

Dr. Majid New Patient Questionnaire



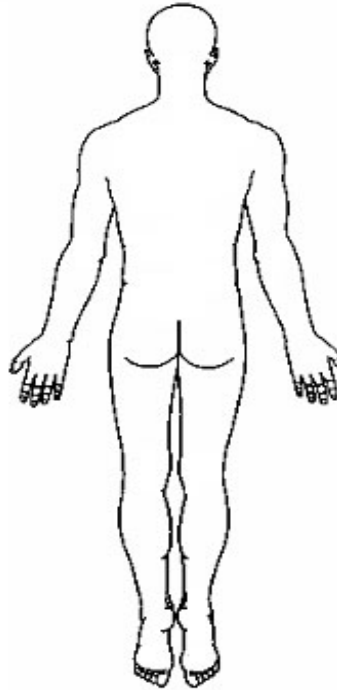
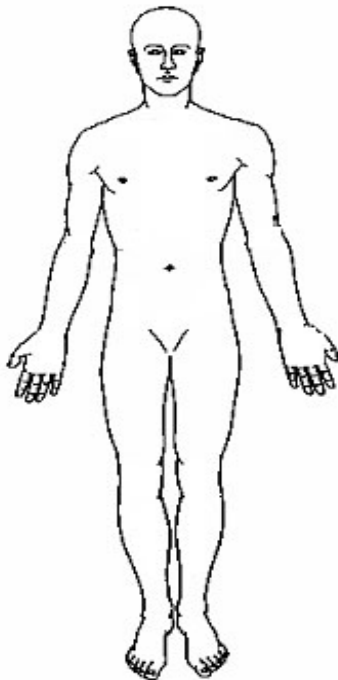
NAME _____ AGE _____
 DOB _____

OCCUPATION _____

TODAY'S DATE _____

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.

.....	=====	/////
_____ Dull Ache	===== Pins & Needles/ Tingling	///// Sharp/Stabbing
.....	=====	/////



BACK/NECK

0	NO PAIN
1	VERY MILD
2	MILD
3	MODERATE
4	SEVERE
5	VERY SEVERE

LEG/ARM

0	NO PAIN
1	VERY MILD
2	MILD
3	MODERATE
4	SEVERE
5	VERY SEVERE

NOTE: ONLY FILL OUT PAGE 2 and 3 IF BACK PAIN IS PRESENT. IF NECK PAIN IS PRESENT FILL OUT PAGE 4.

Please Read: This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage in everyday life. Please answer every section, and mark in each section only the box which applies to you. We realize you may consider that two of the statements in any one section relate to you, however, please just mark the box which most closely describes your problem.

Section 1 PAIN INTENSITY

- I can tolerate the pain I have without having to use painkillers.
- the pain is bad, but I manage without taking painkillers.
- Painkillers give complete relief of the pain.
- Painkillers give moderate relief.
- Painkillers give very little relief of the pain.
- Painkillers have no effect on the pain, and I do not use them.

Section 2 PERSONAL CARE (Washing, Dressing, etc.)

- I can look after myself normally without causing extra pain.
- I can look after myself normally, but it causes pain.
- 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 some help everyday in most aspects of self-care.
- I do not get dressed, wash with difficulty, and stay in bed.

Section 3 LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weight, but it gives extra 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 weight if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

Section 4 WALKING

- Pain does not prevent me from walking any distance.
- Pain prevents me from walking more than one mile.
- Pain prevents me from walking more than ½ mile.
- Pain prevents me from walking ¼ mile.
- I can only walk using a stick or crutches.
- I am in bed most of the time, and have to crawl to the toilet

Section 5 SITTING

- I can sit in my chair as long as I like.
- I can sit in my favorite chair as long as I like.
- Pain prevents me from sitting for more than one hour.
- Pain prevents me from sitting for more than ½ hour.
- Pain prevents me from sitting more than 10 minutes.
- Pain prevents me from sitting at all.

Section 6 STANDING

- _____ I can stand as long as I want without extra pain.
- _____ I can stand as long as I want, but it gives me extra pain.
- _____ Pain prevents me from standing for more than one hour.
- _____ Pain prevents me from standing for more than ½ hour.
- _____ Pain prevents me from standing more than 10 minutes.
- _____ Pain prevents me from standing at all.

Section 7 SLEEPING

- _____ Pain does not prevent me from sleeping well.
- _____ I can sleep well only by using tablets.
- _____ Even when I take tablets, I get less than six hours of sleep.
- _____ Even when I take tablets, I get less than four hours of sleep.
- _____ Even when I take tablets, I get less than two hours of sleep.
- _____ Pain prevents me from sleeping at all.

Section 8 SEX LIFE

- _____ My sex life is normal, and causes no extra pain.
- _____ My sex life is normal, but causes some extra pain.
- _____ My sex life is nearly normal, but is very painful.
- _____ My sex life is severely restricted by pain.
- _____ My sex life is nearly absent because of pain.
- _____ Pain prevents any sex life at all.

Section 9 SOCIAL LIFE

- _____ My social life is normal, and gives me no extra pain.
- _____ My social life is normal, but increases the degree of pain.
- _____ Pain has no significant effect on my social life, apart from limiting my more energetic interests, e.g. dancing, etc.
- _____ Pain has restricted my social life, and I do not get out as often.
- _____ Pain has restricted my social life to my home.
- _____ I have no social life because of the pain.

