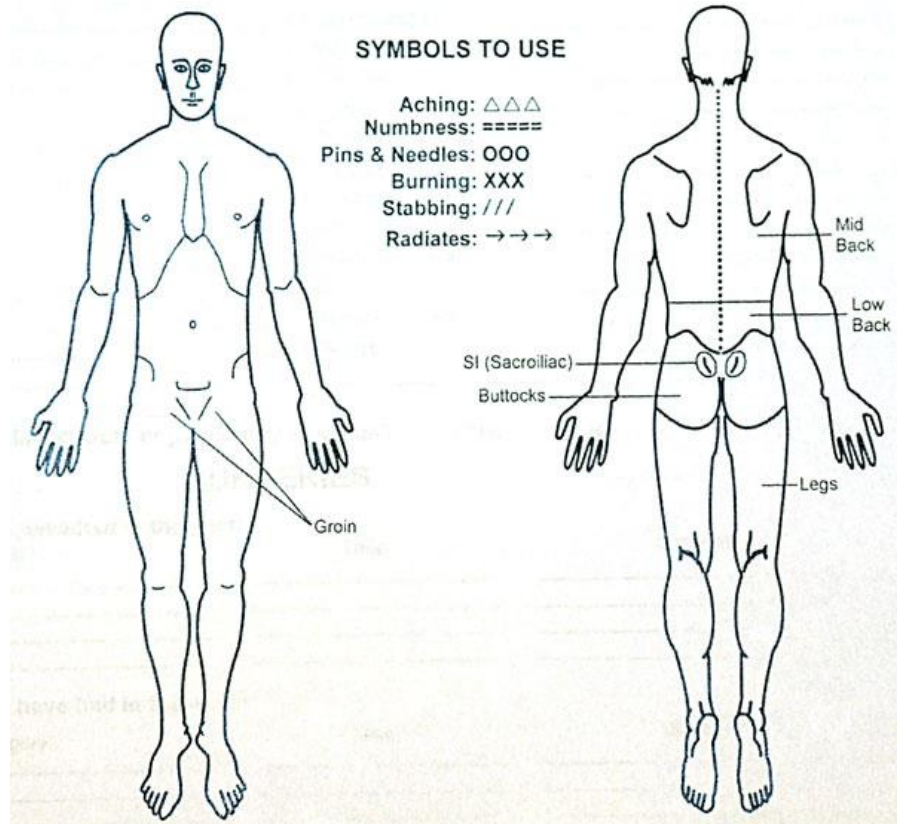


## Patient Pain Profile

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_



*Please mark the body diagrams according to your pain.*

Pain Location	Type of Pain	Intensity (0-10)	Timing

*Types of pain (throbbing, aching/dull, stabbing/sharp, shooting, burning, tingling, numbness, stiffness, cramp, swelling,)*

*Timing (Constant, comes & goes, sudden, chronic)*

Recent Injuries or Accidents: \_\_\_\_\_

\_\_\_\_\_

Recent Changes in Pain Pattern: \_\_\_\_\_

\_\_\_\_\_

### **Previous Tests and Treatments**

*Please mark what test or treatments you have received and give an approximate date (MM/YY).*

	PCP or Urgent Care	Date		Chiropractic	Date
	X-Ray	Date		Physical Therapy	<i>Date</i>
	CT Scan	Date		Massage	<i>Date</i>
	MRI	Date		Medications	<i>Date</i>
	Additional Studies	Date		Injections	<i>Date</i>
				Surgery	<i>Date</i>

\_\_\_\_\_

### Revised Oswestry Disability Index

*This questionnaire has been designed to give the doctor information as to how your 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. You may consider that two of the statements in any one section relate to you, please just mark the box that most closely describes your problem.*

Section 1: Pain Intensity		Section 2: Personal Care	
	The pain comes and goes and is very mild.		I would not have to change my way of washing or dressing in order to avoid pain.
	The pain is mild and does not vary much.		I do not normally change my way of washing or dressing even though it causes some pain.
	The pain comes and goes and is moderate.		Washing and dressing increases the pain, but I manage not to change my way of doing it.
	The pain is moderate and does not vary much.		Washing and dressing increases the pain and I find it necessary to change my way of doing it.
	The pain comes and goes and is very severe.		Because of the pain, I am unable to do some washing and dressing without help.
	The pain is severe and does not vary much.		Because of the pain, I am unable to do any washing and dressing without help.

