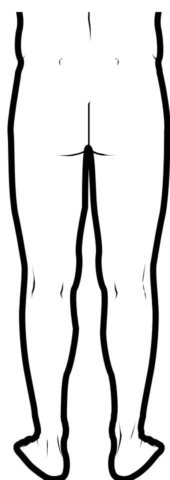
KENTUCKY PAIN INSTITUTE

Low Back/Hip/Leg Complaints

Today's Date: _____/_____/_____ Name:____

Circle the areas on your body where you feel the described sensations, and mark with the appropriate letter(s).



PAIN = P

NUMBNESS = N

TINGLES = T

For Office Use Only:

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Quality

1.) Reports

- ❒ Weakness left arm ❒ Weakness left leg ❒ Fever
- ❒ Weakness right arm ❒ Weakness right leg ❒ Sexual dysfunction
- ❒ Weakness both arms ❒ Weakness both legs
- ❒ Bowel dysfunction ❒ Bladder dysfunction

EXPLAIN______________________________________
____
____

2.) Denies

- ❒ Weakness ❒ Bowel dysfunction ❒ Fever
- ❒ Sexual dysfunction ❒ Bladder dysfunction

EXPLAIN______________________________________
____
____

3.) Overall Status

Describe how your pain has changed recently.

❒ No change ❒ Feels better ❒ Feels worse ❒ Requiring more medication

4.) Is this a similar or recurrent problem?

❒ Deny previous episodes ❒ Recurrent problem for ___________________ ❒ Similar to previous___________________

5.) Please circle the number which best describes your pain level, or if the pain varies, list a range (0-No Pain and 10-Worst Pain):

0 1 2 3 4 5 6 7 8 9 10 or Range:____

6.) Sensations

- ❒ Aching ❒ Burning ❒ Cramping ❒ Dullness ❒ Throbbing ❒ Feeling Asleep
- ❒ Heaviness ❒ Numbness ❒ Pins/Needles ❒ Sharpness ❒ Tingling ❒ Other___________________

Name:____________________________________ **Date:**______________________

Duration

7.) How long have you had this current episode or symptoms? ____________________

How did it begin? ____________________

____

____

Timing

8.) What activities or positions **RELIEVE or DECREASE** your pain?

❒ Nothing ❒ Bending Backward ❒ Heating Pad ❒ Lying on Side ❒ Resting
❒ Movement ❒ Back Brace ❒ Hot Bath/Shower ❒ Sitting ❒ Walking
❒ Bending/Stooping ❒ Cold Packs ❒ Lying on Stomach ❒ Standing ❒ Lying on Back
❒ Other, describe:____________________

9.) What activities or positions **INCREASE** your pain?

❒ Nothing ❒ Bending Backward ❒ Lying on Back ❒ Lifting ❒ Standing
❒ Movement ❒ Back Brace ❒ Heating Pad ❒ Lying on Side ❒ Resting
❒ Bending/Stooping ❒ Cold Packs ❒ Hot Bath/Shower ❒ Sitting ❒ Walking
❒ Cough/sneeze ❒ Lying on Stomach ❒ Straining w/ Bowel Movement ❒ Twisting
❒ Other____________________

Previous Treatment

10.) Which of these treatments have **improved** your condition?

❒ Back Brace ❒ Bed Rest ❒ Chiropractic ❒ TENS/e-stim ❒ Exercise ❒ Facet Injection
❒ Meds OTC ❒ Pain Meds ❒ Steroid Meds ❒ Musc.Relaxers ❒ Neurontin, Lyrica ❒ Epidural Injection
❒ Phys Therapy ❒ Occ. Therapy ❒ Ultrasound ❒ Rhizotomy ❒ Traction ❒ Sacroiliac Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ Steroid Injection
❒ Restrict Activity ❒ Other____________________

11.) Which of these treatments did **not improve** your condition?

❒ Back Brace ❒ Bed Rest ❒ Chiropractic ❒ TENS/e-stim ❒ Exercise ❒ Facet Injection
❒ Meds OTC ❒ Pain Meds ❒ Steroid Meds ❒ Musc.Relaxers ❒ Neurontin, Lyrica ❒ Epidural Injection
❒ Phys Therapy ❒ Occ. Therapy ❒ Ultrasound ❒ Rhizotomy ❒ Traction ❒ Sacroiliac Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ Steroid Injection
❒ Restrict Activity ❒ Other____________________

12.) Which of these treatments are you currently receiving?

❒ Back Brace ❒ Bed Rest ❒ Chiropractic ❒ TENS/e-stim ❒ Exercise ❒ Facet Injection
❒ Meds OTC ❒ Pain Meds ❒ Steroid Meds ❒ Musc.Relaxers ❒ Neurontin, Lyrica ❒ Epidural Injection
❒ Phys Therapy ❒ Occ. Therapy ❒ Ultrasound ❒ Rhizotomy ❒ Traction ❒ Sacroiliac Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ Steroid Injection
❒ Restrict Activity ❒ Other____________________

13.) Who were you previously treated by?

❒ N/A ❒ Neurosurgeon____________________ ❒ Neurologist____________________
❒ This Office ❒ Orthopedic Surgeon____________________ ❒ Chiropractor____________________
❒ Pain Clinic ____________________ ❒ Other____________________

When was your most recent MRI, CT, or XRAY of problem area?____________________
Where was it performed?____________________

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Which of these treatments have not been attempted or prescribed?

❒ Back Brace ❒ Bed Rest ❒ Chiropractic ❒ TENS/e-stim ❒ Exercise ❒ Facet Injection
❒ Meds OTC ❒ Pain Meds ❒ Steroid Meds ❒ Musc.Relaxers ❒ Neurontin, Lyrica ❒ Epidural Injection
❒ Phys Therapy ❒ Occ. Therapy ❒ Ultrasound ❒ Rhizotomy ❒ Traction ❒ Sacroiliac Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ Steroid Injection
❒ Restrict Activity ❒ Other____________________