



BACK PAIN

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Where on your body is the pain located? NECK UPPER BACK MIDDLE BACK LOW BACK

Dose the pain radiate to other areas? LEGS: R L BOTH HIPS: R L BOTH  
KNEES: R L BOTH FEET: R L BOTH  
ARMS: R L BOTH SHOULDER: R L BOTH  
HANDS: R L BOTH CHEST: R L BOTH

How long ago did your pain symptoms begin? \_\_\_\_\_

On a scale of 1-10 what is your pain today? \_\_\_\_\_ / 10

How would you grade the severity if your pain? MILD MODERATE SEVERE

How would you describe the onset of your pain? GRADUAL SUDDEN

Is your pain: CONSTANT INTERMITTENT (comes and goes)

If it comes and goes, when do you notice the pain? MORNING AFTERNOON EVENING NIGHT  
AFTER WORK WHILE WALKING WHILE SITTING AFTER ANY ACTIVITY

How would you describe the quality of your pain? ACHY BURNING CRAMPING DULL SHARP  
STABBING THROBBING SORE

Does strenuous activity make your pain worse? YES NO

Has the pain affected your daily activities? Including working/homemaking. YES NO

Do any of these symptoms occur with your pain? FEVER NUMBNESS TINGLING  
WEAKNESS RANGE OF MOTION DECREASED  
HURTS TO BREATHE WRAPS AROUND SIDES

Do you have trouble sleeping because of the pain? YES NO

Have you tried any OTC or RX medications? YES NO Name: \_\_\_\_\_

What makes the pain worse? WALKING STANDING BENDING SITTING

What makes the pain better? REST HEAT ICE PHYSICAL THERAPY CHIRO  
IBUPROFEN MUSCLE RELAXERS RX PAIN MEDICATION

Has anyone in your family had Osteoporosis? YES NO Vertebral Fracture or Broken Bone? YES NO