

Do not write, stamp, punch holes or affix a sticker in this area.

Direction of Feed

# Thoracic Spine History

Please answer every question

To reproduce, follow the printing instructions.

Do not fold this form.

## Marking Instructions

Please use a #2 pencil.  
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

 Month  Day  Year

### LOCALIZED BACK PAIN

**CHARACTER:** burning  aching  stabbing  other

**FREQUENCY:** none  occasional  frequent  constant

**INTENSITY / SEVERITY:** 0 = no pain  0  1  2  3  4  5  6  7  8  9  10  10 = worst pain imaginable

### PAIN BETWEEN SHOULDER BLADES

**CHARACTER:** burning  aching  stabbing  other

**FREQUENCY:** none  occasional  frequent  constant

**INTENSITY / SEVERITY:** 0 = no pain  0  1  2  3  4  5  6  7  8  9  10  10 = worst pain imaginable

### PAIN RADIATING FROM BACK AROUND CHEST WALL/RIB CAGE

**CHARACTER:** burning  aching  stabbing  other

**FREQUENCY:** none  occasional  frequent  constant

**INTENSITY / SEVERITY:** 0 = no pain  0  1  2  3  4  5  6  7  8  9  10  10 = worst pain imaginable

Where is your chest wall pain located? none  left side  right side  both sides

Do you have muscle weakness in your LEGS? **RIGHT SIDE** yes  no

**LEFT SIDE** yes  no

Do you have muscle weakness in your FEET? **RIGHT SIDE** yes  no

**LEFT SIDE** yes  no

Do you have numbness in your LEGS? **RIGHT SIDE** yes  no

**LEFT SIDE** yes  no

Do you have numbness in your FEET? **RIGHT SIDE** yes  no

**LEFT SIDE** yes  no

Is your walking impaired? yes  no

Is your balance impaired? yes  no

Are you experiencing incontinence? **BOWEL** yes  no

**BLADDER** yes  no

Are you experiencing any impotence or sexual dysfunction? yes  no

Is pain aggravated by:

<b>COUGHING OR SNEEZING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>STANDING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>SITTING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>WALKING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>CHANGING POSITION</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>LAYING DOWN</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>BENDING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>LIFTING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>
<b>TWISTING</b>	none <input type="radio"/>	worsened <input type="radio"/>	improved <input type="radio"/>