



ORTHOPEDIC &  
SPORTS MEDICINE

*Center of Oregon*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

## New Spine Patient Form

Please Circle or write in your answers to each question

- How did you hear about us?

Word of mouth          Physician referred          Hospital/ER          Internet          other

- Please indicate if you have any hearing aids, pacemaker or metal in the body:

Hearing aids          Pacemaker          Metal in body:

If yes Where?

- Work status:

Working          Not working          Retired          Disabled

- Are there any sporting or recreating activities that you would like to resume?

Current Problems:

- When did your symptoms begin?

- Your pain appeared with?

Slip or fall    lifting and bending    work injury    other

- The pain over time:

Comes and goes    Gradually worsens    Stays about the same

- **What positions/Activities make the pain worse or better?**

**Better:** Bending forward      Standing      Sitting      walking      cough/sneezing  
 Driving      lying down

**Worse:** Bending forward      standing      sitting      walking      cough/sneezing  
 Driving      Lying down

- **Do you wake at night with pain?**
- **Do you have loss of Bladder or bowel function?**

- **How far can you walk without pain:**

- **Is your problem part of a:** Workers Comp claim      Legal Claim      Disability Claim

- **How long can you stand without much pain?**

- **Who else who have you seen for this problem?** Pain doctor      Primary Care physician  
 Chiropractor      Surgeon      Physical Therapist      None

- **What Prior tests have you had done for this problem?** X-Rays      Myelogram      Bone Scan  
 MRI      Discogram

- **What treatments have you had and have they helped?** NSAIDS/Relaxants      Steroid Pills  
 Physical therapy      Manipulation      Pain medicine      Neurontin

- **Have you had any injections?**

- **Any prior spinal surgery?**

Rate your neck or back on scale from 1-10:

(Best) 1      2      3      4      5      6      7      8      9      10(Worst)

Rate your arm or leg pain on a scale from 1-10:

(Best) 1      2      3      4      5      6      7      8      9      10(Worst)

PATIENT NAME: (FIRST, MIDDLE, LAST)	DATE OF BIRTH: (MM, DD, YYYY)
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Date:

Neck

## NECK DISABILITY INDEX (NDI) FOR NECK AND ARM PAIN

### SECTION 1 – PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

### SECTION 3 – LIFTING

- I can lift heavy weights without additional pain.
- I can lift heavy weights but it gives me additional pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, (e.g. on a table).
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights.
- I cannot lift or carry anything at all.

### SECTION 5 – HEADACHES

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all of the time.

### SECTION 7 – DRIVING

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight neck pain.
- I can drive my car as long as I want with moderate neck pain.
- I cannot drive my car as long as I want because of moderate neck pain.
- I can hardly drive at all because of severe neck pain.
- I cannot drive my car at all.

### SECTION 9 – RECREATION

- I am able to engage in all my recreational activities with no neck pain.
- I am able to engage in all my recreational activities with some neck pain.
- I am able to engage in most, but not all, of my usual recreational activities because of neck pain.
- I am able to engage in a few of my usual recreational activities because of neck pain.
- I can hardly do any recreational activities because of neck pain.
- I cannot do any recreational activities at all.

### SECTION 2 – PERSONAL CARE (WASHING, DRESSING, ETC.)

- I can look after myself normally without causing additional pain.
- I can look after myself normally, but it is very painful.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of my personal care.
- I do not get dressed, I wash with difficulty and stay in bed.

### SECTION 4 – READING

- I can read as much as I want with no pain in my neck.
- I can read as much as I want with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

### SECTION 6 – CONCENTRATION

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

### SECTION 8 – SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour of sleeplessness).
- My sleep is mildly disturbed (1-2 hours of sleeplessness).
- My sleep is moderately disturbed (2-3 hours of sleeplessness).
- My sleep is greatly disturbed (3-5 hours of sleeplessness).
- My sleep is completely disturbed (5-7 hours of sleeplessness).

### SECTION 10 – WORK

- I can do as much work as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

## Current Problem Pain Diagram

Mark the area of your body where you feel painful sensations. Use the appropriate symbol listed below.

Numbness, pins and needles, burning	OOOOOOOOOO
Aching, grabbing, cramping	XXXXXXXXXXXX
Shocking, stabbing, electric	

