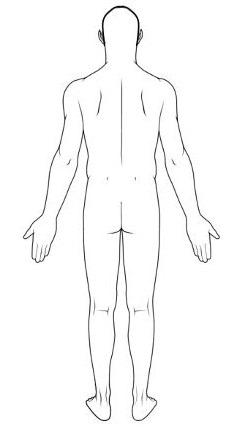
**SPINE EVALUTATION**

**On this diagram mark where your pain is:**

**spine%201116.pdf**

For each, circle what **BEST** applies:

* The pain is: OCCASIONAL INTERMITTENT CONSTANT WORSENING VARYING IN INTENSITY

Have you ever experienced any injury to or symptoms involving this body part in the past? **Yes / No**

Provide Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What tests have you had regarding this injury? None: \_\_\_\_\_ X-Rays: \_\_\_\_\_\_ MRI: \_\_\_\_\_ CT Scan: \_\_\_\_ EMG/NCV: \_\_\_\_\_

Have you had any treatment for this injury? None: \_\_\_\_\_\_\_\_ Medications: \_\_\_\_\_\_ Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery: \_\_\_\_\_\_ Injections: \_\_\_\_\_\_\_\_ Pain Management: \_\_\_\_\_\_

Was any of the treatment effective? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your pain come on: \_\_\_\_ Suddenly \_\_\_\_Gradually \_\_\_\_ Pulling \_\_\_\_ Lifting \_\_\_\_ Bending

When is your pain worse: \_\_\_\_Mornings \_\_\_\_ Evenings \_\_\_\_Always about the same

What makes the pain worse: \_\_\_ During Exercise \_\_\_\_ After Exercise \_\_\_\_ Sitting \_\_\_\_ Standing \_\_\_\_ Walking

\_\_\_ Bending

What reduces the pain: \_\_\_ Laying down \_\_\_ Sitting \_\_\_ Standing \_\_\_ Walking \_\_\_ Movement\_\_\_ Medication

\_\_\_ Exercise (PT) \_\_\_ Injections \_\_\_ Brace \_\_\_ Nothing \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Dr. Lawrence Lenderman or my insurance company to release any information required to process my claims.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE