ASPEN Orthopedics
www.aspenors.com

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New Berlin - 12555 W. National Avenue, Suite 100

Date:_____

## SPINE PATIENT QUESTIONNAIRE

Name:_____Age:_____DOB:_____

Chief complaint:_____

Occupation:_____

Are you currently working? ☐ Yes ☐ No *When was the last date that you worked?_____

Does your present problem involve a lawsuit or motor vehicle accident? ☐ Yes ☐ No

Does your problem involve a worker's compensation claim? ☐ Yes ☐ No

How long have your symptoms been present?_____

How did the problem start? ☐ Suddenly ☐ Gradually ☐ Due to injury/accident

If an injury, is this work-related? ☐ Yes ☐ No

Have you had spine injuries/surgery in the past? ☐ Yes ☐ No

If yes, when?_____

| | | | |
|---|---|---|---|
| What makes your pain worse? | ☐ Lifting | ☐ Bending | ☐ Twisting |
| *(Check all that apply)* | ☐ Sleeping | ☐ Sitting | ☐ Standing |
| | ☐ Walking | ☐ Running | ☐ Lying Down |
| | ☐ Coughing | ☐ Sneezing | ☐ Straining |
| What makes your pain better? | ☐ Sitting | ☐ Standing | ☐ Lying Down |

Please list any hobbies which are affected by your condition:_____

_____

_____

_____

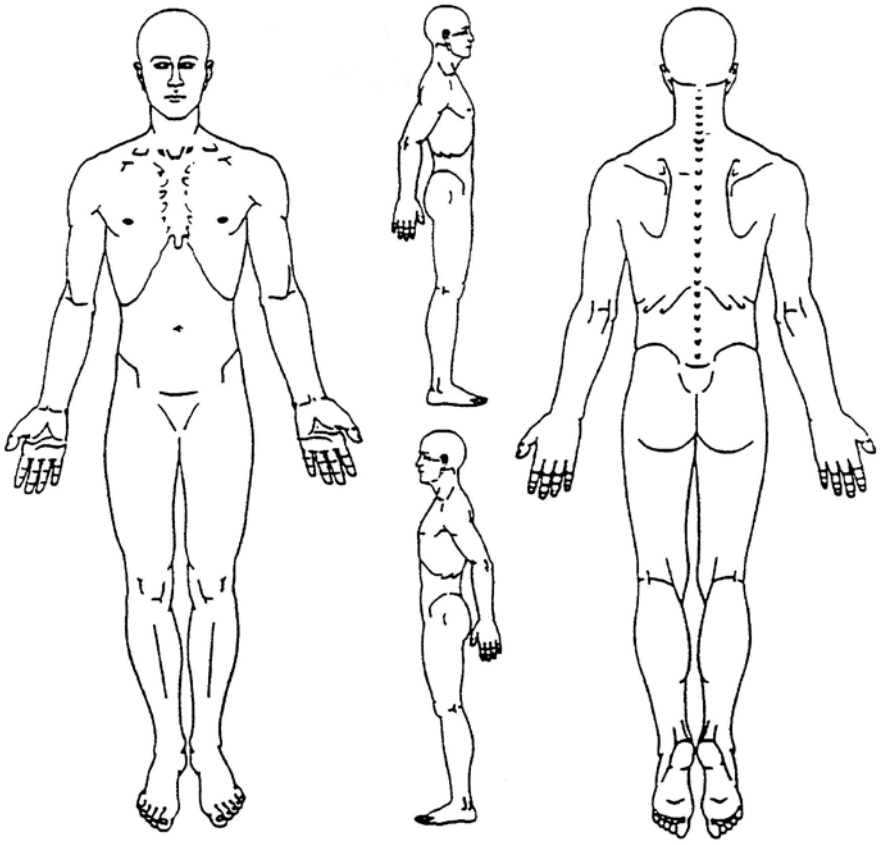
| | | | |
|---|---|---|---|
| Do you exercise regularly? | ☐ Yes | ☐ No | |
| Do you smoke? | ☐ Yes | ☐ No | If yes, how much per day?_____ |
| Do you drink alcohol? | ☐ Yes | ☐ No | If yes, how many beverages/week?_____ |

Patient Name:_____Age: _____ Date of Birth:_____

Please use the pain diagram below. Mark the areas on the diagram where you feel the described sensations on your body. Mark areas of radiation. Include all affected areas.

Numbness: (= = =) Pins and Needles: (0 0 0)

Burning: (XXX) Stabbing: ( / / / )



Which of the following diagnostic studies have you had for this problem?

☐ X-ray ☐ CT ☐ MRI ☐ Myelogram ☐ EMG

*Have you had any of the following treatments?

☐ Physical Therapy ☐ Facet Injections ☐ Epidural Injections

☐ SI Joint Injections ☐ Acupuncture ☐ Chiropractic Care

*If so, *where* did you have the treatments? And how *many*? _____

_____ _____ _____ _____

Patient Signature Date Physician Signature Date

YOU MUST PRINT THIS FORM OUT AND BRING IT WITH YOU TO YOUR APPOINTMENT.
THIS FORM DOES NOT AUTOMATICALLY GET SENT TO ASPEN.
***IF YOU DO NOT PRINT THIS FORM OUT, THE INFORMATION WILL BE LOST.***

PRINT CLEAR

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