

Patient Name: _____ Today's
Date: _____

CHIEF COMPLAINT-LOWER BACK PAIN

	<u>LEAVE THIS ISDE BLANK FOR DOCTOR'S USE</u>
1. How long have you had lower back pain? When EXACTLY did it start?	
2. Was there an injury? When? a. Was the pain present before the accident? b. Did the accident change the pain? How?	
3. Is the pain one-sided or both sides? Which side?	
4. Does the pain go below the knees?	
5. Does the pain go to the feet?	
6. If the pain goes to the feet, is there numbness and tingling and which side of the foot is involved? One foot or both feet?	
7. Do the muscles jump under the skin? Where?	
8. Is there any weakness in the leg? Where?	

Patient Name: _____

CHIEF COMPLAINT-LOWER BACK PAIN (continued)

	<u>LEAVE THIS SIDE BLANK FOR DOCTOR'S USE</u>
9. Do you have any loss of bowel or bladder control?	

BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS

Which?	Both?	
10. Is the pain worse when sitting, standing, or lying down?	Which?	
11. Is the pain LESS when you get up out of sleep in the morning OR is it WORSE?		
12. If you cough or sneeze, does this send pain down your leg?		
13. Have you had similar pain in the past? If so, what worked for the pain then?		
14. Have you had any diagnostic studies? If so, what? a. MRI scan of lumbar spine? If so, when and where? b. An electromyogram (EMG) of the legs? If so, when and where? c. What did the above studies show?		
15. What medications have you taken for the pain? Did it work?		
16. Do you engage in any sports? If so, does it seem to make the pain worse?		
17. Have you done any new activity or sports?		
18. DO you OR DID you: Lift Weights Jog Gymnastics		

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