

CHIROPRACTIC 1st PATIENT UPDATE

Name: _____ Date: _____

E-mail address: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Insurance changes? () Yes () No

Purpose of this appointment: _____

Is this the same problem you were originally under care for? () Yes () No

If yes, are there any additional symptoms? _____

Other doctors seen for this condition: _____

What medications or drugs are you taking? _____ Emergency Contact: _____

1. What is your major symptom? _____

2. If this is a recurrence, when was the first time you noticed this problem? _____

How did it originally occur? _____

Has it become worse recently? Yes ___ No ___ Same ___ Better ___ Gradually Worse ___

If yes, when and how? _____

3. How frequent is the condition? Constant ___ Daily ___ Intermittent ___ Night Only ___

How long does it last? All Day ___ Few Hours ___ Minutes ___

4. Are there any other conditions or symptoms that may be related to your major symptom?

Yes ___ No ___. If yes, describe _____

Are there other unrelated health problems? Yes ___ No ___. If yes, describe _____

5. Describe the pain: Sharp ___ Dull ___ Numbness ___ Tingling ___ Aching ___

Burning ___ Stabbing ___ Other _____

6. Is there anything you can do to relieve the problem? Yes ___ No ___. If yes, describe _____

_____. If no, what have you tried to do that has not helped? _____

7. What makes the problem worse? Standing ___ Sitting ___ Lying ___ Bending ___

Lifting ___ Twisting ___ Other _____

8. Have you had any broken bones? Yes ___ No ___. If yes, please list and give dates _____

9. List any major accidents you have had other than those that might be mentioned above: _____

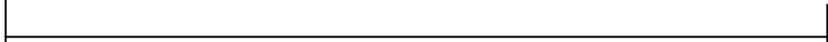
10. To your knowledge, have you had any diseases, major illnesses, or injuries not indicated on this

form either in the past or the present? Yes ___ No ___. If yes, please explain _____

11. WOMEN ONLY: Are you pregnant or is there any possibility you may be pregnant? Yes ___ No ___ Uncertain ___

NO
SYMPTOMS

EXTREME
SYMPTOMS



Please place an "X" on the line above to indicate your level of problem.

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the **ONE CHOICE** that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

| | |
|---|--|
| <p><i>SECTION 1 - Pain Intensity</i></p> <p>A I have no pain at the moment. B The pain is very mild at the moment. C The pain is moderate at the moment. D The pain is fairly severe at the moment. E The pain is very severe at the moment. F The pain is the worst imaginable at the moment.</p> | <p><i>SECTION 6 - Concentration</i></p> <p>A I can concentrate fully when I want to with no difficulty. B I can concentrate fully when I want to with slight difficulty. C I have a fair degree of difficulty in concentrating when I want to. D I have a lot of difficulty in concentrating when I want to. E I have a great deal of difficulty in concentrating when I want to. F I cannot concentrate at all.</p> |
| <p><i>SECTION 2 - Personal Care (Washing, Dressing, etc.)</i></p> <p>A I can look after myself normally without causing extra pain. B I can look after myself normally, but it causes extra pain. C It is painful to look after myself and I am slow and careful. D I need some help, but manage most of my personal care. E I need help every day in most aspects of self care. F I do not get dressed, I wash with difficulty and stay in bed.</p> | <p><i>SECTION 7 - Work</i></p> <p>A I can do as much work as I want to. B I can only do my usual work, but no more. C I can do most of my usual work, but no more. D I cannot do my usual work. E I can hardly do any work at all. F I cannot do any work at all.</p> |
| <p><i>SECTION 3 - Lifting</i></p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it gives extra pain. C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. E I can lift very light weights. F I cannot lift or carry anything at all.</p> | <p><i>SECTION 8 - Driving</i></p> <p>A I can drive my car without any neck pain. B I can drive my car as long as I want with slight pain in my neck. C I can drive my car as long as I want with moderate pain in my neck. D I cannot drive my car as long as I want because of moderate pain in my neck. E I can hardly drive at all because of severe pain in my neck. F I cannot drive my car at all.</p> |
| <p><i>SECTION 4 - Reading</i></p> <p>A I can read as much as I want to with no pain in my neck. B I can read as much as I want to with slight pain in my neck. C I can read as much as I want to with moderate pain in my neck. D I cannot read as much as I want because of moderate pain in my neck. E I cannot read as much as I want because of severe pain in my neck. F I cannot read at all.</p> | <p><i>SECTION 9 - Sleeping</i></p> <p>A I have no trouble sleeping. B My sleep is slightly disturbed (less than 1 hour sleepless). C My sleep is mildly disturbed (1-2 hours sleepless). D My sleep is moderately disturbed (2-3 hours sleepless). E My sleep is greatly disturbed (3-5 hours sleepless). F My sleep is completely disturbed (5-7 hours)</p> |
| <p><i>SECTION 5 - Headaches</i></p> <p>A I have no headaches at all. B I have slight headaches which come infrequently. C I have moderate headaches which come infrequently. D I have moderate headaches which come frequently. E I have severe headaches which come frequently. F I have headaches almost all the time.</p> | <p><i>SECTION 10 - Recreation</i></p> <p>A I am able to engage in all of my recreational activities with no neck pain at all. B I am able to engage in all of my recreational activities with some pain in my neck. C I am able to engage in most, but not all of my recreational activities because of pain in my neck. D I am able to engage in a few of my recreational activities because of pain in my neck. E I can hardly do any recreational activities because of pain in my neck. F I cannot do any recreational activities at all.</p> |

