

PATIENT I.D.

PERSONAL INFORMATION

Last Name: _____ First Name: _____
Age: _____ Date of birth: _____ Occupation: _____ [] Not working

SOCIAL HISTORY

Marital Status: [] Single [] Married [] Separated [] Divorced [] Widowed
Do you live alone: [] Yes [] No
How many children do you have? _____
Will you have a caregiver to assist you if surgery is needed? [] Yes [] No
Are you currently working? [] Yes [] No
Have you lost work due to your back problem? [] Yes [] No
Do you have stairs in your home? [] Yes [] No
Do you think you are at risk for a fall? [] Yes [] No

CURRENT PROBLEMS

Date symptoms began: _____
Chief complaint or reason for visit: _____

Cause of present problem (e.g. work related injury, auto accident, slip-and-fall, etc.): _____

What favorite activities does your pain prevent?: _____

Can you care for yourself (i.e. dressing, eating, toileting, standing up, etc.) _____

Other difficult functions include: _____

PAST HISTORY

Past or ongoing medical problems (e.g. high blood pressure, stroke, diabetes, heart condition, cancer, etc.):
(If more space is needed, please attach on a separate sheet.)

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Previous Surgeries

Name of operation	Date
_____	_____
_____	_____
_____	_____

Other Information

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of cigarettes per day _____
Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of drinks per day _____

Have you had imaging in the last 3 months?

Yes No MRI CT Scan X-rays

Allergies

Please list all allergies and response such as rash, itching, difficulty breathing, or unknown:

Drug name	Reaction
_____	_____
_____	_____
_____	_____

Medications

Please list all current medications, over the counter drugs, vitamins and herbals.

Please give us the total number of "as needed" medication taken in a 24-hour period.

Name	Dosage / Amount	Time of day	Total taken in 24 hours.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature	Date	Time
_____	_____	_____