Confidential Patient Information

(IF YOU NEED ANY ASSISTANCE COMPLETING THIS FORM, PLEASE ASK THE RECEPTIONIST)

PATIENT INFORMATION Today's Date: _____

Name: _____
(last name) (first name) (mi)

Nickname _____ Date of Birth: _____

Marital Status: ❑ Married ❑Single ❑Divorced ❑Separated ❑Other _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: **(H)**_____ **(W)** _____ **(C)**___ _____

Social Security #: _____ Age: _____ ❑ Male ❑ Female

Name of Spouse/Nearest Relative: _____Phone: _____

Your Occupation_____ Your Employer: _____

How did you hear of our office? _____

If someone referred you, please indicate name: _____

May we use your name in thanking this person? YES_____ NO_____

1100 Hammond Dr. Ste 220
Atlanta, GA 30328
(404) 531-9525 (P) – (404) 531-9842 (fax)

PLEASE DESCRIBE PRESENT MAJOR COMPLAINTS:

Please Rate your symptoms (1-10, with 1 being least serious)

	Description	Quality of Pain/Radiating	Rating
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

SYMPTOMS DEVELOPED FROM: ❑ AUTO ACCIDENT ❑ JOB RELATED INJURY

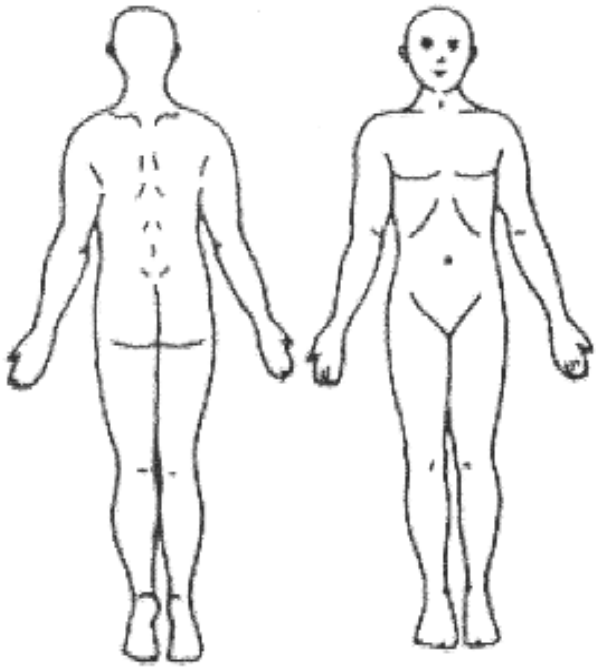
❑INJURY ❑ACCIDENT ❑ILLNESS ❑ GRADUAL ONSET ❑ UNKNOWN CAUSE

DATE OCCURRED:_____

SYMPTOMS PERSISTED FOR ____HOUR(S) ___DAY(S) ___WEEK(S) ___MONTH(S)__YEAR(S)

HAVE YOU EVER HAD THIS BEFORE: ❑NO ❑YES WHEN?_____

Use the letters BELOW to indicate the TYPE
and LOCATION of your sensations right now.
Key: A=Ache B=Burning N=Numbness
P= Pins & Needles S=Stabbing



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SYMPTOMS/COMPLAINTS: ❑COME & GO ❑ARE CONSTANT ❑ARE NEARLY CONSTANT

SYMPTOMS ARE WORSE IN ❑MORNING ❑AFTERNOON ❑EVENING
❑CONSISTENT ❑UNCHANGED

ARE YOU PREGNANT ❑NO ❑YES PERCENT OF YOUR DAY SPENT SITTING _____%

NAME AND LOCATION OF DOCTORS PREVIOUSLY SEEN FOR PRESENT CONDITION(S):

_____

_____

ARE YOU TAKING ANY MEDICATIONS ❑YES ❑NO WHAT KIND?

PLEASE CHECK THE FOLLOWING ACTIVITIES THAT <u>AGGRAVATE</u> YOUR CONDITION:

❑BENDING	❑COUGHING	❑DRIVING	❑EXERCISING
❑GETTING UP AND DOWN	❑INCREASED ACTIVITY	❑LIFTING	❑LYING DOWN
❑OVERHEAD ACTIVITIES	❑PREPARING FOOD	❑REACHING	❑SITTING
❑SNEEZING	❑STANDING	❑STRAINING AT STOOL	
❑TURNING HEAD	❑WALKING		

PLEASE CHECK THE FOLLOWING ACTIVITIES THAT <u>RELIEVE</u> YOUR CONDITION:

