

Date: _____

Patient Name: _____

DOB: _____

Patient Medical History for Spine Symptoms

Referred by: _____

Date of Injury/Onset of Symptoms: _____

Pain Diagram

Instructions: Mark the below drawings according to where you are hurting or feeling pain. For example, if the right side of your neck hurts, then mark the drawing on the right side of the neck. Please indicate which sensations you are feeling by the referring symbols below.

Right **Left** **Left** **Right**

Numbness: o o o o
Pins & Needles: ----
Burning: x x x x
Stabbing: ////
Ache: v v v v

Neck Pain _____ %
 Arm Pain _____ %
 Back Pain _____ %
 Leg Pain _____ %
 Total = 100%

Please mark your pain level using the scale below. Scale is measured 0 through 10

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

- 0 – No Pain
- 1 – Mild Pain, you are aware of the pain, but it does not bother you
- 2 – Moderate Pain – You can tolerate pain without medication
- 3 – Moderate Pain – Requires Medication to tolerate pain
- 4 – 5 – More Severe Pain – you begin to feel anti-social
- 6 – Severe Pain
- 7 – 9 - Intensely Severe Pain
- 10 – Most Severe Pain, Emergency Room Care