

Neurosurgical Associates at St Francis



Medical History Questionnaire for Neck Pain

Patient's name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Was there an accident or injury that you are aware of? \_\_\_\_\_

When did your symptoms begin? \_\_\_\_\_

Describe your symptoms \_\_\_\_\_

Do you have arm pain?  Y  N Which arm?  R  L  Both

Describe the pain \_\_\_\_\_

Do you experience weakness, tingling, or numbness?  Y  N Where? \_\_\_\_\_

Have you noticed any changes in the ability to turn your neck?

Describe \_\_\_\_\_

What improves your pain? \_\_\_\_\_

What aggravates the pain? \_\_\_\_\_

Have you had Physical Therapy or seen another physician for this problem?  Y  N if so, who/ where? \_\_\_\_\_

What testing have you had? (please check)  MRI  CT  Myelogram  EMG  Discogram  
 Selective Nerve Root Block  plain x-rays  other \_\_\_\_\_

What treatment have you received? (please check)  Physical therapy  Bedrest  Chiropractic  
 Anti-inflammatory medicines  Epidural injections  other \_\_\_\_\_

Are your symptoms getting worse, improving, or staying the same? \_\_\_\_\_

On a scale of 1-10 with 10 being the worst possible pain, please rate your pain \_\_\_\_\_

Factors That May Affect Learning

Who is to be taught?:  patient  other; if other, relationship to patient \_\_\_\_\_

Able to read?:  yes  no  with difficulty Comments \_\_\_\_\_ **Potential**

**barriers to learning:**  none  blind  poor vision  deaf  decreased hearing  unable to talk

learning disability  inability to understand  memory loss  language, if other than English \_\_\_\_\_

**Learns best by:**  reading  verbal instruction  practicing  talking  watching  other, \_\_\_\_\_

**Are there any cultural or religious beliefs that need to be considered in the care?**  yes  no

If yes, \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to patient \_\_\_\_\_ Date \_\_\_\_\_

Staff review date & initials \_\_\_\_\_