❑BENDING	❑HEAT	❑ICE	❑LIFTING
❑LYING DOWN	❑MEDICATION	❑REACHING	❑RESTING
❑SITTING ❑STANDING	❑STRETCHING	❑TURNING HEAD	❑WALKING

PLEASE CHECK ANY <u>ADDITIONAL SYMPTOMS</u> YOU MAY BE EXPERIENCING:

❑blurred vision ❑buzzing in ears ❑cold feet ❑cold hands ❑cold sweats ❑concentration loss

❑constipation ❑depression/weeping spells ❑diarrhea ❑dizziness ❑face flushed

❑fainting ❑fatigue ❑fever ❑head seems too heavy ❑headaches ❑insomnia

❑light bothers eyes ❑loss of balance ❑loss of smell ❑loss of taste ❑low resistance to colds

❑muscle jerking ❑NONE ❑numbness in fingers ❑numbness in toes ❑pins and needles in arms

❑pins and needles in legs ❑ringing in ears ❑shortness of breath ❑stiff neck ❑stomach upset

MEDICAL/FAMILY HISTORY

(S = Self M = Mother F = Father)

(Please indicate which **PAST** conditions have been experienced **PRIOR** to present complaint by marking appropriate boxes)

S	M	F		S	M	F		S	M	F	
❑	❑	❑	AIDS	❑	❑	❑	dislocated joints	❑	❑	❑	nervous
❑	❑	❑	allergies	❑	❑	❑	epilepsy	❑	❑	❑	NONE stated
❑	❑	❑	anemia	❑	❑	❑	fibromyalgia	❑	❑	❑	numbness
❑	❑	❑	arthritis	❑	❑	❑	German measles	❑	❑	❑	osteoporosis
❑	❑	❑	asthma	❑	❑	❑	headaches	❑	❑	❑	polio
❑	❑	❑	back pain	❑	❑	❑	heart trouble	❑	❑	❑	poor circulation
❑	❑	❑	bladder trouble	❑	❑	❑	hepatitis	❑	❑	❑	reproductive disorder
❑	❑	❑	bone fracture	❑	❑	❑	high blood pressure	❑	❑	❑	rheumatic fever
❑	❑	❑	cancer	❑	❑	❑	high cholesterol	❑	❑	❑	rheumatism
❑	❑	❑	chest pain	❑	❑	❑	HIV/ARC	❑	❑	❑	scarlet fever
❑	❑	❑	concussion	❑	❑	❑	is deceased	❑	❑	❑	scoliosis
❑	❑	❑	constipation	❑	❑	❑	kidney disorder	❑	❑	❑	serious injury
❑	❑	❑	convulsions	❑	❑	❑	bowel control loss	❑	❑	❑	sinus troubles
❑	❑	❑	deceased	❑	❑	❑	lung disease	❑	❑	❑	stroke
❑	❑	❑	depression	❑	❑	❑	menstrual cramps	❑	❑	❑	thyroid problems
❑	❑	❑	diabetes	❑	❑	❑	multiple sclerosis	❑	❑	❑	tuberculosis
❑	❑	❑	diarrhea	❑	❑	❑	muscular dystrophy	❑	❑	❑	ulcers
❑	❑	❑	indigestion	❑	❑	❑	neck pain	❑	❑	❑	STD

Date of Last Physical Exam_____

Have you been treated by a physician for any health condition in the last year? ❑Yes ❑No

If yes, describe Condition _____

Have you ever had a metal implant? ❑Yes ❑No Ever been gunshot? ❑Yes ❑No

SURGICAL HISTORY:

1. _____ _Date: _____

2. _____ Date:_____

3. _____ Date:_____

ACCIDENT HISTORY :

❑Job ❑Auto ❑Other 1. _____ Date: _____

❑Job ❑Auto ❑Other 2._____Date:_____

❑Job ❑Auto ❑Other 3._____Date:_____

Neck Pain Disability Questionnaire

After Vernon &Mior, 1991, rev. 1/1/95

Please mark the ONE choice from EACH group that best describes you.

PAIN INTENSITY

- A. I have no pain at the moment.
- B. The pain is very mild at the moment.
- C. The pain is moderate at the moment.
- D. The pain is fairly severe at the moment.
- E. The pain is very severe at the moment.
- F. The pain is worst imaginable at the moment.

PERSONAL CARE

- A. I can look after myself normally without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self care.
- F. I do not get dressed. I wash with difficulty and stay in bed.

LIFTING

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights, but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can only lift very light weights.
- F. I cannot lift or carry anything at all.

