

# LANCE E. GRAVELY, M.D., INC.

## NEUROLOGICAL & SPINE SURGERY

### LUMBAR SPINE HISTORY

PATIENT NAME: \_\_\_\_\_

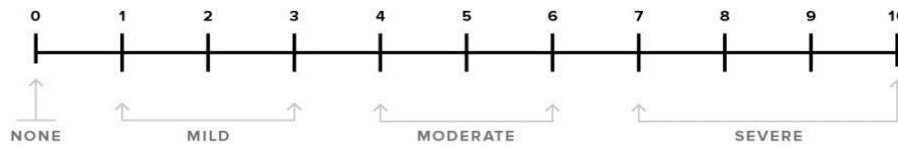
DATE: \_\_\_\_\_

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

DO YOU HAVE BACK PAIN?  YES  NO IS IT  DEEP OR ON THE  SURFACE OF YOUR BACK?

**CIRCLE THE NUMBER OF LEVEL OF PAIN**

#### 0-10 NUMERIC PAIN RATING SCALE



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

DO YOU GET RAIDIATING PAIN DOWN YOUR LEGS?  YES  NO

HOW FAR DOWN YOUR LEG DOES THE PAIN GO, TO YOU:(SELECT ANY THAT APPLYS)?

THIGH BACK  LEG TO KNEE  TO YOUR CALF OF FOOT  TOES  BOTTOM OF FEET

WHAT MAKES YOUR PAIN BETTER? \_\_\_\_\_

WHAT MAKES YOUR PAIN WORSE? \_\_\_\_\_

HOW FAR CAN YOU WALK? \_\_\_\_\_

DO YOU HAVE PAIN WITH SITTING?  YES  NO LYING FLAT  YES  NO

HAVE YOU NEEDED TO USE AN ASSISTIVE DECIVE RECENTLY (CANE, WALKER)?

DO YOU GET CRAMPING ON YOUR LEGS?  YES  NO LOSS OF STRENGTH IN YOUR LEGS?  YES  NO

DO YOU HAVE NUMBNESS  YES  NO TINGLING  YES  NO WEAKNESS IN YOUR LEG  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? \_\_\_\_\_

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