Name:
Chart:
Date:

BACK HISTORY

Name _____ Date of Birth _____

Please answer each question as carefully as possible. This information will help your doctor to understand what is wrong with your back.

1. History of previous spine problems _____
2. Where did injury occur? _____
3. What activity were you engaged in? _____
4. Is pain better or worse than before? _____
5. Is pain daily? Yes No _____
6. Describe intensity of pain, is pain aching/sharp? _____
7. Does activity affect pain? _____
8. What aggravates it? _____
9. What makes it better? _____
10. Does the pain radiate or travel into your legs, especially below the knee? _____
11. Do you have any numbness or weakness? _____
12. Do you have loss of control - bladder or bowel function? _____
13. Does your back/neck hurt more than extremity? _____
14. What previous treatments have you had - medications, chiropractor, physical therapy, braces or injection. Please describe _____
15. Please describe your work history - date last worked, how long at this job, any previous job injuries, education level, work comp or social security? _____
16. Please list your past health problems _____
17. If you have had previous back surgery, please give date, type of surgery and result _____
18. Does pain wake you up at night? _____
19. What would you do if you didn't have the pain? _____
20. What would you like the Doctor to do for you? _____

Name:
Chart:
Date:

[redacted]

Mark these drawings according to where you hurt. (If the back of your neck hurts, mark the drawing on the back of the neck, etc.) If you feel any of the following symptoms, please indicate where you feel them by placing the marks shown here on the diagram.