Midwest Orthopaedic Center, SC

New Patient: Lumbar

MIDWEST ORTHOPÆDIC CENTER

❑ Return ❑ Pre-op ❑ 6 week ❑ 3 months ❑ 6 months ❑ 9 months ❑ 12 months ❑ 24 months ❑ ____Years

FOR OFFICE USE – TO BE FILLED OUT BY PHYSICIAN/STAFF

1. VAS: Neck ___ Arms ___ Back ___ Legs ___
2. ODI _____
3. SS _____
4. NDI _____
5. SF-12 _____
6. SF-22 _____
7. TIS _____

Name: _____ Date: _____

Birthdate: _____

A. General Information

1. Referring doctor name and full address: _____

If not referred, how did you choose this office? _____

2. Internist or family physician name and address: _____

3. Chief complaint (check all that apply): ❑ Neck pain Arm: ❑ pain ❑ numbness ❑ weakness ❑ Back pain Leg: ❑ pain ❑ numbness ❑ weakness ❑ Other _____

4. Your age: ___years ___ months

5. Your sex: ❑ male ❑ female

6. How long has your problem been present? _____

7. Has your problem worsened recently? ❑ no ❑ yes – How recently? _____

8. What started the problem? _____

B. For Patients with <u>Back or Leg Pain</u>, numbness or weakness:

1. Note your back pain by marking a line through the line below. [Average over the last week.]

No pain (_____) Worst pain possible

2. Note your leg pain by marking a line through the line below. [Average over the last week.]

No pain (_____) Worst pain possible

3. There is more pain in the: ❑ left thigh/foot/leg ❑ right thigh/foot/leg ❑ right and left equally ❑ no pain in the thigh/foot/leg
4. The pain is present in the (check the following):
   Right: ❑ buttock ❑ front thigh ❑ back thigh ❑ leg ❑ calf ❑ foot
   Left: ❑ buttock ❑ front thigh ❑ back thigh ❑ leg ❑ calf ❑ foot
5. There is: ❑ no weakness of the legs ❑ weakness of the (check the following):
   Right: ❑ thigh ❑ calf ❑ ankle ❑ foot ❑ big toe
   Left: ❑ thigh ❑ calf ❑ ankle ❑ foot ❑ big toe
6. There is: ❑ no numbness/tingling of the legs ❑ numbness/tingling of the (check the following):
   Right: ❑ thigh ❑ calf ❑ ankle ❑ foot ❑ big toe
   Left: ❑ thigh ❑ calf ❑ ankle ❑ foot ❑ big toe
7. The worst position for the pain is: ❑ sitting ❑ standing ❑ walking
8. How many minutes can you stand in one place without pain? ❑ 0-10 ❑ 15-30 ❑ 30-60 ❑ 60+
9. How many minutes can you walk without pain? ❑ 0-10 ❑ 15-30 ❑ 30-60 ❑ 60+
10. Lying down: ❑ eases the pain ❑ does not ease the pain ❑ Sometimes eases the pain
11. Bending forward: ❑ Increases the pain ❑ Decreases the pain ❑ Doesn't affect the pain
12. There (❑ is ❑ is no) difficulty picking up small objects like coins or buttoning buttons.
13. There (❑ is a ❑ is no) problem with balance or tripping frequently.
14. There are (❑ frequent ❑ occasional ❑ no) headaches in the back of the head.

C. <u>All Patients</u> please answer the following:

1. Coughing or sneezing (❑ increases ❑ sometimes increases ❑ does not increase) the pain.
2. There is: ❑ no loss of bowel or bladder control ❑ loss of bowel or bladder control since: _____
3. I have: ❑ not missed any work/school due to this problem ❑ missed (how much): _____
4. Treatments have included: ❑ no medicines, therapy, manipulations, injections or braces

Neck	Back		Neck	Back	
❑	❑	Physical therapy, exercise	❑	❑	Anti-inflammatory medications
❑	❑	Massage & ultrasound	❑	❑	Narcotic medication [name below]
❑	❑	Traction			_____
❑	❑	Manipulation ❑ ❑ Epidural steroid injections			times which ___
❑	❑	Tens unit			relieved the pain for (how long)? _____
❑	❑	Shoulder injections	❑	❑	Trigger point injections ___times which
❑	❑	Braces			relieved the pain for (how long)? _____
❑	❑	Chiropractor	❑	❑	Pain specialist
❑	❑	Acupuncture	❑	❑	Other _____

5. Previous doctors about this problem: ❑ none

Doctor	Specialty	City [if not Peoria]	Treatments

6. Tests done to evaluate your problems, the dates and location where they were done: ❑ none

test	Neck	Back	#1 Date/Where	#2 Date/Where	#3 Date/Where
Plain x-rays	❑	❑			
Myelogram	❑	❑			
CT Scan	❑	❑			
MRI	❑	❑			
EMGs	❑	❑			
Bone scan	❑	❑			
FCE	❑	❑			
Vascular Studies	❑	❑			
DEXA scan	❑	❑			
Discogram	❑	❑			

D. Medical History: Check all that apply

❑ None apply

❑ Heart attack	❑ Diabetes	❑ Lung disease	❑ Liver trouble
❑ Heart failure	❑ Stroke	❑ HIV	❑ Hepatitis
❑ High blood pressure	❑ Seizures	❑ AIDS	❑ Thyroid trouble
❑ Osteoarthritis	❑ Mental illness	❑ Tuberculosis	❑ Bleeding disorders
❑ Rheumatoid arthritis	❑ Kidney stones	❑ Asthma	❑ Anemia
❑ Ankylosing spondylitis	❑ Kidney failure	❑ Blood clot in leg	❑ Serious injuries [explain]
❑ Gout	❑ Cancer	❑ Blood clot in lung	❑ Stomach ulcers
❑ Osteoporosis			

❑ Other: _____

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E. Surgical History: Previous surgeries — List procedures, surgeon and date. ❑ None

Operation	Surgeon	Date

F. List of medications and dose taken: ❑ none

Medication and Dose	Medication and Dose

G. Allergies: ❑ No known drug allergies

Latex allergy? _____

Food allergy? _____

Medication	Rash	Swelling wheezing or shock	Upset stomach	Unknown reaction	Allergies	Other
	❑	❑	❑	❑		
	❑	❑	❑	❑		
	❑	❑	❑	❑		

H. Social History:

1. Work status: ❑ Homemaker ❑ Retired ❑ Disabled ❑ On leave ❑ Unemployed ❑ Working: ❑ full time ❑ part time
   Occupation: _____
2. Marital status: ❑ Married ❑ Single ❑ Co-habitating ❑ Widowed ❑ Divorced
3. Number of living children: ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10
4. I live: ❑ Alone ❑ With:
5. Tobacco use: ❑ Never (skip to #6)
   ❑ Cigar ❑ Chew ❑ Pipe ❑ Cigarettes
   _____packs per day for _____years.
   ❑ Quit — When? _____ after smoking _____ packs per day for _____ years (total).
6. Alcohol: ❑ Never or rare
   ❑ Social ❑ Frequently drunk (more than twice a week) ❑ Alcoholic ❑ Recovering alcoholic
7. Drug overuse/abuse: ❑ Never ❑ Currently ❑ In the past
8. Because of this spine problem, I have filed or plan to file:
   ❑ a lawsuit ❑ a worker's compensation claim ❑ neither a lawsuit or a worker's compensation claim
9. Is there a workers compensation dispute? ❑ Yes ❑ No

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J. Family History: Check all that apply

- ❑ Stroke
- ❑ Heart trouble
- ❑ High blood pressure
- ❑ Diabetes
- ❑ Arthritis
- ❑ Gout
- ❑ Seizures
- ❑ Spine problems
- ❑ None apply
- ❑ Mental illness
- ❑ Kidney trouble or stones
- ❑ Cancer
- ❑ Bleeding disorders
- ❑ Scoliosis
- ❑ Alcoholism
- ❑ Other: _____

