

The Brain & Spine Institute at Gwinnett Medical Center
NEW PATIENT OR PROBLEM

(PART 1)

PATIENT MEDICAL QUESTIONNAIRE

NAME: _____
DATE _____ AGE _____
HEIGHT _____ WEIGHT _____

MAIN PROBLEM

(Circle all that apply)

Back pain / Leg pain / Both back & leg pain / Neck pain / Arm pain / Both neck & arm pain

Pain despite injections

Pain despite surgery

Other: _____

CHARACTERISTICS & HISTORY OF THE PAIN:

A/ CONTEXT:

What started the pain (circle all that apply)? A bad movement / the onset was slow and progressive / a work injury / a car accident / other: _____

If due to an injury, when was the date of injury? _____

How did it happen?

B/ WHERE IS THE PAIN? (Circle all that apply)

Neck

Right arm: Shoulder/ Arm/ Hand / Thumb & 1st finger / Small fingers.

Left arm: Shoulder/ Arm/ Hand / Thumb & 1st finger / Small fingers.

Upper back: Between the shoulders / Coming around the chest to the side or front.

Lower back: Center / Right / Left

Right leg: Hip & Thigh (inside/ outside). Lower leg (inside/ outside). Foot (inside/ outside).

Left leg: Hip & Thigh (inside/ outside). Lower leg (inside/ outside). Foot (inside/ outside).

Other: _____

C/ WHAT KIND OF PAIN IS IT? (Circle all that apply)

Sharp / stabbing / burning / deep aching / pins & needles / numbness / cramps / diffuse

Other: _____

D/ SEVERITY:

On a scale of 0 to 10 (0 being no pain and 10 being the worse pain possible) how bad is the pain: 0 1 2 3 4 5 6 7 8 9 10

