

SPINE EVALUATION

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

_____ Last Name _____ First Name _____ Middle _____ Today's Date _____

_____ Age _____ Height _____ Weight _____

1. Describe what made you go see your doctor: _____

2. How long have you had this problem? _____

3. Do you have pain going down your arm? Yes No
Down the left, right or both? Left Right Both

4. Do you have pain going down your leg? Yes No
Down the left, right or both? Left Right Both

Down the front, back or side? Front Back Side

5. Do you have any numbness? Yes No

6. Do you have any weakness? Yes No

7. Have you had any bowel or bladder changes? Yes No

8. Have you had surgery on this area? Yes No

9. If yes, what surgery and when? _____

10. Have you had prior imaging of this area? Yes No

11. If yes, when and where? _____

12. Do you have a personal history of cancer? Yes No Type _____

13. Do you have any other medical conditions? _____
