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# Northeast Orthopaedics, LLP

Dear:

This letter is to inform you that you have an appointment with Dr. \_\_\_\_\_ on \_\_\_\_\_  
at \_\_\_\_\_ for an \_\_\_\_\_ appointment at the \_\_\_\_\_ office \_\_\_\_\_, \_\_\_\_\_.

Please **fully** complete the enclosed survey.

Please bring Imaging Studies (i.e. X ray, MRI, CT Scan, Myleogram, EMG's) with you. The physician needs the films or the CDs.

If the facility that will do or has done your study says they will send your **FILMS or CD**, please tell them to send them to the **Albany office (121 Everett Rd. Albany New York)**. It is always better to bring the films with you than mailed. Some films do not reach us by your appointment date.

If you arrive for your appointment without your films or CD and or the enclosed survey completed your appointment **will be** rescheduled. It is impossible for the physician to make an accurate diagnosis without the proper information.

If you have any questions please call our office prior to your appointment. You can expect an appointment reminder call within 48 hours of your appointment. If you do not receive this call please contact our office.

Thank you and we look forward to providing your care.

Northeast Orthopaedics

**INITIAL QUESTIONNAIRE**

**Please answer all items and fill in all blanks**

**These answers will help us to evaluate and care for your back and neck problems**

Current Date: \_\_\_\_\_

Date:

Which Doctor referred you?

\_\_\_\_\_

Name:            Age:            Date of Birth:

Where is your pain?

\_\_\_\_\_

When did the pain first begin?

\_\_\_\_\_

What do you think is the major cause of your problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how and when these problems started: -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Since your spinal pain began is it: Increasing\_\_\_\_\_ Decreasing\_\_\_\_\_ The same\_\_\_\_\_

Have you had any other spinal pain before this current episode?

\_\_\_\_\_

Age and date of first ever spinal

pain: \_\_\_\_\_

Did the prior spinal problem get better?

\_\_\_\_\_

**Please fill out the appropriate sections: Back pain-Neck pain. Fill out both sections if you have both back and neck problems, then continue with General section.**

### **Back Pain**

Does the back pain: come and go \_\_\_\_\_ or is it always present \_\_\_\_\_

Is the pain in your back: Sharp like a knife \_\_\_\_ or an aching pain \_\_\_\_ other-describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What makes it worse?

\_\_\_\_\_

What makes it better?

\_\_\_\_\_

«PatientFirstLastName»

Do you have pain in your legs? Yes \_\_\_\_\_ No \_\_\_\_\_

Which leg? Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_

What kind of pain is it? Sharp \_\_\_\_\_ Aching \_\_\_\_\_ Burning \_\_\_\_\_

Does the pain go below the knees? Yes \_\_\_\_\_ No \_\_\_\_\_

Which part of the thigh is painful?

Inside \_\_\_ Outside \_\_\_ Back \_\_\_ Front \_\_\_ Whole Thigh \_\_\_\_\_

Which part of the calf is painful?

Inside \_\_\_\_\_ Outside \_\_\_\_\_ Back \_\_\_\_\_ Front \_\_\_\_\_

Which part of the foot is painful? Top \_\_\_\_\_ Bottom \_\_\_\_\_ Inside \_\_\_\_\_

Outside \_\_\_\_\_

Do your legs get numb? \_\_\_\_\_ Which areas? \_\_\_\_\_

Do your legs get Weak? Yes\_\_\_\_ No\_\_\_\_ Which bothers you more:Back\_\_\_\_ Legs\_\_\_\_  
Equal\_\_

Please assign a percentage to the pain, (for example, 60% back 40% leg) dividing the  
pain as above or

below the hip.Back\_\_\_\_\_%, Leg\_\_\_\_\_%

## **Neck Pain**

Does the neck pain: come and go\_\_\_\_\_ or is it always present\_\_\_\_\_

Is the pain in your neck :sharp like a knife\_\_\_\_or an aching pain \_\_\_\_ other-  
describe\_\_\_\_\_

What makes it worse\_\_\_\_\_?

What makes it better\_\_\_\_\_?

Do you have pain in the arms Yes\_\_\_\_\_ No \_\_\_\_\_

Does the arm pain: come and go\_\_\_\_\_ or is it always  
present\_\_\_\_\_

Which arm? Right\_\_\_\_\_ Left \_\_\_\_\_ Both\_\_\_\_\_

If both: which is worse? \_\_\_\_\_

What kind of pain is it?  
\_\_\_\_\_

Do your arms get weak? Yes\_\_\_\_\_ No \_\_\_\_\_

Does the pain go below the elbows? Yes \_\_\_\_\_ No \_\_\_\_\_

Do your arms get numb? \_\_\_\_\_

Which areas are painful or numb?  
\_\_\_\_\_

Which bothers you more: Neck \_\_\_\_\_ Arms\_\_\_\_\_ Equal

Please assign a percentage to the pain (for example 60% neck and 40% arm)

Neck \_\_\_\_\_ % Arm \_\_\_\_\_ %

**General**

On a scale of 0 to 10, with 0 being no pain and 10 being the worst pain in the world, how bad is your pain on average \_\_\_\_\_ at worst \_\_\_\_\_ (example 6-7, 9)

Has the pain affected your sex life?

