

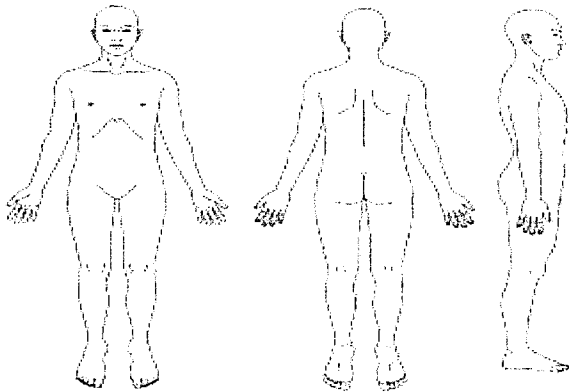
Spinal Decompression Consultation Pain Chart

Your Name: _____ Date: _____

What is your current? Weight: _____ and Height: _____

Please mark area(s) of injury or discomfort and select a frequency of pain. Mark all areas with the appropriate symbols.

Description → Sharp SPSP Ache AAA Burning BBBB Throbbing TTTT Shooting SHSH Gripping GGGG Numbness & Tingling NTNTNT
 Symbol →



- Frequency of Pain: **Constant** (76-100%)
 Frequent (51-75%)
 Occasional (26-50%)
 Intermittent (25% or Less)

Areas of the spine that are affected: Neck Upper Back Mid Back Low Back

Does the pain radiate to any part of your body? Yes No Where? _____

Symptoms of radiating pain _____

Please describe when your pain began and how long it has lasted: _____

Have you seen any other physicians or had any diagnostic testing for this condition? _____

What aggravates your pain symptomatology? _____

What relieves your pain symptomatology? _____

Please indicate intensity of your pain at its lowest & highest level:

No pain 0 1 2 3 4 5 6 7 8 9 10 unbearable

Your symptoms are: Decreasing Not Changing Increasing

Your symptoms are worse in the: Morning Afternoon Night
 Increase during the day Same all day

Dr. Ken	Dr. Matt
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Patients Name: _____

We are dedicated to more than just decreasing your pain and want to help you reach a goal that will help you live YOUR best life. Below you will find a list of daily activities, please select the ones that apply to you and your condition. This will help our Doctors better understand your specific needs and customize your treatment plan.

<p>Section 1- Pain Intensity</p> <ul style="list-style-type: none">A. The pain is mild and comes and goesB. The pain is mild and does not varyC. The pain is moderate and comes and goesD. The pain is moderate and does not varyE. The pain is severe and comes and goesF. The pain is severe and does not vary	<p>Section 6- Recreation</p> <ul style="list-style-type: none">A. I am able to engage in all of my recreational activities with no painB. I am able to engage in recreational activities with mild painC. I am able to engage in recreational activities with moderate painD. Unable to engage in most recreational activities due to severe painE. I cannot partake in recreational activities at all
<p>Section 2- Personal Care (washing, dressing)</p> <ul style="list-style-type: none">A. I am able to wash/dress with no difficultyB. I am able to wash/dress with mild difficultyC. I am able to wash/dress with moderate difficultyD. Unable to wash/dress without severe difficultyE. Because of pain, I am unable to wash/dress without help	<p>Section 7- Work</p> <ul style="list-style-type: none">A. I am able to work as much as I wantB. I am able to do light amounts of workC. I am able to do moderate amounts of workD. Unable to perform work duties without to severe painE. Unable to work at all due to pain
<p>Section 3- Lifting</p> <ul style="list-style-type: none">A. I can lift very light weightsB. I can lift light weightsC. I can lift medium weightsD. I can lift heavy weightsE. I can lift no weight at all	<p>Section 8- Driving</p> <ul style="list-style-type: none">A. I can drive my car without painB. I can drive my car with mild painC. I can drive my car with moderate painD. Unable to drive my car without severe painE. Unable to drive my car at all due to pain
<p>Section 4- Reading</p> <ul style="list-style-type: none">A. I can read as much as I want without painB. I can read as much as I want with mild painC. I can read as much as I want with moderate painD. I cannot read as much as I want due to severe painE. I cannot read/concentrate at all due to pain	<p>Section 9- Sleeping</p> <ul style="list-style-type: none">A. I have no trouble sleepingB. My sleep is slightly disturbed (less than 1 hr)C. My sleep is mildly disturbed (1-2 hrs sleepless)D. My sleep is moderately disturbed (2-3 hrs sleepless)E. My sleep is greatly disturbed (3-5 hrs sleepless)
<p>Section 5- Headaches</p> <ul style="list-style-type: none">A. I have no headaches at allB. I have slight headaches which come infrequentlyC. I have slight headaches which come frequentlyD. I have moderate headaches which come infrequentlyE. I have moderate headaches which come frequentlyF. I have severe headaches which come infrequentlyG. I have severe headaches which come frequentlyH. I have constant headaches	<p>Additional Neck Difficulties not listed above:</p> <hr/> <hr/> <hr/> <hr/>

Patient *Signature*: _____

Date: _____

Patients Name: _____

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<p>Section 1- Pain Intensity</p> <p>A. The pain is mild and comes and goes B. The pain is mild and does not vary C. The pain is moderate and comes and goes D. The pain is moderate and does not vary E. The pain is severe and comes and goes F. The pain is severe and does not vary</p>	<p>Section 6- Standing</p> <p>A. I can stand for more than 1-2 hours B. I can stand for 30-60 minutes C. I can stand for 15-30 minutes D. I can stand for less than 15 minutes E. I cannot stand at all</p>
<p>Section 2- Personal care</p> <p>A. I am able to wash/dress with no difficulty B. I am able to wash/dress with mild difficulty C. I am able to wash/dress with moderate difficulty D. Unable to wash/dress without severe difficulty E. Because of pain, I am unable to wash/dress without help</p>	<p>Section 7- Sleeping</p> <p>A. I have no trouble sleeping B. My sleep is slightly disturbed (less than 1 hr) C. My sleep is mildly disturbed (1-2 hrs sleepless) D. My sleep is moderately disturbed (2-3 hrs sleepless) E. My sleep is greatly disturbed (3-5 hrs sleepless)</p>
<p>Section 3- Lifting</p> <p>A. I can lift very light weights B. I can lift light weights C. I can lift medium weights D. I can lift heavy weights E. I can lift no weight at all</p>	<p>Section 8- Social Life</p> <p>A. My pain does not affect my social life B. My pain mildly affects my social life C. My pain moderately affects my social life D. My pain severely affects my social life E. I have no social life due to my pain</p>
<p>Section 4- Walking</p> <p>A. Pain does not prevent me from walking any distance B. Pain prevents me from walking more than a mile C. Pain prevents me from walking a ½ mile D. Pain prevents me from walking a ¼ mile E. I can only walk using a walking device</p>	<p>Section 9- Traveling</p> <p>A. I get no pain while traveling B. I get mild pain while traveling C. I get moderate pain while traveling D. I get severe pain while traveling E. I cannot travel due to my pain</p>
<p>Section 5- Sitting</p> <p>A. I can sit in a chair with no difficulty B. I can sit in a chair with mild difficulty C. I can sit in a chair with moderate difficulty D. I can sit in a chair with severe difficulty E. I cannot sit in a chair at all</p>	<p>Section 10- Work</p> <p>A. I am able to work as much as I want B. I am able to do light amounts of work C. I am able to do moderate amounts of work D. Unable to perform some and/or most work duties due to severe pain E. Unable to work at all due to pain</p>

Additional Low Back Difficulties not listed above: _____

Patient Signature: _____

Date: _____