READING

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want to with slight pain in my neck.
- C. I can read as much as I want with moderate pain in my neck.
- D. I cannot read as much as I want because of moderate pain in my neck.
- E. I cannot read as much as I want because of severe pain in my neck.
- F. I cannot read at all.

HEADACHES

- A. I have no headaches at all.
- B. I have slight headaches which come infrequently.
- C. I have moderate headaches which come infrequently.
- D. I have moderate headaches which come frequently.
- E. I have severe headaches which come frequently.
- F. I have headaches almost all the time.

CONCENTRATION

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty concentrating when I want to.
- F. I cannot concentrate at all.

WORK

- A. I can do as much work as I want to
- B. I can only do my usual work, but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

DRIVING

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I cannot drive my car at all.

SLEEPING

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is midly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

RECREATION

- A. I am able to engage in all of my recreational activities, with no neck pain at all.
- B. I am able to engage in all of my recreational activities, with some neck pain at all.
- C. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- D. I am able to engage in a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

Patient Signature _____Date_____

Revised Oswestry Low Back Pain Disability Questionnaire

From N. Hudson, K. Tome-Nicholson, A. Breen; 1989 rev. 09/11/92

Please mark the ONE choice from EACH group that best describes you.

PAIN INTENSITY

- ☐A. The pain comes and goes and is very mild.
- ☐B. The pain is mild and does not vary much.
- ☐C. The pain comes and goes and is moderate.
- ☐D. The pain is moderate and does not vary much.
- ☐E. The pain comes and goes and is severe.
- ☐F. The pain is severe and does not vary much.

PERSONAL CARE

- ☐A. I would not have to change my way of washing or dressing in order to avoid pain.
- ☐B. I do not normally change my way of washing or dressing even though it causes some pain.
- ☐C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
- ☐D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ☐E. Because of the pain, I am unable to do some washing and dressing without help.
- ☐F. Because of the pain, I am unable to do any washing or dressing without help.

LIFTING

- ☐A. I can lift heavy weights without extra pain.
- ☐B. I can lift heavy weights, but it causes extra pain.
- ☐C. Pain prevents me from lifting heavy weights off the floor.
- ☐D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- ☐E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ☐F. I can only lift very light weights, at the most.

WALKING

- ☐A. Pain does not prevent me from walking any distance.
- ☐B. Pain prevents me from walking more than one mile.
- ☐C. Pain prevents me from walking more than ½ mile.
- ☐D. Pain prevents me from walking more than 1/4 mile.
- ☐E. I can only walk while using a cane or on crutches.
- ☐F. I am in bed most of the time and have to crawl to the toilet.

SITTING

- ☐A. I can sit in any chair as long as I like without pain.
- ☐B. I can only sit in my favorite chair as long as I like.
- ☐C. Pain prevents me from sitting more than one hour.
- ☐D. Pain prevents me from sitting more than ½ hour.
- ☐E. Pain prevents me from sitting more than ten minutes.

☐F. Pain prevents me from sitting at all.

STANDING

☐A. I can stand as long as I want without pain.
☐B. I have some pain while standing, but it does not increase with time.
☐C. I cannot stand for longer than one hour without increasing pain.
☐D. I cannot stand for longer than ½ hour without increasing pain.
☐E. I cannot stand for longer than ten minutes without increasing pain.
☐F. I avoid standing, because it increases the pain straight away.

SLEEPING

☐A. I get no pain in bed.
☐B. I get pain in bed, but it does not prevent me from sleeping well.
☐C. Because of pain, my normal night's sleep is reduced by less than one-quarter.
☐D. Because of pain, my normal night's sleep is reduced by less than one-half.
☐E. Because of pain, my normal night's sleep is reduced by less than three-quarters.
☐F. Pain prevents me from sleeping at all.

SOCIAL LIFE

☐A. My social life is normal and gives me no pain.
☐B. My social life is normal, but increases the degree of my pain.
☐C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
☐D. Pain has restricted my social life and I do not go out very often.
☐E. Pain has restricted my social life to my home.
☐F. I have hardly any social life because of the pain.

TRAVELING

☐A. I get no pain while traveling.
☐B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
☐C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
☐D. I get extra pain while traveling which compels me to seek alternative forms of travel.
☐E. Pain restricts all forms of travel.
☐F. Pain prevents all forms of travel except that done lying down.

CHANGING DEGREE OF PAIN

☐A. My pain is rapidly getting better.
☐B. My pain fluctuates, but overall is definitely getting better.
☐C. My pain seems to be getting better, but improvement is slow at present.
☐D. My pain is neither getting better nor worse.
☐E. My pain is gradually worsening.
☐F. My pain is rapidly worsening.

Patient Signature _____Date_____

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