

CERVICAL SPINE HISTORY

PATIENT NAME: _____

DATE: _____

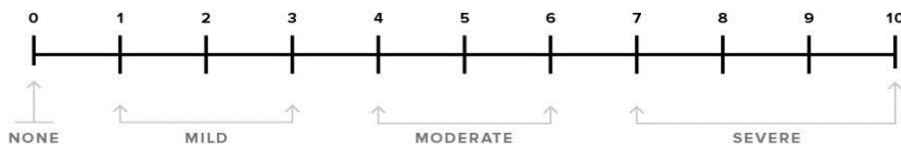
SELECT THE ANSWERS BY CHECKING THE BOXES NEXT TO THE QUESTIONS:

DO YOU HAVE NECK PAIN? YES NO

WHERE IS YOUR NECK PAIN LOCATED? SIDE MIDDLE LEFT RIGHT BOTH SIDES

CIRCLE THE NUMBER OF LEVEL OF PAIN

0-10 NUMERIC PAIN RATING SCALE



RAIDIATING PAIN IN YOUR SHOULDERS ? YES NO **SHOULDER BLADE** YES NO **ARMS** YES NO

IF YOU GET PAIN IN YOUR ARMS WHERE DOES IT RADIATE TO? _____

DOES IT GO TO ANY SPECIFIC FINGERS? _____

WHAT MAKES YOUR PAIN BETTER? _____

WHAT MAKES YOUR PAIN WORSE? _____

IN YOUR ARMS, DO YOU HAVE NUMBNESS? YES NO **TINGLING** YES NO **WEAKNESS** YES NO

IN YOUR LEGS, DO YOU HAVE NUMBNESS? YES NO **TINGLING** YES NO **WEAKNESS** YES NO

DO YOU HAVE LOSS OF STRENGTH IN YOUR HAND? YES NO

DO YOU DROP OBJECT OR HAVE DIFFICULTY BUTTONING BUTTONS OR OPENING CANS? YES NO

DO YOU HAVE UNSTEADINESS WITHN WALKING? YES NO **FOOT DRAGGING OR TRIPPING** YES NO

DO YOU HAVE DIFFICULTY URINATING OR INCONTIENCE (loss of control of urine)? YES NO

IF YES FOR HOW LONG? _____

DO YOU HAVE DIFFICULTY CONTROLLING BOWEL MOVEMENTS? YES NO

IF YES FOR HOW LONG? _____

WHICH OF THE FOLLOWING TREATMENTS HAVE YOUR TRIED AND APPROXIMATELY WHEN?

PHYSICAL THEREAPY

TRACTION

EPIDURAL STEROID INJECTIONS

FACET BLOCKS/ NERVE BLOCKS

NSAIDS THERAPY (NON- NARCATIC PAIN MEDICATION SUCH AS IBUPROFEN)

STEROIDS (i.e. MEDROL DOSE PACK) NARCOTICS (VICODIN, PERCOCET, MORPHINE, DARVOCET, NORCO, ETC)

HAVE YOU SEEN A NEUROSURGEON BEFORE, IF SO WHO? _____

DO YOU HAVE A NEUROLOGIST DOCTOR, IF SO WHO? _____

DO YOU HAVE A PAIN MANAGEMENT DOCTOR, IF SO WHO? _____