

Spine Evaluation



Last Name _____ First Name _____ Middle _____

Date _____ Age _____

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

1. What was your chief complaint when you visited your doctor? _____

2. What does your doctor think is causing your back pain? _____

3. How long have you had this pain? _____

4. Does the pain go down your arm? Yes No

5. Does the pain go down your leg? Yes No

6. In the back or front? _____

7. Left, right or both? _____

8. Do you have any numbness? Yes No

9. Do you have any weakness? Yes No

10. Have you had any bowel or bladder changes? Yes No

11. Have you had surgery to the area being scanned? Yes No

12. Surgery when? _____

13. Do you have a history of cancer? Yes No

14. Do you have any other medical conditions? _____
