

Patient Name: \_\_\_\_\_



# INNOVATIVE SPINE CARE

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## PHYSICAL COMPLAINTS FORM #1 OF 2

Primary Problem (worst): \_\_\_\_\_ (neck, mid-back, low back, arms, legs or headaches)

Secondary Problem: \_\_\_\_\_ (neck, mid-back, low back, arms, legs or headaches)

Tertiary Problem (least): \_\_\_\_\_ (neck, mid-back, low back, arms, legs or headaches)

**Pain Problem:** (Neck \_\_\_/Neck and arms \_\_\_/Neck, arms and headaches \_\_\_)

**Description of pain:**

aching \_\_\_ stabbing \_\_\_ pressure \_\_\_ jabbing \_\_\_ burning \_\_\_ grabbing \_\_\_ electric \_\_\_ other \_\_\_

**Location:** left \_\_\_/right \_\_\_/middle \_\_\_/both sides \_\_\_/ \_\_\_ side worse than \_\_\_ side/

**Severity of pain:** maximum \_\_\_/10; average \_\_\_/10; lowest level of pain \_\_\_/10.

**What increases pain?**

Standing \_\_\_ sitting \_\_\_ lying down \_\_\_ bending neck \_\_\_ looking up over head \_\_\_ walking \_\_\_

lifting with arms \_\_\_ sitting to standing position \_\_\_

**Occurrence of pain:** constant \_\_\_/constant but waxes and wanes \_\_\_/comes and goes \_\_\_/related to activities \_\_\_ decreased pain in the morning and more pain later in the day \_\_\_/variable pain in the morning \_\_\_/pain increases during the day \_\_\_/worst pain at bedtime \_\_\_/awaken in night--pain \_\_\_

**Pain in arms:** (Yes or No) \_\_\_\_\_. How far down arms? Left \_\_\_\_\_ Right \_\_\_\_\_

**Description of pain in the arms:**

aching \_\_\_ stabbing \_\_\_ pressure \_\_\_ burning \_\_\_ electric \_\_\_ other \_\_\_\_\_

Tingling in arms? Yes \_\_\_ No \_\_\_/Which arm(s)? \_\_\_\_\_

Numbness in arms? Yes \_\_\_ No \_\_\_/Which arm(s)? \_\_\_\_\_

**Start of pain:** date of injury \_\_\_\_\_/prior to the injury \_\_\_\_\_

**Severity of symptoms since incident:** improving (%) \_\_\_\_\_/no change \_\_\_\_\_/getting worse(%) \_\_\_\_\_

**Pain problem:** (mid-back or thoracic spine)

**Description of pain:**

aching \_\_\_ stabbing \_\_\_ pressure \_\_\_ jabbing \_\_\_ burning \_\_\_ grabbing \_\_\_ electric \_\_\_ other \_\_\_

**Location:** left \_\_\_/right \_\_\_/middle \_\_\_/both sides \_\_\_/ \_\_\_ side worse than \_\_\_ side/

**Severity of pain:** maximum \_\_\_/10; average \_\_\_/10; lowest level of pain \_\_\_/10.

**What increases pain?** Standing \_\_\_ sitting \_\_\_ lying down \_\_\_ bending head down \_\_\_ looking up over head \_\_\_ walking \_\_\_ lifting \_\_\_ sitting to standing position \_\_\_ bending low back \_\_\_ lifting objects/weight \_\_\_

**Occurrence of pain:** constant \_\_\_/constant but waxes and wanes \_\_\_/comes and goes \_\_\_/related to activities \_\_\_ decreased pain in the morning and more pain later in the day \_\_\_/variable pain in the morning \_\_\_/pain increases during the day \_\_\_/worst pain at bedtime \_\_\_/awaken in night with pain \_\_\_

**Start of pain:** date of injury \_\_\_\_\_/prior to the injury \_\_\_\_\_

**Severity of symptoms since incident:** improving (%) \_\_\_\_\_/no change \_\_\_\_\_/getting worse (%) \_\_\_\_\_

**Pain problem** (low back \_\_\_/low back and buttocks \_\_\_/low back and legs \_\_\_/low back, buttocks and legs \_\_\_.