Section 10 TRAVELING

- _____ I can travel anywhere without extra pain.
- _____ I can travel anywhere, but it gives me extra pain.
- _____ Pain is bad, but I manage journeys over two hours.
- _____ Pain restricts me to journeys of less than one hour.
- _____ Pain restricts me to short necessary journeys less than 30 minutes.
- _____ I do not get dressed, wash with difficulty, and stay in bed.

NOTE: ONLY FILL OUT THIS PAGE IF NECK PAIN IS PRESENT

Please Read Instructions:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

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 2-PERSONAL CARE

- I can look after myself normally, without pain.
- I can look after myself normally, but with pain.
- It is painful to look after myself.
- I need some help, but manage my personal care.
- I need help everyday in most aspects of self care.
- I do not get dressed, and stay in bed.

SECTION 3-LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weight, but with pain.
- Pain prevents me from lifting heavy weights, but I can manage if they are conventionally positioned.
- Pain prevents me from lifting heavy weights, but But I can manage light weights if conventionally positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

SECTION 4-READING

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

SECTION 5-HEADACHES

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

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 concentrating.
- I have a lot of difficulty concentrating.
- I have a great deal of difficulty concentrating.
- I cannot concentrate at all.

SECTION 7-WORK

- I can do as much work as I want to.
- I can 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 can't do any work at all.

SECTION 8-DRIVING

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

SECTION 9-SLEEP

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1hr sleepless).
- My sleep is mildly disturbed (1-2 hrs sleepless).
- Sleep is moderately disturbed (2-3 hrs sleepless).
- Sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed (5-7 hrs sleepless).

SECTION 10-RECREATION

- I am able to engage in all my activities with no pain.
- I am able to engage in all my activities with slight pain.
- I am able to engage in most, but not all activities because of pain.
- I am able to engage in few of my activities because of pain.
- I can hardly do any activities because of pain.
- I can't do any activities at all.

Are you Right or Left-handed? _____

I. PAIN (Check if applicable. You can choose more than one.)

1. Neck _____ Mid-Back _____ Low Back _____

2. Arm Pain _____ Leg Pain _____
Right, Left or Both Right, Left or Both

3. Is arm pain: same _____ worse _____ less than back _____

4. Is leg pain: same _____ worse _____ less than back _____

5. When did present pain start? _____

6. How did pain start? Sudden or Gradual?

7. Have you lost control of Bowel or Bladder? Yes _____ No _____

Were you: lifting? _____ twisting, bending, pulling? _____ pushing _____
fall? _____ auto accident? _____ sports? _____ work injury? _____
no specific injury? _____

7. What makes pain worse?	<u>Yes</u>	<u>No</u>
a. Weather changes	_____	_____
b. Coughing	_____	_____
c. Sneezing	_____	_____
d. Bending	_____	_____
e. Twisting	_____	_____
f. Sitting	_____	_____
g. Walking	_____	_____
h. Car Riding	_____	_____
i. Worse in Morning	_____	_____
j. Worse in Evening	_____	_____

8. What makes pain better?	<u>Yes</u>	<u>No</u>
a. Rest	_____	_____
b. Lying Down	_____	_____
c. Walking	_____	_____
d. Sitting	_____	_____
e. Standing	_____	_____
f. Pain Pills	_____	_____
g. Muscle Relaxants	_____	_____
h. Anti-Inflammatory	_____	_____
i. Physical Therapy	_____	_____
j. Nothing	_____	_____

9. Pain at Night _____

PHYSICAL EXAMINATION

I. General Appearance

Posture
Gait
Heel Toe
Toe Walk
Incision

Non-Organic Signs

1. Tenderness _____
supf/non-anat.
 2. Simulation _____
axial/rotat/load
 3. Distraction _____
(SLR)
 4. Regional _____
 5. Overreaction _____
- Total _____15

II. SPINE (C, T, LS)

- * Tenderness: C midline/paraspinal/occiput/scapula/shoulder
 T midline/paraspinal
 LS midline/paraspinal/psis/notches
- * Lordosis: ni/reversed
- * ROH: LS C-Spine
 Flex (70) Flex (75)
 Ext (45) Ext (70)
 Bend (30) R L Bend (45) R L
 Rot. (20) R L Rot. (80) R L
- * Spasm + -
 * Deformity + -
 * Trendelenburg + -
 * Pelvis + -
 * SI jts + -

III. Extremities

<u>Upper</u>	<u>Lower</u>
Major Jts.	Major Jts.
Circumferences	Circumferences
Pulses	Leg Lengths
	Pulses

IV. Neuro

- * Sensory: Light touch Pin prick Posterior Vibratory
- * Reflexes: UE: B BR T Phalon's Tinel's
 LE: KJ AJ Babinski
 SLR: Active R L
 Passive R L
 Supine R L
 Sitting R L
 Control R L
 Femoral Stotch R L

V. Motor

UE (R/L) Deltoid Biceps W. Ext. Triceps W. Flex Intrinsic Grip

LE (R/L) H.Flex H.add H.abd H ext K ext K flex df chl ove PP

DIAGNOSTIC STUDIES

1. Xrays AP Lat odontoid oblique flex/ext
2. Xrays (T) AP Lat
3. Xrays (LS) AP Lat oblique flex/ext
4. CT
5. Myelogram
6. MRI
7. Bone scan
8. Discos
9. Blocks
10. EMG/NCV

IMPRESSIONS

TX:

DX: