

New Patient Information FormHow 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:

---

---