I. Review of Systems: Check all that apply

- ❑ Reading glasses
- ❑ Change of vision
- ❑ Loss of hearing
- ❑ Ear pain
- ❑ Hoarseness
- ❑ Nosebleeds
- ❑ Difficulty swallowing
- ❑ Morning cough
- ❑ Shortness of breath
- ❑ Fever or chills
- ❑ Heart or chest pain
- ❑ Abnormal heartbeat
- ❑ Swollen ankles
- ❑ Calf cramps with walking
- ❑ Poor appetite
- ❑ Toothache
- ❑ Gum trouble
- ❑ Nausea or vomiting
- ❑ Stomach pain
- ❑ Ulcers
- ❑ Frequent belching
- ❑ Frequent diarrhea
- ❑ None apply
- ❑ Frequent constipation
- ❑ Hemorrhoids
- ❑ Frequent urination
- ❑ Burning on urination
- ❑ Difficulty starting urination
- ❑ Get up more than once every night to urinate
- ❑ Frequent headaches
- ❑ Blackouts
- ❑ Seizures
- ❑ Frequent rash
- ❑ Hot or cold spells
- ❑ Recent weight change
- ❑ Nervous exhaustion
- ❑ Depression
- ❑ Anxiety

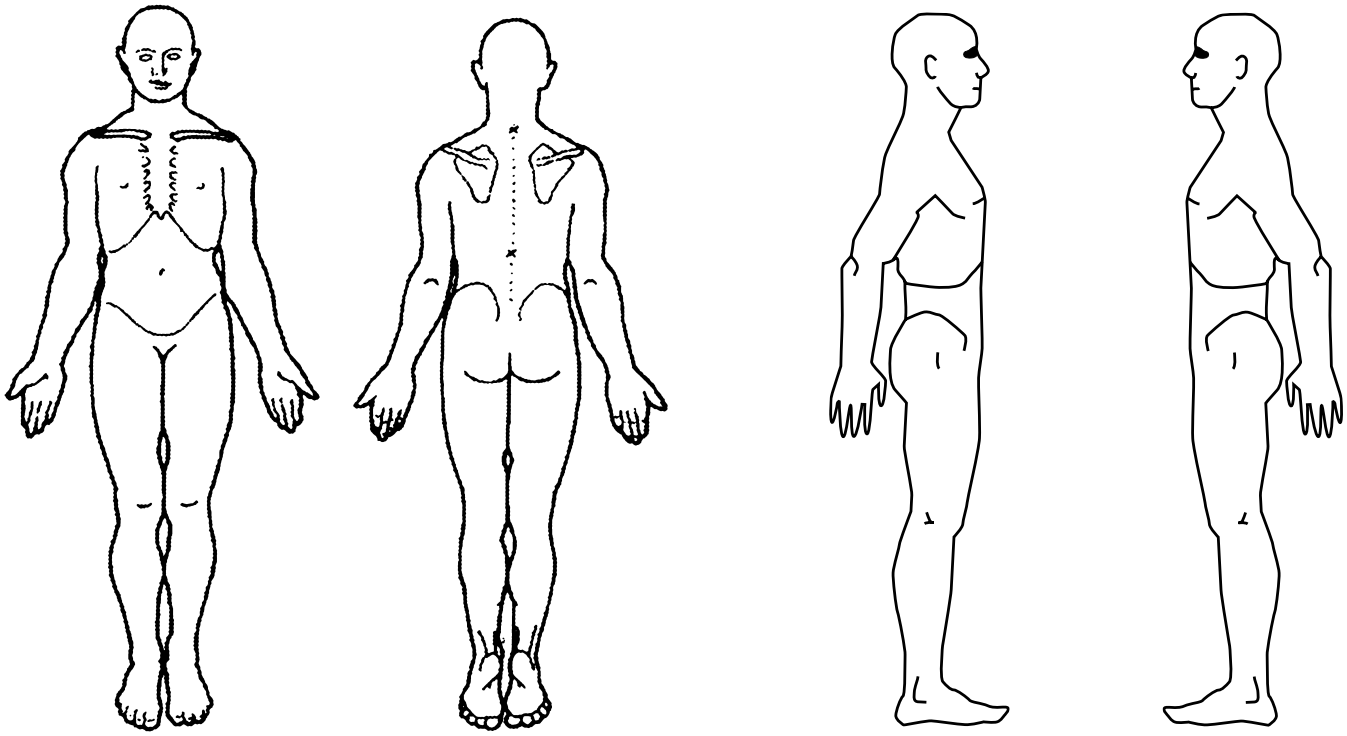
Women only:

- ❑ *Irregular periods*
- ❑ *Vaginal discharge*
- ❑ *Frequent spotting*

- ❑ Other: _____

K. Pain diagram:

On the diagram below, please indicate where you are experiencing pain, right now.



_____ _____

Patient signature date

_____ _____

Physician signature date

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