

SPINE EVALUATION

Last Name:	First:	Date:
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THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

1. What was your chief complaint when you visited the 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 or No (Circle one)

5. Does the pain go down your leg? Yes or No (Circle one)

6. Back or Front? (Circle one)

7. Left or Right? (Circle one)

8. Do you have any numbness? Yes or No (Circle one)

9. Do you have any weakness? Yes or No (Circle one)

10. Have you had any bowel or bladder changes? Yes or No (Circle one)

11. Have you had surgery to the area being scanned? Yes or No (Circle one)

12. When was your surgery?

13. Do you have a history of cancer? Yes or No (Circle one)

14. Do you have any other medical conditions?
