



**DR. RICHARD S. LEE - PATIENT INFORMATION  
HISTORY & PRESENT STATUS OF THE PAINFUL BACK AND NECK**

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Onset:** Sudden \_\_\_\_\_ Gradual \_\_\_\_\_ Date \_\_\_\_\_ Time of Day \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**\*\*Cause – injury, sickness, etc.:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Immediate Symptoms:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course:** Detailed chronological study of symptoms & medical care & reaction to each procedure (hospitalizations/studies/surgeries): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past relevant history:** Previous/Recent Attacks: \_\_\_\_\_  
\_\_\_\_\_

<b>PRESENT</b>	Pain	1	2	3	4
	Function	1	2	3	4
	Occupation	1	2	3	4

**PROGRESS** Better, Worse, Stationary \_\_\_\_\_

\* Describe carefully just how forces of the accident affected the patient, how he was thrown, fell, landed, twists to the back or limbs. Just mechanical factors (don't include extraneous material as who was to blame).

\*\* How patient felt immediately – unconscious, how long: ache, severe pain, gradual increase, inability to walk or use certain joints, numbness and/or paralysis.

### HISTORY & PRESENT STATUS OF THE PAINFUL BACK AND NECK, Cont.

**Relation to Activity**

Position of greatest comfort? \_\_\_\_\_

Does rest or activity relieve? \_\_\_\_\_

My pain is (check appropriate response)	BETTER	WORSE	NO DIFFERENT
With cough or sneeze	_____	_____	_____
With straining	_____	_____	_____
Sitting in a straight chair	_____	_____	_____
Sitting in a soft easy chair	_____	_____	_____
Sitting for a long length of time	_____	_____	_____
Bending forward to brush your teeth	_____	_____	_____
Walking on a flat surface	_____	_____	_____
Walking up stairs	_____	_____	_____
Walking down stairs	_____	_____	_____
Walking a distance	_____	_____	_____
After walking, when bending forward	_____	_____	_____
Lying flat on stomach	_____	_____	_____
On side with knee(s) bent	_____	_____	_____
When bending	_____	_____	_____
When lifting	_____	_____	_____
When working overhead	_____	_____	_____
Lying on back	_____	_____	_____
Standing	_____	_____	_____

Walking – distance \_\_\_\_\_ What happens? \_\_\_\_\_

Do you exercise on a regular basis? YES \_\_\_\_\_ NO \_\_\_\_\_

What time of day is your pain worse? \_\_\_\_\_

Does the pain wake you from sleep? \_\_\_\_\_

**NEUROLOGICAL EFFECTS:**

% Pain: LBP \_\_\_\_\_ Legs: R \_\_\_\_\_ L \_\_\_\_\_ /NECK \_\_\_\_\_ Arms: R \_\_\_\_\_ L \_\_\_\_\_

Radiation of Pain: Where? \_\_\_\_\_ When? \_\_\_\_\_

Areas of skin tingling, numbness, coldness \_\_\_\_\_

Muscle weakness? \_\_\_\_\_

**HISTORY & PRESENT STATUS OF THE PAINFUL BACK AND NECK, Cont.**

**Chronic Inflammatory Factors:**

Stiffness after rest: Getting out of bed \_\_\_\_\_ After sitting \_\_\_\_\_

Effect of change of weather \_\_\_\_\_ Cold/damp weather \_\_\_\_\_ Hot \_\_\_\_\_

Effect of heat to part \_\_\_\_\_ Type of heat \_\_\_\_\_

Women/relation to menstrual periods \_\_\_\_\_

TB _____	SYPHILLIS _____
HEPATITIS/JAUNDICE _____	GONORRHEA _____
PNEUMONIA _____	OTHER INFECTIONS _____

**Current History**

Did you have to change jobs? Yes \_\_\_ No \_\_\_ If Yes, to what? \_\_\_\_\_

Are you under any pressure at home? \_\_\_\_\_ At work? \_\_\_\_\_

If yes to the above – please rate: Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

What can't you do (that you want/would like to do), because of the pain you are experiencing?

\_\_\_\_\_

\_\_\_\_\_

Current medications? \_\_\_\_\_

Other medications taken in the past \_\_\_\_\_

What was the date of your last physical exam \_\_\_\_\_ MD Name \_\_\_\_\_

Pelvic exam date \_\_\_\_\_ Rectal exam date \_\_\_\_\_

**Hospitalizations:**

Have you been in the hospital with other medical problems? \_\_\_\_\_

\_\_\_\_\_

Number of times: \_\_\_\_\_ Please describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever had a transfusion before? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of times: \_\_\_\_\_ Please describe: \_\_\_\_\_

Do you have an attorney assisting you? \_\_\_\_\_

Do you have any litigation/suits pending? \_\_\_\_\_