Section 3: Lifting		Section 4: Walking*	
	I can lift heavy weights without extra pain.		I have no pain on walking.
	I can lift heavy weights, but it causes extra pain.		I have some pain on walking, but it does not increase with distance. o I cannot walk more than one mile without increasing pain.
	Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table).		I cannot walk more than 1/2 mile without increasing pain.
	Pain prevents me from lifting heavy weights off the floor.		I cannot walk more than 1/4 mile without increasing pain.
	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.		I cannot walk at all without increasing pain.
	I can only lift very light weights at the most.		I have no pain on walking.

Section 5: Sitting		Section 6: Standing	
	I can sit in any chair as long as I like.		I can stand as long as I want without pain.
	I can only sit in my favorite chair as long as I like.		I have some pain on standing, but it does not increase with time.
	Pain prevents me from sitting more than one hour.		I cannot stand for longer than one hour without increasing pain.
	Pain prevents me from sitting more than 1/2 hour.		I cannot stand for longer than 1/2 hour without increasing pain.
	Pain prevents me from sitting more 10 minutes.		I cannot stand for longer than 10 minutes without increasing pain.

	I avoid sitting because it increases pain right away.		I avoid standing because it increases the pain right away.
--	---	--	--

Section 7: Sleeping		Section 8: Social Life	
	I get no pain in bed.		My social life is normal and gives me no pain.
	I get pain in bed, but it does not prevent me from sleeping well.		My social life is normal, but increases the degree of pain.
	Because of pain, my normal night's sleep is reduced by less than 1/4.		Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
	Because of pain, my normal night's sleep is reduced by less than 1/2.		Pain has restricted my social life and I do not go out very often.
	Because of pain, my normal night's sleep is reduced by less than 3/4.		Pain has restricted my social life to my home.
	Pain prevents me from sleeping at all.		I have hardly any social life because of the pain.

Section 9: Traveling		Section 10: Changing Degree of Pain	
	I get no pain while travelling.		My pain is rapidly getting better.
	I get some pain while travelling, but none of my usual forms of travel makes it any worse.		My pain fluctuates, but is definitively getting better.
	I get extra pain while travelling, but it does not compel me to seek alternative forms of travel.		My pain seems to be getting better, but improvement is slow at present.
	I get extra pain while travelling, which compels me to seek alternative forms of travel.		My pain is neither getting better nor worse.
	Pain restricts all forms of travel.		My pain is gradually worsening.
	Pain prevents all forms of travel except that done lying down.		My pain is rapidly worsening.

## Patient Health Profile

### Medical & Surgical History

Please list any active or prior medical conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any past surgeries with an approximate date

\_\_\_\_\_

\_\_\_\_\_

### Social History

Do you smoke? \_\_\_\_\_, How many packs a day/how many years \_\_\_\_\_

Do you drink? \_\_\_\_\_, How many drinks a day/how many years \_\_\_\_\_

Do you have a history of drug/substance use? \_\_\_\_\_, If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Do you have a disability? \_\_\_\_\_, If yes, please explain \_\_\_\_\_

Employment status \_\_\_\_\_

### Family History

*Please list pertinent family history.*

Father \_\_\_\_\_

Mother \_\_\_\_\_

Grandparents \_\_\_\_\_

Immediate Siblings \_\_\_\_\_

**Are you experiencing any of the following? Mark Y for yes, and N for no.**

Fevers \_\_\_\_\_ Pain in legs \_\_\_\_\_ Palpitations \_\_\_\_\_

Weakness \_\_\_\_\_ Neck pain \_\_\_\_\_ Irregular Heartbeat \_\_\_\_\_

\_\_\_\_\_

