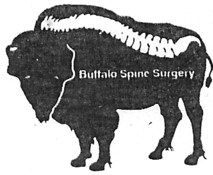

Buffalo Spine Surgery

Center for Excellence in Spine Care

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FAAOS, FACS
Diplomate American Board
Of Orthopedic Surgery
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Of Spine Surgery
BES - Biomedical Engineering
Fellowship Trained Spine Surgery

Eric Dean, RPAC

Name ______________________________ Date ________________

When (what date) did your present pain start? ____________________________

What caused the pain to start? ____________________________________

Have you ever had similar problems? Yes No

If yes, please explain ____

Are you still working? Yes __________ No __________ Last day worked __________

How did the pain start? Circle all that apply.

Suddenly	Injured at work	Lifting	Injured in auto accident
Fall	Hit from behind	Pulling	Injured during sports
Twisting	Bending	Gradually	sneezing

What activities make the pain worse? Circle all that apply.

Exercise (during)	Exercise (after)	Sitting
Standing	Walking	Bending forward
Bending backwards	Coughing	Sneezing

What relieves the pain? Circle all that apply.

Lying down	Sitting	Standing	Walking
Aspirin	Anti-inflammatories	Pain pills	Injections for pain
Muscle relaxant pills	Manipulation	Exercise in PT	

Other ____

How long have you had this pain? ________ years ________ months ________days

How long have you had similar pain? ________ years ________ months ________days

Have you had any of the following tests?

Diagnostic X-rays	Date and facility	____________________
CT scans	Date and facility	____________________
Myelogram (X-ray with dye)	Date and facility	____________________
EMG	Date and facility	____________________
Discogram	Date and facility	____________________
MRI	Date and facility	____________________
Arthrogram	Date and facility	____________________
Sonogram	Date and facility	____________________
Injections	Date and facility	____________________

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