Which buttock? \_\_\_\_\_/which leg? \_\_\_\_\_

**Description of pain:** aching \_\_\_ stabbing \_\_\_ pressure \_\_\_ jabbing \_\_\_ burning \_\_\_ grabbing \_\_\_ electric \_\_\_ other \_\_\_\_\_

**Location:** left \_\_\_/right \_\_\_/middle \_\_\_/both sides \_\_\_/ \_\_\_ side worse than \_\_\_ side/

**Severity of pain:** maximum \_\_\_/10; average \_\_\_/10; lowest level of pain \_\_\_/10.

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**PHYSICAL COMPLAINTS FORM #2 OF 2**

**Pain in legs:** (Yes or No) \_\_\_\_\_. How far down legs?

Left \_\_\_\_\_ Right \_\_\_\_\_

**Description of pain in the legs:**

aching \_\_\_ stabbing \_\_\_ pressure \_\_\_ burning \_\_\_ electric \_\_\_ other \_\_\_\_\_

Tingling in legs? Yes \_\_\_ No \_\_\_ /Which leg(s)? \_\_\_\_\_ Front/side/back/upper/lower leg \_\_\_\_\_

Numbness in legs? Yes \_\_\_ No \_\_\_ /Which leg(s)? \_\_\_\_\_ Front/side/back/upper/lower leg \_\_\_\_\_

What increases pain? Standing \_\_\_ sitting \_\_\_ lying down \_\_\_ bending at waist \_\_\_ looking up/reaching over head \_\_\_ walking \_\_\_ lifting \_\_\_ sitting to standing position \_\_\_\_\_

**Occurrence of pain:** constant \_\_\_ /constant but waxes and wanes \_\_\_ /comes and goes \_\_\_ /related to activities \_\_\_ decreased pain in the morning and more pain later in the day \_\_\_ /variable pain in the morning \_\_\_ pain increases during the day \_\_\_ /worst pain at bedtime \_\_\_ /awaken in night with pain \_\_\_

**Start of pain:** date of injury \_\_\_\_\_ /prior to injury \_\_\_\_\_

**Severity of symptoms since incident:** improving (%) \_\_\_\_\_ /no change \_\_\_\_\_ /getting worse (%) \_\_\_\_\_

**Pain problem (headaches):** Yes \_\_\_ No \_\_\_

**Starting location:** back of head \_\_\_ left \_\_\_ right \_\_\_ /side of head \_\_\_ left \_\_\_ right \_\_\_ /forehead & eyes \_\_\_ left \_\_\_ right \_\_\_

**Ending location:** back of head \_\_\_ left \_\_\_ right \_\_\_ /side of head \_\_\_ left \_\_\_ right \_\_\_ /forehead & eyes \_\_\_ left \_\_\_ right \_\_\_

**Type of pain:** aching \_\_\_ pressure \_\_\_ stabbing \_\_\_ ice pick \_\_\_ tight band around head \_\_\_ vice grips around head \_\_\_ other \_\_\_\_\_

Associated weakness \_\_\_ tingling \_\_\_ numbness \_\_\_ speech difficulty \_\_\_ change in vision \_\_\_

**Severity of headache:** maximum \_\_\_ /10

Right before headache starts symptoms? Strange smell \_\_\_\_\_ sounds \_\_\_\_\_ tastes \_\_\_\_\_ lights in eyes \_\_\_\_\_

Frequency (how often) are the headaches? Daily \_\_\_; #/week \_\_\_; #/month \_\_\_\_\_

What brings on the headaches? Moderate to severe neck pain \_\_\_; fatigue \_\_\_; exertion \_\_\_; menses \_\_\_ other \_\_\_\_\_

How long do headaches last? \_\_\_\_\_

What relieves the headaches? Lie down \_\_\_ sleep \_\_\_ stop working \_\_\_ unknown \_\_\_ medication (type) \_\_\_ Fioricet \_\_\_ ibuprofen/Motrin \_\_\_ naproxen/Naprosyn \_\_\_ Aleve \_\_\_ aspirin/Excedrin \_\_\_ other \_\_\_\_\_

Total headaches in the one complete year/12 months before your injury \_\_\_\_\_ (approximation)

Less intense than headaches since the incident \_\_\_ (yes or no)

Same intensity as headaches since the incident \_\_\_ (yes or no)

More intense headaches since the incident \_\_\_ (yes or no)

**Date headaches started:** date of incident/injury \_\_\_\_\_ prior to the incident/injury (date) \_\_\_\_\_

**Symptoms since incident/injury:** improving (%) \_\_\_\_\_ /no change \_\_\_\_\_ getting worse (%) \_\_\_\_\_

Frequency change (increase or decrease) \_\_\_ /Severity of headache (increase or decrease) \_\_\_\_\_

Chapter 1 MVA date: \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Slip & Fall date: \_\_\_\_\_

Worker's Comp Claim: \_\_\_\_\_

Trouble sleeping since incident? Yes \_\_\_ No \_\_\_

Problems: Fever/chills\_\_\_ Excessive thirst/fatigue\_\_\_ Dizzy spells\_\_\_ Vision difficulties\_\_\_ Sinus problems/sore throat/ear pain\_\_\_ Chest pain\_\_\_ Cough/shortness of breath/wheezing\_\_\_ Abdominal pain/nausea/vomiting/rectal bleeding\_\_\_ Painful urination/blood in urine/urine infection\_\_\_ Swollen glands/blot clots/bleeding problem\_\_\_ Depression/Bipolar/Schizophrenia/Personality disorder\_\_\_. (Mark Y or N and circle your issue)