

SPINE REHABILITATION PROGRAM

Patient Information:

Name _____ Phone # () _____

Address _____ City _____ Zip _____

Age _____ DOB _____ Single _____ Married _____ Male _____ Female _____

S.S. # _____ - _____ - _____ Drivers License # _____ - _____ - _____

Employer Name _____ Address _____ Zip _____

Emergency Contact _____ Phone # () _____

Occupation _____ Phone # () _____

Insurance Information:

Insurance Carrier _____ Phone # () _____

Insured's Name _____ Insured's SS # _____

Policy # _____ Group / Claim # _____

-----For Office Use -----

Out of Network Coverage?

Deductible? _____ Amount Met? _____ Covered % _____ Co-Pay? _____

Policy Limits _____

Mailing Address: P.O. Box _____

SPINE REHABILITATION PROGRAM

Low Back Index

1 PAIN INTENSITY *Mark one only*

- 0 - I have no pain at the moment.
- 2 - The pain is very mild at the moment.
- 4 - The pain is moderate at the moment.
- 6 - The pain is fairly severe at the moment.
- 8 - The pain is very severe at the moment.
- 10 - The pain is the worst imaginable at the moment.

3 LIFTING *Mark one only*

- 0 - I can lift heavy weight with out extra pain.
- 2 - I can lift heavy weight but it gives me extra pain.
- 4 - Pain prevents me from lifting heavy weights off the floor, but I can manage if it is positioned on the table.
- 6 - Pain prevents me from lifting heavy weights, but I can manage medium weights conveniently positioned.
- 8 - I can lift only very light weights.
- 10 - I cannot lift or carry anything at all.

5 SITTING *Mark one only*

- 0 - I can sit in any chair as long as I like.
- 2 - I can only sit in my favorite chair as long as I like.
- 4 - Pain prevents me from sitting more than 1 hour.
- 6 - Pain prevents me from sitting more than 30 minutes.
- 8 - Pain prevents me from sitting more than 10 minutes.
- 10 - Pain prevents me from sitting at all.

7 SLEEPING *Mark one only*

- 0 - Pain does not prevent me from sleeping well.
- 2 - I can sleep well only by using tablets.
- 4 - Even when I take tablets I have less than 6 hour sleep.
- 6 - Even when I take tablets I have less than 6 hours sleep.
- 8 - Even when I take tablets I have less than 4 hours sleep.
- 10 - Even when I take tablets I have less than 24 hours sleep.

9 SOCIAL LIFE *Mark one only*

- 0 - My social life is normal and gives me no extra pain.
- 2 - My social life is normal but increases the degree of pain.
- 4 - Pain has no effect on my social life apart from limiting my more energetic interests, like dancing, etc.
- 6 - Pain restricts my social life and I don't go out as often.
- 8 - Pain restricts my social life and I am confined to my home.
- 10 - I have no social life because of pain.

2 PERSONAL CARE *Mark one only*

- 0 - I can look after myself normally without extra pain.
- 2 - I can look after myself normally but it causes extra pain.
- 4 - It is painful to look after myself and I am slow and careful.
- 6 - I need some help but manage most of my personal care.
- 8 - I need help everyday in most aspects of self-care.
- 10 - I do not get dressed, wash with difficulty and stay in bed.

4 WALKING *Mark one only*

- 0 - Pain does not prevent me from walking any distance.
- 2 - Pain prevents me from walking more than 1 mile.
- 4 - Pain prevents me from walking more than ½ mile.
- 6 - Pain prevents me from walking more than ¼ mile.
- 8 - I am in bed most of the time and have to crawl to the toilet.
- 10 - I can only walk when using a stick or crutches.

6 STANDING *Mark one only*

- 0 - I can stand as long as I want with out extra pain.
- 2 - I can stand as long as I want but it gives me extra pain.
- 4 - Pain prevents me from standing for more than 1 hour.
- 6 - Pain prevents me from standing for more than 30 mins.
- 8 - Pain prevents me from standing for more than 10 mins.
- 10 - Pain prevents me from standing at all.

8 SEX LIFE *Mark one only*

- 0 - My sex life is normal and causes no pain.
- 2 - My sex life is normal but causes some extra pain.
- 4 - My sex life is nearly normal but causes some extra pain.
- 6 - My sex life is severely restricted by pain.
- 8 - My sex life is nearly absent because of pain.
- 10 - Pain prevents any sex.

10 TRAVELING *Mark one only*

- 0 - I can travel anywhere without extra pain.
- 2 - I can travel anywhere but it gives me extra pain.
- 4 - Pain is bad but I manage journeys over 2 hours.
- 6 - Pain restricts me to journeys of less than 1 hour.
- 8 - Pain restricts me to short necessary trips under 30 min.
- 10 - Pain prevents all my traveling except to the doctor/hospital.

SPINE REHABILITATION PROGRAM

Patient Questionnaire

Read & answer all questions carefully to ensure you receive the proper diagnosis & treatment.

Please indicate if you presently have or have you had any of the following conditions:

Y - N	Compression fracture - * (lumbar)	Y - N	Stroke
Y - N	Cancer - *(metastatic / abdominal)	Y - N	Pregnant
Y - N	Bowel, bladder or sexual dysfunction	Y - N	Disc infection
Y - N	Severe osteoporosis - *(diagnosed 45%)	Y - N	Lumbar fusion
Y - N	Diabetes *(severe peripheral neuropathy)	Y - N	Rheumatoid spondylitis
Y - N	Bilateral spondylosis or spondylolisthesis	Y - N	Mental disorders - *(diagnosed)
Y - N	Dependence on alcohol, tranquilizers or opioids	Y - N	Aortic aneurysm - *(diagnosed)
Y - N	Any uncontrolled or untreated medical conditions	Y - N	Other _____

Please indicate all of the following that describes you:

Y - N	Smoker
Y - N	Have poor diet / nutrition
Y - N	Consume prednisone or steroids
Y - N	Consume more than 20mg/day equivalent of diazepam or four Percondan / Percocet / Tylox (oxycodone/aspirin or acetaminophen).
Y - N	Consume more than two cups of coffee, two can of soda or three glasses of tea per day.
Y - N	Have a negative outlook as it relates to the condition of my back.

Please indicate if you presently have or have you had any of the following conditions:

Y - N	Spinal injuries
Y - N	Family history of significant spinal problems
Y - N	Rectal problems
Y - N	Genital problems
Y - N	Prostate problems {men} (date of last exam) _____.
Y - N	Gynecological problems {women} (date of last exam by) _____.

Collagen diseases such as:

Y - N	Rheumatoid arthritis?
Y - N	Systemic lumps erythematosus?
Y - N	Scleroderma?
Y - N	Mixed collagen vascular disease?

Family History

Side of Family

Y - N	High blood pressure	You / Mother / Father
Y - N	Stroke	You / Mother / Father
Y - N	Cancer	You / Mother / Father
Y - N	Diabetes	You / Mother / Father
Y - N	Diabetes	You / Mother / Father
Y - N	Heart trouble	You / Mother / Father

Treatment: Have you received any of the following?

Y - N	Accupuncture?	No Relief/ Temporary Relief
Y - N	Physical Therapy?	No Relief/ Temporary Relief
Y - N	Any chiropractic or osteopathic adjustments?	No Relief/ Temporary Relief
Y - N	Any spinal anesthetic or steroid injections?	No Relief/ Temporary Relief
Y - N	Any use of a back brace other than required by work?	No Relief/ Temporary Relief
Y - N	Any trigger point injections or nerve blocks?	No Relief/ Temporary Relief