

Name: _____
DOB: _____
Age: _____
Date: _____

PREMIER

Bone & Joint Centers

A Registered Trade Name of Gem City Bone & Joint, P.C.

Eric Harris M.D.

1. How did your back or neck pain begin? _____

2. Date of Injury (if any). _____ How long have you had the pain? _____

3. Where is the pain located? _____

4. Please Circle the statement which best describes your back or neck pain.

100% BACK, 0% LEG

100% NECK, 0% ARM

75% BACK, 25% LEG

75% NECK, 25% ARM

50% BACK, 50% LEG

50% NECK, 50% ARM

25% BACK, 75% LEG

25% NECK, 75% ARM

0% BACK, 100% LEG

0% NECK, 100% ARM

5. On a scale of 0-10, with 0 being no pain and 10 being your worst pain ever, how would you rate your pain?

Today? 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Weekly Average? 0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

6. What makes your pain WORSE? _____

7. What makes your pain BETTER? _____

8. What MEDICATION do you take for the pain? _____

9. Do you have a history of prior back pain? If yes please describe. _____

10. How far can you WALK? _____

11. How long can you SIT? _____ How Long can you STAND? _____

12. Any problems with bowels, urinating, or sexual functions? _____

13. What type of work do you do? _____

14. What data did you last work? _____

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15. Have you had any of the following treatment?

- | | | |
|-----------------------------------|---------------------------------|--------------------------------|
| Chiropractic | <input type="checkbox"/> Better | <input type="checkbox"/> Worse |
| Physical Therapy | <input type="checkbox"/> Better | <input type="checkbox"/> Worse |
| Injections | <input type="checkbox"/> Better | <input type="checkbox"/> Worse |
| Psychological Consultation | <input type="checkbox"/> Better | <input type="checkbox"/> Worse |
| Other | <input type="checkbox"/> Better | <input type="checkbox"/> Worse |

Mark the area on your body where you feel the described sensations.

Use the appropriate symbol. Mark areas of radiation. Include all affected areas.

NUMBNESS	—	0000	xxxx	////	
	—	0000	BURNING xxxx	STABBING	////
	—	0000	xxxx	////	

