ROPER ST. FRANCIS
PHYSICIAN PARTNERS

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Orthopaedic Surgery, Spine

New Patient Information Form

How long have you had back or neck pain?

☐ 0-3 months ☐ 3-6 months ☐ 6-12 months ☐ 1-2 years ☐ more than 2 years

How did you injure your back or neck?

☐ Unknown ☐ Twisting ☐ Squatting ☐ Fall from height (List Height_____)

☐ Lifting ☐ Bending ☐ Slipping ☐ Direct Blow

☐ Other (please explain)

_____

_____

Do you have an attorney assisting you with this injury/claim?

☐ YES ☐ Not Certain
☐ NO

Did your accident occur at work?

☐ YES ☐ Not Certain
☐ NO ☐ Not Applicable

If yes, have you filed a first report of injury with your employer?

☐ YES ☐ Not Certain
☐ NO

Job Level of Effort:

☐ Heavy Manual Labor ☐ Light Manual Labor ☐ Non-Manual Labor ☐ Not Working

Are you still working?

YES ☐

NO ☐

If no, how long have you been off work?

☐ 0-3 months ☐ 3-6 months ☐ 6-12 months ☐ 1-2 years ☐ more than 2 years

How long have you worked for your present employer?

☐ 6 months or less ☐ 6 months- 1 yr. ☐ 1-3 yrs. ☐ 3+ yrs. ☐ n/a

Do you enjoy your job?

☐ YES ☐ N/A
☐ NO

Do you like your boss?

☐ YES ☐ N/A
☐ NO

What term best describes your pain? (Circle all that apply)

Worse with activities Worse with rest Worse at night

Unpredictable Intermittent No pain

Does your pain also occur in…? (Circle all that apply)

Buttock Calf Thigh

Foot Toes N/A

Have you had any change in urination associated with your pain?

YES Not Certain
NO

Aside from your back or neck problem, are you in good general health?

YES Not Certain
NO

Do you have, or have you ever had…?

Cancer Diabetes

Coronary Bypass Surgery High Blood Pressure (Requiring Medication)

Do you exercise…?

Less than 20 min a week 20-60 min per week

At least 60 min per week 60 + min a week Never

How many major surgeries have you had?

None 1-2 2-4 5+

How many back or neck surgeries have you had?

None 1 2 3 4 5 Other: _____

How many visits to doctors or chiropractors have you had in the past year for any reason?

None 1-2 2-4 4-8 8+

Check all medications that you have taken for your back or neck pain:

Tylenol Aspirin Percocet Valium

Demerol Ultram None Other: _____

Please describe, what you hope to achieve or take away from today's appointment:

_____

_____