Bone Scan _____

Other(s) (i.e., EMG, Epidural, Venogram) _____