

Today's date _____

Back Pain Questionnaire, Page 1

1. Please describe why you scheduled this appointment:

2. How long have you had symptoms? _____

3. Have you ever been diagnosed with the following?

- Osteoporosis Previous compression fractures (when?) _____
 Cancer (what kind): _____

4. Do you have history of a previous back injury?

- Yes No

If "yes", when was the injury? _____

If "yes", who treated you? _____

If "yes", what was the treatment? _____

5. Have you ever taken long term oral steroids (prednisone, for example)?

- Yes No

If "yes", for what reason? _____

6. Have you ever smoked?

- Never Current Former

7. If you are a current or former smoker, please answer below:

- How many years have you or did you smoked for? _____

- How much on average how much do you or have you smoked per day? _____

- If you quit, when? _____

8. Do you experience any of the following since your back began to bother you?

- Pain while standing Pain while sitting Pain while laying down
 Pain while going from sitting to standing
 Pain while going from standing to sitting
 Inability to hold urine Inability to control/hold bowel movements
 Numbness or tingling of the genitals/buttocks
 Other symptoms: _____

Today's Date _____

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9. What have you done to help control your symptoms?

- Taken pain medication (if so, what kind?) _____
 Modified your activities Participated in physical therapy

10. Do you currently or have you ever seen a medical provider for your back?

- Yes No

If "yes", whom, and when was the last time you were seen? _____

If "yes", what kind of treatment(s)/surgeries/injections have you had?

11. What activities are limited as a result of your symptoms?

12. Have you had any outside testing done on your back?

- MRI CT Spine Xray None

Where and when? _____

You must bring CD of your MRI, CT at least one week prior to your appointment for review by medical providers. Report of the study is not enough. This must be done PRIOR to your appointment for review.