

R E H A B I L I T Y

Multi-Specialty Spine & Sports Medicine

Fill out this brief Back Pain Assessment and fax it to us at (312) 644-4501 We will contact you and let you know if you are a candidate for Decompression Therapy. You may also call us at (312) 644-4500.

Name: _____

Phone: _____

Email: _____

1. Where are you currently experiencing pain? *(Check all that apply)*

- | | |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Low Back | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Foot | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Arm |

2. How long have you had this pain?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1-3 months | <input type="checkbox"/> 4-6 months |
| <input type="checkbox"/> 7-12 months | <input type="checkbox"/> More than a year |

3. Have you ever been diagnosed with any of the following? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Herniated disc | <input type="checkbox"/> Ruptured or bulging disc |
| <input type="checkbox"/> Degenerative disc disease | <input type="checkbox"/> Pinched nerve |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Spinal stenosis |
| <input type="checkbox"/> Facet Syndrome | <input type="checkbox"/> None |

4. When was your most recent MRI or CT Scan?

- | | |
|---|--|
| <input type="checkbox"/> Within the last 3 months | <input type="checkbox"/> 4-12 months ago |
| <input type="checkbox"/> More than 1 year ago | <input type="checkbox"/> More than 2 years ago |
| <input type="checkbox"/> I haven't had one | |

5. Have you ever received chiropractic, physical therapy or spinal injections for your condition?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. Have you ever had back or neck surgery?

Yes

No

7. If yes, what type of surgery?

Laminectomy

Discectomy

Fusion

Other

8. If you answered "Yes" to the above question, do you have any hardware like screws or rods in your back?

Yes

No

9. Have you been told you may need spinal surgery?

Yes

No

10. Have you been told you will have to live with some pain?

Yes

No

11. Do you have trouble with daily activities such as walking, sleeping or bending?

Yes

No

12. Do you have any congenital defects of the spine?

Yes

No

13. Are you currently, or have you recently, undergone cancer treatment?

Yes

No

14. Have you been diagnosed with severe osteoporosis?

Yes

No

Fax the completed survey to our office at (312) 644-4501. You may also call us to discuss your answers at (312) 644-4500 or schedule a complementary consultation.