MD IMAGING

SPINE QUESTIONNAIRE

PATIENT NAME: _____

DATE: _____

DATE OF INJURY: _____

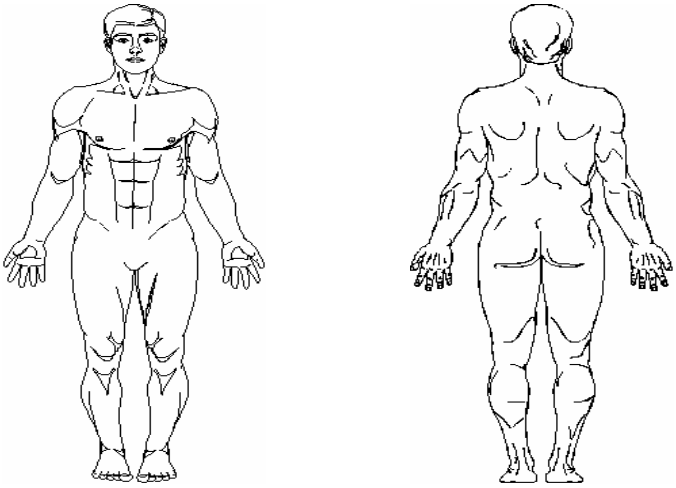
1. What is your chief complaint? _____

2. What do you think caused this problem? _____

3. Describe your pain by number_____

   Please choose the number which best describes how you are feeling

   "0" means you have no pain "10" means you have the worst pain possible



Please indicate areas of pain

4. Does the pain go down your arm? _____ Your leg?_____ Front/Back_____
   Right/Left/Both? _____

5. Does anything make the pain worse (standing, sitting, etc)._____

6. Do you have numbness and weakness? _____ Where?_____

7. Have you had any bowel or bladder changes? _____

8. Do you have a history of cancer? If so, describe. _____

9. Have you had spine surgery? _____ When/Where?_____

   What level? _____ Screws/rods implanted _____

10. Do you have any other medical conditions? _____