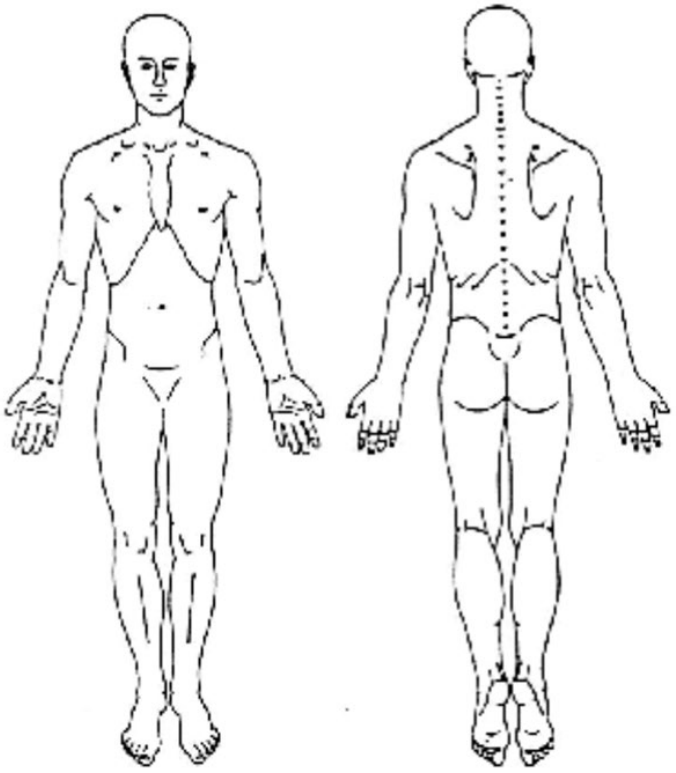
Mercy Clinic Neurosurgery
Spine Patient Intake Form

Name:_____ DOB:_____

1. **Please show on the diagram exactly where the pain is. Mark the spots with an X.**



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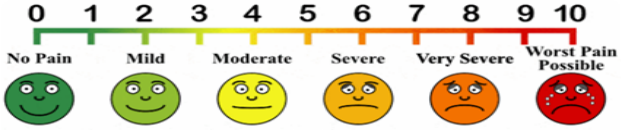
2. **How bad does your pain get (0-10)?**
   - Neck
   - Arm
   - Back
   - Leg



3. **What type of pain do you have?**
   - ❑ Pins and needles
   - ❑ Numbness
   - ❑ Aching
   - ❑ "Lightning" or "shooting"

How long have you had this problem? _____

Was it caused by an injury/fall/trauma? (Y/N)

How often do you have pain? _____

What makes your pain better? _____

What makes the pain worse? _____

Which position is worst (<u>check one</u>): ❑ Walking ❑ Sitting ❑ Standing

Does your leg pain worsen with walking (Y/N)

4. **Check what treatments you have tried for this current issue.**

❑ None ❑ Injections ❑ Physical Therapy ❑ Chiropractor ❑ TENS unit

5. **Have you had brain, neck, or back surgery? (Y/N)**

What surgery? _____ When? _____ By whom? _____

6. **Have you have had a needle muscle test, EMG/Nerve Conduction Study (Y/N)**

7. **<u>Check</u> the boxes of medications you've tried and/or currently take for this issue.**

❑ Ibuprofen, Aleve, Naproxen
❑ Gabapentin (Neurontin)
❑ Tylenol
❑ Norco, Percocet, Morphine
❑ Tramadol
❑ Lyrica
❑ Oral steroids
❑ Muscle Relaxants
❑ Other _____

8. **Do you have any of the following?**

❑ Weakness in arms or legs
❑ Difficulty using your fingers
❑ Difficulty keeping your balance
❑ Trouble controlling your bladder

9. **Have you ever been diagnosed with any of the following?**

❑ Stroke
❑ Multiple sclerosis, Guillain-Barre
❑ B12 deficiency
❑ Rheumatoid arthritis
❑ Osteoporosis

10. **Do you smoke? (Y/N)**
11. **Have you ever been diagnosed with cancer? (Y/N)**
12. **Do you have any of the following?**

❑ Night sweats
❑ Unexplained weight loss
❑ IV drug use
❑ None of the above