COMMENTS: _____

NAME: _____ **DATE:** _____ **SCORE:** _____

REVISED OSWESTRY LOW BACK PAIN DISABILITY QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.**

| | |
|--|--|
| <p>SECTION 1 - Pain Intensity</p> <p>A The pain comes and goes and is very mild. B The pain is mild and does not vary much. C The pain comes and goes and is moderate. D The pain is moderate and does not vary much. E The pain comes and goes and is severe. F The pain is severe and does not vary much.</p> | <p>SECTION 6 - Standing</p> <p>A I can stand as long as I want without pain. B I have some pain while standing, but it does not increase with time. C I cannot stand for longer than one hour without increasing pain. D I cannot stand for longer than 1/2 hour without increasing pain. E I cannot stand for longer than ten minute without increasing pain. F I avoid standing, because it increases the pain straight away.</p> |
| <p>SECTION 2 - Personal Care</p> <p>A I would not have to change my way of washing or dressing in order to avoid pain. B I do not normally change my way of washing or dressing even though it causes some pain. C Washing and dressing increases the pain, but I manage not to change my way of doing it. D Washing and dressing increases the pain and I find it necessary to change my way of doing it. E Because of the pain, I am unable to do some washing and dressing without help. F Because of the pain, I am unable to do any washing or dressing without help.</p> | <p>SECTION 7 - Sleeping</p> <p>A I get no pain in bed. B I get pain in bed, but it does not prevent me from sleeping well. C Because of pain, my normal night's sleep is reduced by less than one than one quarter. D Because of pain, my normal night's sleep is reduced by less than one-half. E Because of pain, my normal night's sleep is reduced by less than three-quarters. F Pain prevents me from sleeping at all.</p> |
| <p>SECTION 3 - Lifting</p> <p>A I can lift heavy weights without extra pain. B I can lift heavy weights, but it causes extra pain. C Pain prevents me from lifting heavy weights off the floor. D Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, eg. on a table. E Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. F I can only lift very light weights, at the most.</p> | <p>SECTION 8 - Social Life</p> <p>A My social life is normal and gives me no pain. B My social life is normal, but increases the degree of my pain. C Pain has no significant effect on my social life apart from limiting my more energetic interests, My e.g., dancing, etc. D Pain has restricted my social life and I do not go out very often. E Pain has restricted my social life to my home. F I have hardly any social life because of the pain.</p> |
| <p>SECTION 4 - Walking</p> <p>A Pain does not prevent me from walking any distance. B Pain prevents me from walking more than one mile. C Pain prevents me from walking more than 1/2 mile. D Pain prevents me from walking more than 1/4 mile. E I can only walk while using a cane or on crutches. F I am in bed most of the time and have to crawl to the toilet.</p> | <p>SECTION 9 - Traveling</p> <p>A I get no pain while traveling. B I get some pain while traveling, but none of my usual forms of travel make it any worse. C I get extra pain while traveling, but it does not compel me to seek alternative forms of travel. D I get extra pain while traveling which compels me to seek alternative forms of travel. E Pain restricts all forms of travel. F Pain prevents all forms of travel except that done lying down.</p> |
| <p>SECTION 5 - Sitting</p> <p>A I can sit in any chair as long as I like without pain. B I can only sit in my favorite chair as long as I like. C Pain prevents me from sitting more than one hour. D Pain prevents me from sitting more than 1/2 hour. E Pain prevents me from sitting more than ten minutes. F Pain prevents me from sitting at all.</p> | <p>SECTION 10 - Changing Degree of Pain</p> <p>A My pain is rapidly getting better. B My pain fluctuates, but overall is definitely getting better. C My pain seems to be getting better, but improvement is slow at present. D My pain is neither getting better nor worse. E My pain is gradually worsening. F My pain is rapidly worsening.</p> |

COMMENTS: _____

NAME: _____ **DATE:** _____ **SCORE:** _____