BRAIN & SPINE CENTER
MEMORY CLINIC
Diagnose Modify Treat

**Brain and Spine Center, P.L.C.**

4045 W. Chandler Blvd. Bldg. F • Chandler, Arizona 85226 | 1760 E. Florence Blvd. Suite 150 • Casa Grande, AZ 85122
Office (480) 917-3706 Fax (480) 353-2066

# 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 _____ |