

# ASHLAND ORTHOPEDIC ASSOCIATES CASE HISTORY

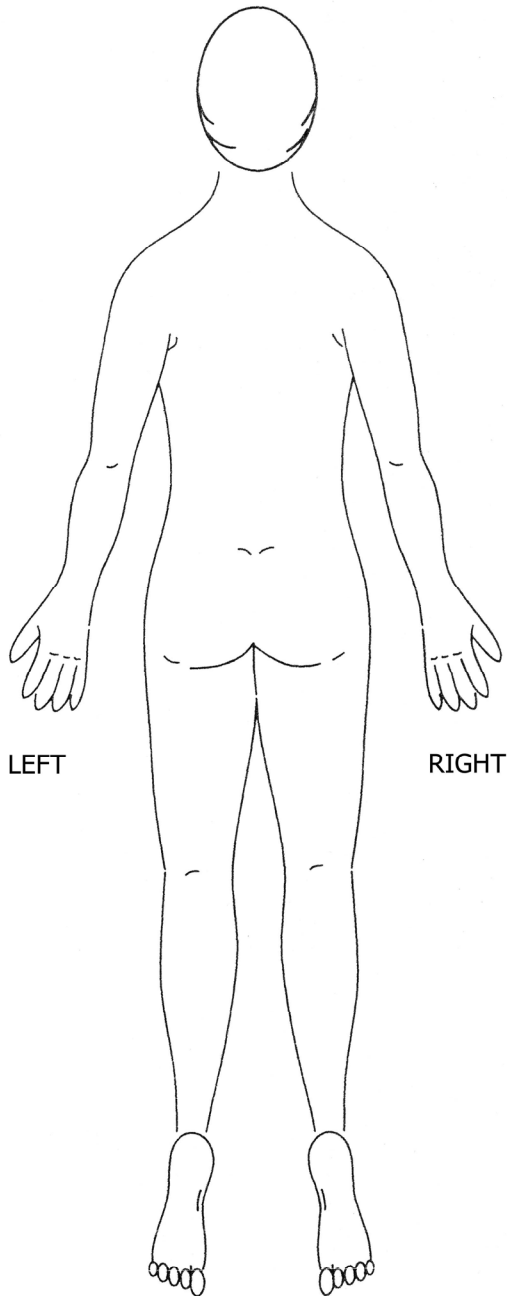
Patient Name \_\_\_\_\_ Date Completed \_\_\_\_\_

## 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:

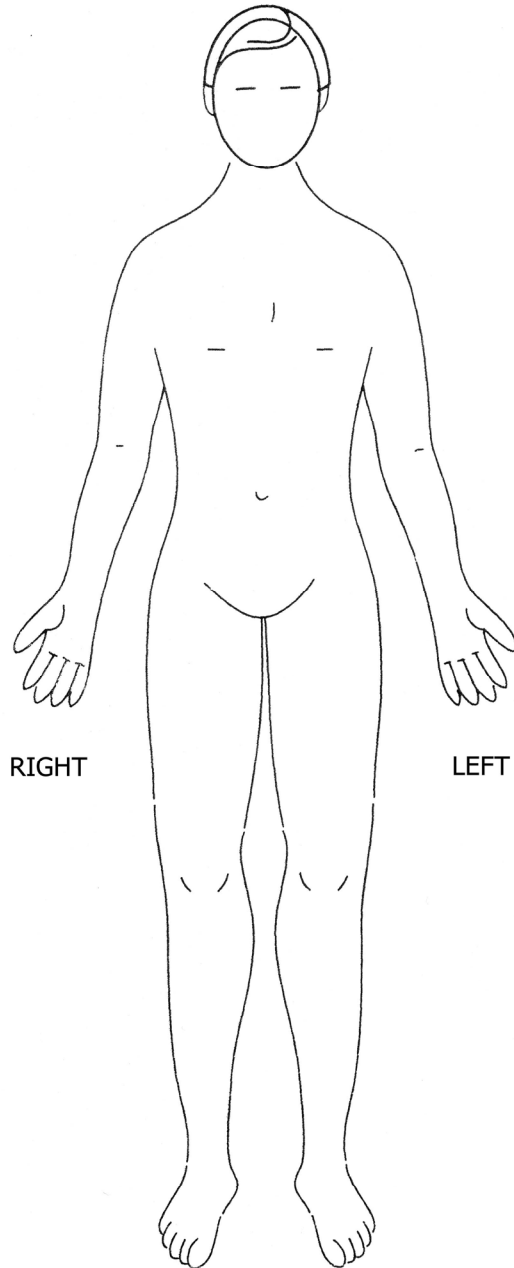
Numbness — — —	Burning X X X	Pins & Needles O O O	Stabbing / / /	Other * * *
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LEFT

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. \_\_\_\_\_