



ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES

ORTHOPAEDIC HISTORY QUESTIONNAIRE

DATE: _____

NAME: _____

AGE: _____

1. PROBLEM: Pain? _____
 Numbness? _____
 Weakness? _____
 Where? _____

2. LIMITS YOU / INTERFERES WITH: _____
 How long can you safely / comfortably:

Sit?	_____	(? < 20 min)
Stand?	_____	(? < 20 min)
Walk?	_____	(? < 20 min)
Lift?	_____	(? < 20 lb)

3. PRESENT SYMPTOMS:

A) Began? _____
 B) Accident or work related? _____
 C) Previous back/neck problems or surgeries? _____
 Dates: _____
 D) How long have symptoms been the same? _____
 E) Previous tests or special procedures? _____

WHEN

WHERE

X-Rays: _____
 Cat Scan: _____
 Myelogram: _____
 Nerve tests: _____
 Bone scan: _____

4. PREVIOUS HELPFUL TREATMENTS:

Medications: _____
 Physical Therapy: _____
 Chiropractic: _____

5. GENERAL CONDITIONING:
 What exercises do you regularly do? _____

TYPE

DURATION

FREQUENCY

6. **JOB REQUIREMENTS:** _____
 SIT _____ WALK _____ LIFT _____
 STAND _____ OTHER _____

7. **WHY HERE? / WHY NOW?:** _____

8. **WHAT I WANT / EXPECT TODAY:** _____

9. **ON A 10 POINT SCALE, HOW BAD IS YOUR PAIN?** _____
 (1 = least 10 = worst)

10. **PLEASE NOTE ON THE FOLLOWING DRAWINGS WHERE YOUR PAIN IS.**
 Use the appropriate symbols listed to describe where you feel the described sensations. Include all the affected areas.
 To complete the picture, please draw in your face.

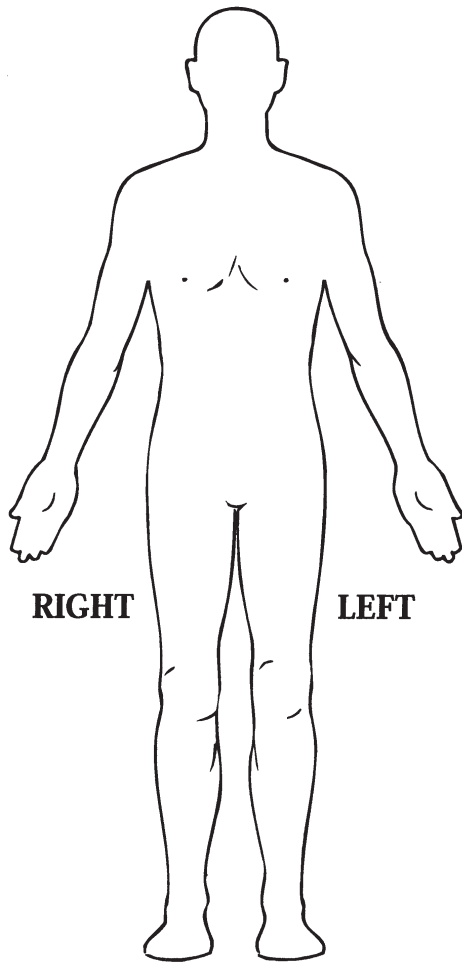
Ache VVV
 VVV

Numbness = = =
 = = =

Pins and Needles : : :
 : : :

Burning XXX
 XXX

Stabbing / / /
 / / /



Pain in arms compared to neck:
 arms worse than neck _____
 arms same as neck _____
 arms less than neck _____

Pain in leg(s) compared to back:
 legs worse than back _____
 legs same as back _____
 legs less than back _____

