ASSOCIATED NEUROLOGICAL SPECIALTIES

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| Patient I | Name: Today's Date: |
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| | CHIEF COMPLAINT-NECK PAIN |
| 1. | Where is the pain? Touch the spot where the pain is. |
| 2. | Does the pain radiate down the arm- to the arm or hand? |
| 3. | Is there any sensory change numbness, or tingling? |
| 4. | Is there is numbness and tingling: Where? Which fingers are involved? |
| 5. | When does the tingling occur? Is the tingling worse at night in sleep? |
| 6. | Is your neck pain one-sided or bilateral- both sides? |
| 7. | Is one side more painful than the other? If so, which? |
| 8. | Have you had a serious head trauma, automobile accident, or whiplash? |
| 9. | Have you had any diagnostic testing? If so, when and where? A. MRI scan |
| | B. Test of nerves by EMG |
| 10. | What medications do you take for the pain? Does the medication work? |
| 11. | Does the pain affect your sleep or occur out of sleep? |

| 12. Have you lost any strength in your arms or hands? |
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| 13. Do you have trouble opening jars or lifting? |
| 14. Do the muscles jump or quiver under the skin? |
| 15. Have you taken any therapy? If so, with what results? |
| 16. Does the shoulder joint, itself, hurt? |
| 17. Does the pain interfere with your lifestyle? |
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