

# Mercy<sup>+</sup> Clinic Neurosurgery Short Spine Health History Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Primary Physician:  same as referring physician

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specialty \_\_\_\_\_

Please list any other physicians you would like us to notify:

\_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Phone#: \_\_\_\_\_

## History of Present Illness

Chief Complaint (the one **main** problem/symptom for seeing us today)

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Where is your problem? What body parts are affected? Please be specific.

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How long ago did your problem begin? \_\_\_\_\_

Did this result from an injury (please describe if so)? \_\_\_\_\_

Is it constant, or does it "come and go"? \_\_\_\_\_

How severe is your problem/symptom today? (please circle)      mild      moderate      severe

If you have pain, how severe is it from 0 (no pain) to 10(worst imaginable)? \_\_\_\_\_

If pain/sensory abnormality, how would you describe it? (Circle any that apply)

Aching   Dull   Sharp   Throbbing   Shooting   Pressure   Burning   Pins/needles   Tingling

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What percentage of pain is in your neck and what percentage is in your arm(s)?

\_\_\_\_\_ %Neck      \_\_\_\_\_ %Arm(s)

What percentage is in your back and what percentage is in your leg(s)?

\_\_\_\_\_ %Back      \_\_\_\_\_ %Leg(s)

What circumstances, activities or positions **worsen** your problem/symptoms?

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What circumstances, activities or positions **lessen** (even temporarily) your problem/symptoms?

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**Medical problems.** Have you ever been diagnosed with, treated by a physician, or taken medications for any of the following medical conditions?

Past Medical History	Y	N		Y	N
Anemia			Autoimmune Disease		
Bleeding/Clotting Disorder			Gout		
Cancer – Type? _____			Rheumatoid Arthritis		
Chronic Steroid Use			Osteoarthritis		
High Cholesterol			Osteoporosis or osteopenia, T-score____		
Hypertension			Bone or connective tissue disease		
Diabetes <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile			Scoliosis		
Arrhythmia / Atrial Fibrillation			Anxiety/Depression		
Heart Attack			Bipolar/Schizophrenia/Psychosis		
Heart Disease			Chronic Headaches / Migraines		
Congestive Heart Failure			Convulsions (seizures)		
Heart Valve Problems			Stroke		
COPD			Brain Disease _____		
Sleep Apnea			Thyroid Disorder		
Asthma			DVT/PE _____		
Tuberculosis			Skin disorder		
HIV or AIDS			Kidney Disease		
Hepatitis <input type="checkbox"/> B or <input type="checkbox"/> C			Prostate Disease		
Depressed Immune System			Gastro-intestinal bleeding		
Major Infection _____			Gastric reflux (GERD)		

Females: Are you now pregnant?  Yes    No

Please use this space to elaborate on any of the above or include other diagnoses if needed:

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Past Surgical History (PSHx)		
Spine Surgeries	Surgeon	Date

Any complications from any of the procedures listed above?

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Have you had any problems with anesthesia in the past?  Yes  No  
 If yes, please explain:

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Social History (SHx)				
Alcohol Use	Never	Current	Former	Date Quit
Tobacco Use	Never	Current	Former	Date Quit
	Average packs per day?		Chewing tobacco? Yes No	
Drug Use	Yes	No	Type:	
Occupation			<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed since _____
Disabled?	Yes	No	Reason:	Date:
Marital Status	Married	Divorced	Single	Widowed

## Review of Systems

Please check any of the medical condition(s) below which apply to you. If none, check here:

### Constitutional

- Change in appetite
- Excessive sleepiness
- Fatigue
- Fever/Chills
- Night Sweats
- Recent sore throat
- Unexpected weight loss

### Eyes

- Light Sensitivity
- Blurred vision
- Double vision
- Peripheral vision loss
- Visual impairment
- Macular degeneration
- Cataracts
- Glaucoma

### Ears, Nose, & Throat

- Hearing loss
- Clear drainage for ears
- Clear drainage for nose
- Ringing in ears
- Sinus disease
- Trouble swallowing

### Cardiovascular

- Chest pain/pressure
- Fainting
- Heart defect
- Heart murmur
- High blood pressure
- Low blood pressure
- Leg Swelling
- Palpitations

### Respiratory

- Bronchitis
- Chronic cough
- COPD

- Emphysema
- Pneumonia
- Shortness of breath
- Trouble breathing
- Wheezing

### Gastrointestinal

- Nausea
- Vomiting
- Black or bloody stool
- Constipation
- Diarrhea
- Heartburn
- Ulcer
- Loss of control

### Skin

- Birth marks
- Psoriasis
- Skin rashes
- Melanoma
- Abnormal stretch marks

### Endocrine

- Dry eyes/mouth
- Endocrine disorder
- Low blood sugar
- Pituitary disorder
- Sickle cell disease
- Abnormal cycles
- Leaking from breasts
- Easy bruising/bleeding

### Genitourinary

- Blood in urine
- Change in habits
- Recurrent infection
- Kidney stones
- Loss of control
- Painful urination
- Urinary urgency

### Musculoskeletal

- Connective tissue disorder
- Low back pain
- Neck pain
- Joint pain
- Joint replacement
- Joint swelling
- Lymph node swelling
- Muscle aches

### Neurological

- Altered taste/smell
- Balance difficulty
- Clumsiness
- Concussion
- Confusion
- Concentration difficulty
- Dizziness
- Falls
- Facial pain
- Hallucinations
- Headache
- Loss of consciousness
- Memory problems
- Muscle twitching
- Nausea
- Numbness
- Personality change
- Shooting pains
- Speech difficulty
- Tingling sensation
- Tremors
- Vertigo
- Walking difficulty
- Weakness

### Psychological

- Substance abuse
- Suicidal thoughts