

Name _____

Date of Birth _____



ORTHOPAEDIC ASSOCIATES
of AUGUSTA, P.A.

New Patient Spine Worksheet

Referring Physician: _____ Height: _____ Weight: _____

Please describe the reason for today's visit: _____

When did your current symptoms begin or injury occur? _____

Are your current symptoms related to an injury? No Yes Please describe: _____

If your current symptoms are related to an injury do you have a lawyer? No Yes

Have you had this problem before? No Yes Please describe: _____

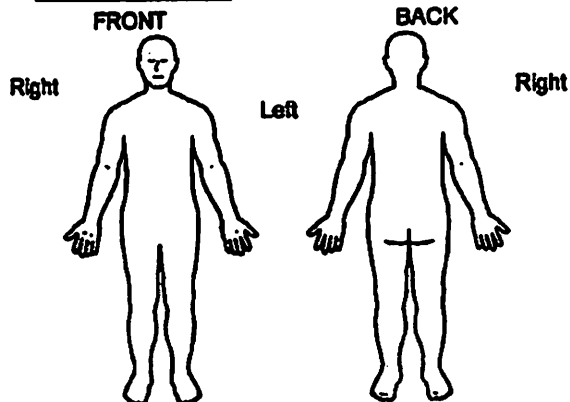
How would you describe your pain now?

- Constant Burning Dull
 Intermittent Sharp Throbbing
 Stinging Aching

Pain is:

- Equal on both sides
 Only or worse on the right side
 Only or worse on the left side

Mark areas below where you are having pain with an X, and numbness/tingling with an O.



Please rate your pain now.

No _____ Worst
Pain 1 2 3 4 5 6 7 8 9 10 Ever

Please rate your pain at its worst.

No _____ Worst
Pain 1 2 3 4 5 6 7 8 9 10 Ever

What makes your pain worse?

- All Activity Lifting Coughing
 Sitting Bending Sneezing
 Standing Twisting Lying Down
 Walking Nothing
 The pain wakes you from sleep
 Other _____

What makes your pain better?

- Nothing Activity Walking
 Lying Down Exercise Twisting
 Ice Sitting Bending forward
 Heat Standing Bending backward
 Other _____

Have you had:

- Inability to urinate Loss of balance while walking
 Arm or leg weakness Falls

Are your symptoms getting:

- Better Worse Staying the Same

What is your current work status?

- Out of Work Light Duties Full Duties Retired

List anything else you cannot do or have had to change because of your symptoms. _____

Who else have you seen for this problem?

What tests have you had for this problem?

- X-rays CT Scan
 MRI Myelogram
 Blood Work EMG or Nerve Conduction

Have you tried any of the following?

- Chiropractor Physical Therapy
 Acupuncture Massage Therapy

What medications have you tried? Circle which work best.

Have you received any injections?

- No Yes What kind? _____

Patient Signature: _____

Date: _____