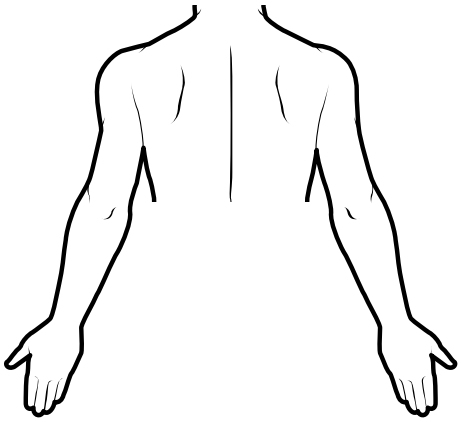
KENTUCKY PAIN INSTITUTE

Mid Back 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 EXPLAIN_____
❒ Weakness right arm ❒ Weakness right leg ❒ Sexual dysfunction _____
❒ Weakness both arms ❒ Weakness both legs _____
❒ Bowel dysfunction ❒ Bladder dysfunction

2.) Denies

❒ Weakness ❒ Bowel dysfunction ❒ Fever EXPLAIN_____
❒ Sexual dysfunction ❒ Bladder dysfunction _____
_____

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 Neck Backward ❒ Heating Pad ❒ Raising Arms Up ❒ Resting
❒ Any Movement ❒ Cervical Collar ❒ Hot Bath/Shower ❒ Sitting ❒ Turning Head
❒ Bending Neck Forward ❒ Cold Packs ❒ Lying on Back ❒ Standing
❒ Other, describe:_____

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

❒ Nothing ❒ Bending Neck Backward ❒ Extreme of Motion ❒ Lifting ❒ Standing
❒ Movement ❒ Cervical Collar ❒ Heating Pad ❒ Lying on Back ❒ Turning Head
❒ Bending Neck Forward ❒ Cold Packs ❒ Hot Bath/Shower ❒ Sitting ❒ Bend/Stoop
❒ Inspiration ❒ Cough/sneeze ❒ Straining w/ Bowel Movement
❒ 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 ❒ Steroid Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ 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 ❒ Steroid Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ 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 ❒ Steroid Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ 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 ❒ Steroid Injection
❒ Spinal Decomp. Therapy ❒ NSAIDs ❒ Heat ❒ Cold Pack ❒ Restrict Activity
❒ Other_____