Bahri Orthopedics & Sports Medicine Clinic, P.L.
Back Pain History

Name: ___________________________ Date: ___________________________

Drawing & locations of patient’s pain

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark areas of radiation. Include all affected areas. To complete the picture ... please draw in your face.

If it applies:
Radiating pain in arm(s):

- most
- some
- none

Radiating pain in leg(s):

- most
- some
- none

Symbols:

- ▲▲▲▲
- ▲▲▲▲
- ▲▲▲▲
- ACHE
- NUMBNESS
- PINS & NEEDLES
- BURNING
- STABBING
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Name: ___________________________  Age: ___________________________

Present Job: ___________________________  Last Job: ___________________________

1) On what date (roughly at least) did you present pain start? ___________________________

2) How long have you had any problems with back, neck, or legs? ___________________________

3) How long have you been unable to work or do normal housework? ___________________________

4) Did your pain start:  ○gradually  ○suddenly  ○injury ___________________________

Where? ___________________________

5) Do you get short of breath or a tight feeling in your chest with your back pain? ___________________________

6) Do you notice your pain after you exercise or exert yourself? ___________________________

7) Does your pain ever radiate down your left arm or elsewhere?  Please describe ___________________________

8) If sudden onset, please describe what happened. ___________________________

9) My pain occurs when I (check appropriate box):

   Cough or sneeze  ○Better  ○Worse  ○No Difference
   Sit in a straight chair  ○Better  ○Worse  ○No Difference
   Sit in a soft easy chair  ○Better  ○Worse  ○No Difference
   Bend forward to brush teeth  ○Better  ○Worse  ○No Difference
   Walk up stairs  ○Better  ○Worse  ○No Difference
   Walk down stairs  ○Better  ○Worse  ○No Difference
   Lie flat on my back  ○Better  ○Worse  ○No Difference
   Lie flat on my stomach  ○Better  ○Worse  ○No Difference
   Lie on my side with my knees bent  ○Better  ○Worse  ○No Difference

10) My back sometimes gets stuck when I bend forward.
   After walking, bending forward relieves my pain.  ○Yes  ○No
   My back feels like giving way when I bend forward.  ○Yes  ○No
   My pain stops me when I walk a certain distance.  ○Yes  ○No

11) Have you been in a hospital for back, leg, or neck pain?  ○Yes  ○No

   Number of times:  __________  Please give dates: ___________________________

12) Have you had myelograms taken?  ○Yes  ○No

13) Have you had neck or back surgery?  ○Yes  ○No

   Number of times:  __________  Please give type and dates: ___________________________

14) Have you been in a hospital with other medical problems?  ○Yes  ○No

   Number of times:  __________  Please describe: ___________________________

15) What treatments have made your pain better? ___________________________

What treatments have made your pain worse? ___________________________

16) What made you come to this office? ___________________________

17) Do you have an attorney helping you?  ○Yes  ○No

18) Do other members of your family have significant back trouble?  ○Yes  ○No

Who: ___________________________

19) Do you have to change jobs?  ○Yes  ○No

To what? ___________________________

20) What is the most aggravating thing about your pain? ___________________________