



Clinical Outcome Intake Form for new spine patients on first visit only.

Help us improve your treatment outcome by providing us information about your back or neck pain problem.

1 Patient information

____/____/____ _____ _____
 Today's Date First name Last name

- - Day
 Evening

Phone number (A nurse may call to follow up) Doctor you will see today

Sex: Male Your age: <18 Do you smoke? Yes
 Female 18-64 No
 65+

3 Your expectations

What result do you expect from your care?

Relief from pain symptoms Yes No Doesn't apply

Return to your job Yes No Doesn't apply

Return to leisure activities Yes No Doesn't apply

Improved sleep Yes No Doesn't apply

2 Tell us about your symptoms

Do you have weakness in a foot or hand?
 Yes No

How long have you suffered from these symptoms?
 ≤ 6 weeks 7 to 12 weeks 4 months or more

Do you have pain radiating PAST your knee or elbow?
 Yes No

Does your leg or arm ever go numb?
 Yes No

Have you had back or neck surgery before?
 Yes No

Does your back or neck pain wake you up at night?
 Yes No

How many pills do you take each day for pain relief?
 No pills 1 to 4 pills 5 or more pills daily

Circle your pain level on a scale of 1 to 10, with 1 being no pain at all, and 10 being extreme pain.

1 2 3 4 5 6 7 8 9 10
 no pain extreme pain

4 How do symptoms affect your life?

Which of the following describes you currently?
 Working
 Not working because of back or neck problem
 Not working because of another health problem
 Homemaker, retired or unemployed

Did your back or neck injury happen at work? Yes No

The following are activities you might do in a day. Does your back or neck pain limit you in these activities, and if so, how much?

Lifting or carrying groceries
 Limited a lot Limited a little Not limited at all

Climbing several flights of stairs
 Limited a lot Limited a little Not limited at all

Standing for 30 minutes
 Limited a lot Limited a little Not limited at all

We may have a nurse call you to follow up on your symptoms and check to see how you are doing 3 months from now. Is it okay for us to call you at the number you provided above?

Yes No