Orthopedic Specialists of San Diego
Helix Orthopedics & Sports Medicine

SPINE/PAIN QUESTIONNAIRE

Last, First Name:			DOB:
Phone:	Work:	Home:	Cell:
Occupation:		General Health: □ Excellent □ Good □ Fair □ Poor	
Reason for Visit: □ Consult □ Worker's Compensation □ Motor Vehicle Accident □ Litigation			
Referred by:		Phone:	

CURRENT MEDICATIONS (If more than listed, please use back of page)

	Prescriptions AND Over-the-counter medications	Dosage	Frequency
1.			
2.			
3.			
4.			
5.			
6.			

BACK HISTORY (check all that apply)

Date of injury:	Type of injury: □ Fall □ Car accident □ Lifting □ Overuse

PAIN DESCRIPTION

□ Constant	□ Intermittent	□ Dull Ache	□ Sharp Stabbing	□ Fatigue

□ Radiating Pain in your	Arm: □ Left □ Right	Buttocks: □ Left □ Right	
	Leg: □ Left □ Right	Thigh: □ Left □ Right	

(Check one each line)

□ YES □ NO Awakens you from sleep

□ YES □ NO Pins & Needle sensation in lower or upper extremity

□ YES □ NO Bowel or bladder loss of control

□ YES □ NO Increased pain with sneezing and coughing

PRIOR SURGERIES SURGICAL HISTORY			
Surgical procedure(s):	Date:	Pain Relieved?	Duration in months / years?
Discectomy		□ YES □ NO	
Laminectomy		□ YES □ NO	
Spinal Decompression / Fusion		□ YES □ NO	

PRIOR MEDICATION TREATMENTS (Check all that apply)			
Anti-Inflammatory:	NARCOTIC:		MUSCLE RELAXANT:
□ Naprosyn	□ Vicodin	□ Oxycontin	□ Flexeril
□ Motrin □ Advil	□ Vicodin ES	□ Oramorph SR	□ Norflex
□ Voltaren	□ Tylenol #3	□ MS Contin	□ Parafon Forte DSC
□ Feldene	□ Tylenol w/Codeine	□ Lortab	□ Robaxin
□ Relafen	□ Norco	□ Lorcet	□ Skelaxin
□ Naprosyn (Aleve)	□ Darvon	□ Duragesic	□ Soma
□ Mobic	□ Vicoprofen	□ Maxidone	□ Valium
□ Celebrex	□ Talwin	□ Ultram (Tramadol)	□ Zanaflex
□ Indocin	□ Roxicodone	□ Ultracet	□_____
□ Toradol	□ Percodan	□_____	□_____
□ _____	□ Percoset	□_____	□_____

DIAGNOSTIC STUDIES		
□ X-rays	Hospital/Facility:	Date:
□ MRI	Hospital/Facility:	Date:
□ C.T. Scan	Hospital/Facility:	Date:
□ Myelogram	Hospital/Facility:	Date:
□ Discogram	Hospital/Facility:	Date:

BACK PAIN		
My pain is an □ annoyance □ disabling pain.		
Rate your pain from: mild □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □10 severe		
PAIN DISTRIBUTION Rate the percentage of your pain to total 100%		
Sample:	(A) Back 80 + (B) Leg 20 = 100%	(A) Back _____ + (B) Leg _____ = 100%
	(A) Neck 60 + (B) Arm 40 = 100%	(A) Neck _____ + (B) Arm _____ = 100%
Please answer the following questions:		
I am □ able □ not able to enjoy life and complete daily activities.		
I am only able to walk □ 95 feet □ 1 block □ 5 blocks □ unlimited distance(s) before stopping to rest.		
I am □ able □ not able to enjoy socializing and/or hobbies (i.e. bowling, dancing, etc.).		

PAIN DISTRIBUTION DRAWING

Use colored pens to draw the location of your pain. Use color descriptions below:

(try to color between the lines)

RED: Pins and needles sensation

BLUE: Sharp stabbing pain

GREEN: Dull, aching/cramping sensation