



Brain and Spine Center, P.L.C.  
 4045 W. Chandler Blvd. Bldg. F  
 Chandler, Arizona 85226  
 1760 E. Florence Blvd. Suite 250  
 Casa Grande, AZ 85122  
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**NECK and BACK PAIN QUESTIONNAIRE**

Patient name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

When did your pain **FIRST START** and do you know what caused it? \_\_\_\_\_

Location of pain: Neck Shoulders Spine Other: \_\_\_\_\_

Pain characteristics: Throbbing Pressure-like Jabbing Shooting Stabbing Burning Spasm

Radiates to: Shoulders Elbows Fingers Back Other: \_\_\_\_\_

Frequency of pain: 1x/week 2-3x/week 4-7x/week Other: \_\_\_\_\_

Duration of pain: Constant Intermittent Only with certain movements Other: \_\_\_\_\_

Worsened by: Coughing/Sneezing Activity Sitting Standing Walking Bending Stooping

Improved by: Rest Sitting Lying down Ice/Heat Stretches Acupuncture

Massage Dry needling Surgery OTC medications: \_\_\_\_\_

Any numbness/tingling? If yes, where: \_\_\_\_\_

Have you tried any of the following medications?

Gabapentin Lyrica Duloxetine Amitriptyline Baclofen Tizanidine

Flexeril Methocarbamol Skelaxin Cyclobenzaprine Other: \_\_\_\_\_

Have you done any of the following?

Physical therapy Yes No If yes: When/Where/How long? \_\_\_\_\_

Neck injections: Yes No If yes: When/Where \_\_\_\_\_

Nerve blocks Yes No If yes: When/Where \_\_\_\_\_

Nerve ablations Yes No If yes: When/Where \_\_\_\_\_

MRI C-Spine Yes No If yes: When/Where \_\_\_\_\_

Neck surgery Yes No If yes: When/Where/Surgeon \_\_\_\_\_



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**NECK and BACK PAIN QUESTIONNAIRE**

Patient name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

When did your neck pain **FIRST START?** What caused it? \_\_\_\_\_

Location of pain: Upper back Mid back Lower back Other: \_\_\_\_\_

Pain characteristics: Throbbing Pressure-like Jabbing Shooting Stabbing Burning Spasm

Radiates to: Shoulders Arms Hips Upper legs Lower legs Feet Other: \_\_\_\_\_

Frequency of pain: 1x/week 2-3x/week 4-7x/week Other: \_\_\_\_\_

Duration of pain: Constant Intermittent Only with certain movements Other: \_\_\_\_\_

Worsened by: Coughing/Sneezing Activity Sitting Standing Walking Bending Stooping

Improved by: Rest Sitting Lying down Ice/Heat Stretches Acupuncture

Massage Dry needling Surgery OTC medications: \_\_\_\_\_

Do you experience any bladder or bowel incontinence? If yes, how long? \_\_\_\_\_

Any numbness/tingling? If yes, where is it located? \_\_\_\_\_

Have you tried any of the following medications? Gabapentin Lyrica Duloxetine

Amitriptyline Baclofen Tizanidine Methocarbamol

Skelaxin Cyclobenzaprine Flexeril Other: \_\_\_\_\_

Have you done any of the following?

Physical therapy Yes No If yes: When/Where/How long? \_\_\_\_\_

Back injections: Yes No If yes: When/Where \_\_\_\_\_

Nerve blocks Yes No If yes: When/Where \_\_\_\_\_

Nerve ablations Yes No If yes: When/Where \_\_\_\_\_

MRI T/L Spine Yes No If yes: When/Where \_\_\_\_\_

Back surgery Yes No If yes: When/Where/Surgeon \_\_\_\_\_