

**ALL EXAMS FOR CERVICAL, DORSAL & LUMBAR SPINES**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

HAVE YOU HAD AN INJURY? Y \_\_\_\_\_ N \_\_\_\_\_ WHEN? \_\_\_\_\_

IF YES, WHAT TYPE OF INJURY? \_\_\_\_\_

DO YOU HAVE PAIN? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, DESCRIBE (*Example: Burning, Sharp, Dull, etc.*): \_\_\_\_\_

DOES THE PAIN GO DOWN YOUR ARM \_\_\_\_\_ LEG \_\_\_\_\_ LEFT SIDE \_\_\_\_\_ RIGHT SIDE \_\_\_\_\_

BOTH SIDES \_\_\_\_\_

DO YOU EXPERIENCE WEAKNESS? Y \_\_\_\_\_ N \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU EXPERIENCE NUMBNESS? Y \_\_\_\_\_ N \_\_\_\_\_ WHERE? \_\_\_\_\_

HAVE YOU HAD SPINE SURGERY? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, DESCRIBE TYPE OF SPINE SURGERY \_\_\_\_\_

ANY OTHER PRIOR SURGERY? Y \_\_\_\_\_ N \_\_\_\_\_

IF YES, DESCRIBE WHAT TYPE \_\_\_\_\_

**PLEASE SHADE THE AREA THAT HURTS**