\_\_\_\_\_

Date of last normal sexual intercourse?

\_\_\_\_\_

What activities have you stopped because of this pain? (work, housework, recreational, social)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the pain and disability so severe that you would consider surgery for some relief?

\_\_\_\_\_

\_\_\_\_\_

How many minutes can you sit \_\_\_\_\_ stand \_\_\_\_\_ walk \_\_\_\_\_ ride in a car \_\_\_\_\_ before you have to

stop because of spinal pain?

How many hours of sleep do you get each night?

\_\_\_\_\_

Do you have full control of your bowels and bladder?

\_\_\_\_\_

If no please describe

\_\_\_\_\_

What happens to your legs when you walk?

\_\_\_\_\_

What is the farthest distance you can walk (example 1 block or 1/2 mile)

\_\_\_\_\_

What stops you?

\_\_\_\_\_

Have you seen any other doctors, clinics, Emergency Rooms, or Hospitals for your current spinal problem? Please list:

Name	Address	Date of 1 <sup>st</sup> visit	Date
last visit			

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Do you have an Attorney for this episode of pain?

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List name, address and telephone number:

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List people who need a copy of any medico-legal reports:

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«PatientFirstLastName»

Have you had physical therapy for your back/neck? Yes \_\_\_\_ No \_\_\_\_

When was the last time you went?

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How many weeks did you go to therapy?

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Did you have (check each that apply) Traction \_\_\_\_ Ultrasound \_\_\_\_ Tens \_\_\_\_

Massage \_\_\_\_ Back Strengthening Machine \_\_\_\_ Back school \_\_\_\_

Exercises \_\_\_\_ What types

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Did therapy help? A lot \_\_\_\_ A little \_\_\_\_ Temporarily

None \_\_\_\_ Made it worse \_\_\_\_

Have you had a program of work hardening? Yes \_\_\_\_ No \_\_\_\_

How long (in weeks)? \_\_\_\_ Dates

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Have you taken an anti inflammatory medication? (Motrin, Vioxx, Celebrex, Bextra, Naprosyn, etc.)

Yes \_\_\_\_ No \_\_\_\_

Medications \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Does it help? A lot \_\_\_\_ a little \_\_\_\_ none \_\_\_\_

Have you taken any other medications for your back or neck problems?

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency

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Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency

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Have you used a back brace or corset? Yes \_\_\_\_ No \_\_\_\_

When? \_\_\_\_\_

Did it help? A lot \_\_\_\_\_ A little \_\_\_\_\_ None

\_\_\_\_\_

Do you walk or exercise daily? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you do spinal exercises daily? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had a Myelogram? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had an MRI? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had a CT Scan? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had a Bone Scan? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had plain X rays Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had Discograms? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had Facet Blocks Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had Epidurals? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had EMGS? Latest date \_\_\_\_\_

Where \_\_\_\_\_

Have you had any surgery on the back or neck? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list below:

Date	Surgeon	What Operation?	Did it help?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Work History**

When did you last work or do normal activities? \_\_\_\_\_

Have you returned to work? \_\_\_\_\_

Date \_\_\_\_\_

Have you been released back to work? \_\_\_\_\_

Date \_\_\_\_\_

Normal duties \_\_\_\_\_ Light \_\_\_\_\_ What

Restrictions? \_\_\_\_\_

Have you been dismissed?

\_\_\_\_\_

Time on the job before this episode?

\_\_\_\_\_

Do you plan to return to this job?

\_\_\_\_\_

Do you want a different

job? \_\_\_\_\_

What will it take for you to return to work? \_\_\_\_\_

Have you lost any other time off work for other episodes of spinal pain? \_\_\_\_\_

Give details:

\_\_\_\_\_

\_\_\_\_\_

List your hobbies and recreational

activities \_\_\_\_\_

\_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ How much?

\_\_\_\_\_

Did you smoke in the past? \_\_\_\_\_ How long ago did you quit? \_\_\_\_\_

How much did you smoke? \_\_\_\_\_

Did you drink any alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ How much? \_\_\_\_\_

Have you ever used addictive drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE SHOW THE LOCATION OF YOUR PAIN USING THE SYMBOLS BELOW:

ACHE	BURNING	NUMBNESS	PINS AND NEEDLES	STABBING	OTHER
AAA	.....	o o o o	.....	///	x x x x
AAA	.....	o o o o	.....	///	x x x x

