ASSOCIATED NEUROLOGICAL SPECIALTIES

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Patient Name:_____ Today's Date:_____

CHIEF COMPLAINT-LOWER BACK PAIN

1. How long have you had lower back pain?
2. Was there an injury? _____ When? _____
3. Is the pain one-sided or both sides? Which side?
4. Does the pain go below the knees?
5. Does the pain go to the feet?
6. If the pain goes to the feet, is there numbness and tingling and which side of the foot is involved?
7. Do the muscles jump under the skin? _____ Where?
8. Is there any weakness in the leg? _____ Where?
9. Do you have any loss of bowel or bladder control? Which?
10. IS the pain worse when sitting, standing, or lying down? Which?
11. Is the pain less when you get up out of sleep in the morning, or is it worse?
12. If you cough or sneeze, does this send pain down your leg?

CHIEF COMPLAINT-LOWER BACK PAIN CONTINUED:

13. Have you had similar pain in the past? _____ If so, what worked for the pain then?

14. Have you had any diagnostic studies? _____ If so, what?

    A. MRI scan of lumbar spine? _____ If so, when and where?

    B. An electromyogram (EMG) of the legs? _____ If so, when and where?

15. What did the above studies show?

16. What medications have you taken for the pain? Did it work?

17. Do you engage in any sports? _____ If so, does it seem to make the pain worse?

18. Have you done any new activity or sports?