

ASHLAND ORTHOPEDIC ASSOCIATES CASE HISTORY

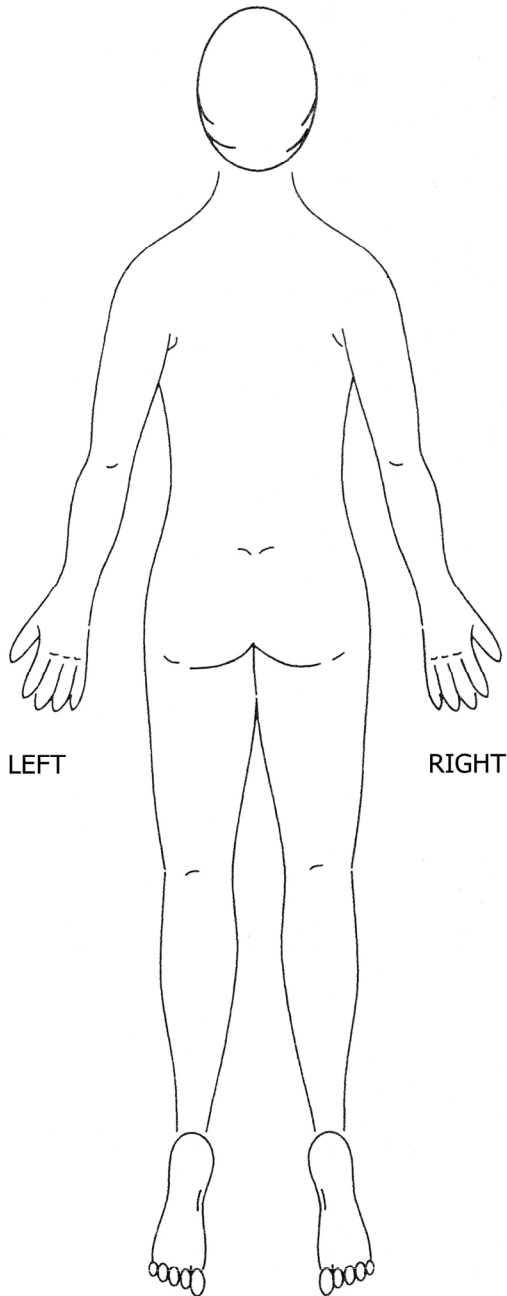
Patient Name _____ Date Completed _____

PATIENT WITH NECK 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:

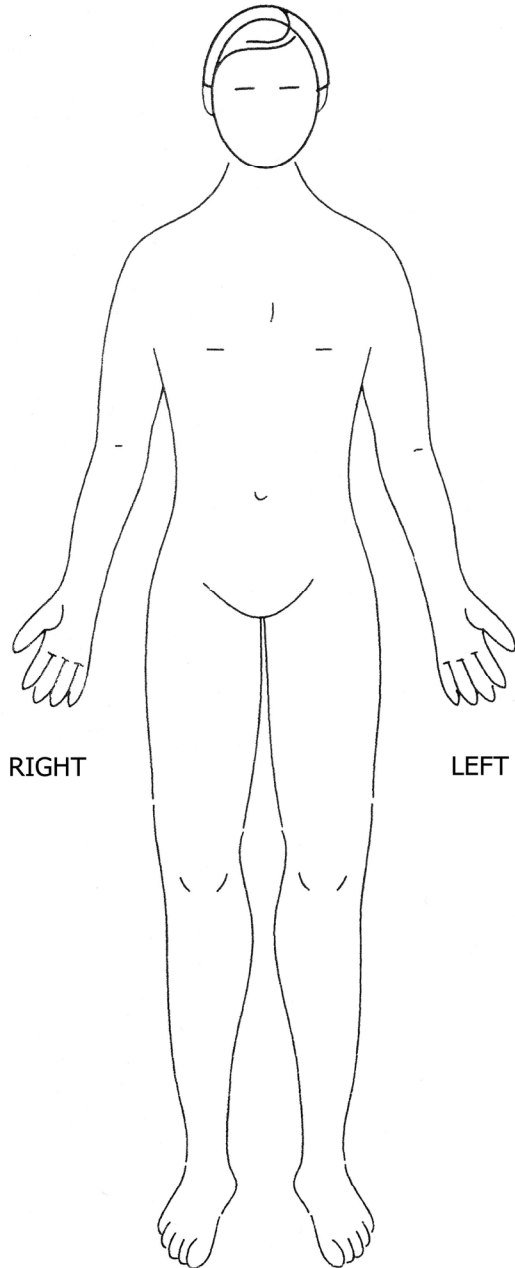
Numbness — — —	Burning X X X	Pins & Needles O O O	Stabbing / / /	Other * * *
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LEFT

RIGHT

BACK



RIGHT

LEFT

FRONT

CERVICAL SPINE QUESTIONNAIRE

1. How long have you had neck trouble?

What started it? _____

2. TODAY: Rate pain 1-10
(10 is so severe it could be tolerated for only seconds)

____ Neck ____ Headaches
____ Right Shoulder ____ Left Shoulder
____ Right Arm ____ Left Arm

3. Does your pain interfere with your sleep? YES / NO

4. Weakness in __arms __hands __legs

5. Clumsiness in __arms __hands __legs

6. Numbness in hands? YES / NO

7. Difficulty walking? YES / NO How far can you walk? _____

8. Do you have any bowel or bladder problems? _____

9. Psychiatric treatment?: Now: YES / NO Ever: YES / NO

1. Date of Accident: _____

2. Law Suit: Yes No

3. Worker's Comp.: Yes No

 Last day worked: _____

4. Current job: _____

5. Other job injury: _____

 Neck/ Back Surgeries / Dates: _____

Tests / Dates:

X-Ray _____

MRI _____

CT _____

Myelogram _____

What do you do for recreation? (Every day, weekly, monthly, rarely)

1. _____

2. _____

3. _____