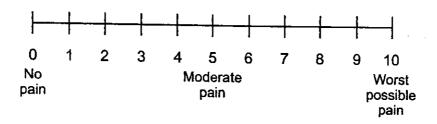
Tobacco and Alcohol Use

<u>Tobacco</u>	
Do you use tobacco products?	
If yes, what type?	
How much do you use?	
<u>Alcohol</u>	
Do you consume alcohol?	
If yes, how much?	 -
How often?	

Patient Name:	Date:	
	 - a.c.	

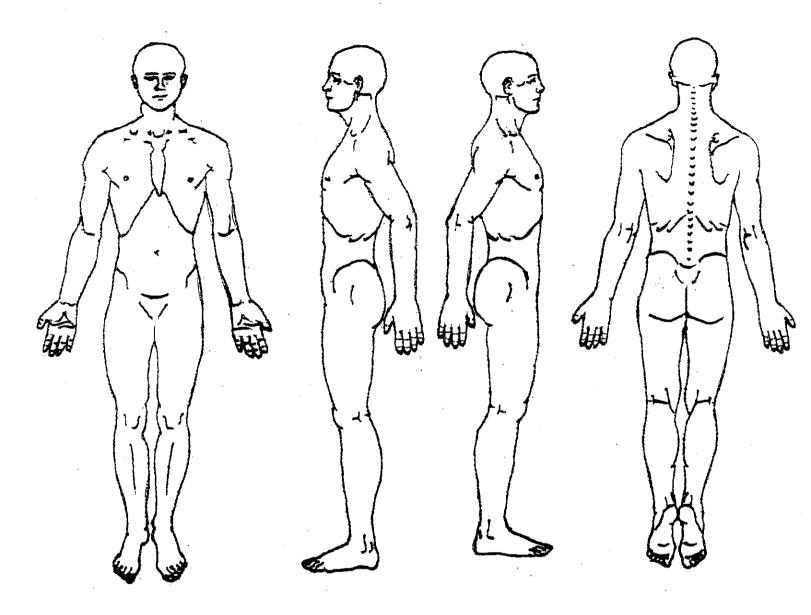
0-10 Numeric Pain Intensity Scale*



^{*}If used as a graphic rating scale, a 10-cm baseline is recommended.

From: Acute Pain Management: Operative or Medical Procedures and Trauma, Clinical Practice Guideline No. 1. AHCPR Publication No. 92-0032; February 1992. Agency for Healthcare Research & Quality, Rockville, MD; pages 116-117.

PATIENT HISTORY PAIN LOCATION



Please mark off the areas of your complaint on the diagram above.

Please use the following symbols on the pain diagram to accurately describe your condition.

PPP	Where you experience Pain
NNN	Where you experience Numbness
TTT	Where you experience Tingling
BBB	Where you experience Burning
CCC	Where you experience Cramping

Patient Signature:	Date:	
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Wilkins Spinal Care DRS Severe Back Pain Solution Program

If you are reading this, you have been fortunate enough to qualify for a consultation with Dr. Wilkins. This does not mean that your case has been accepted. Your consultation today will determine if A) You are a legitimate candidate for the program and B) Your condition is serious enough to warrant your case being accepted for treatment. In the event your condition is serious enough to warrant being considered for acceptance and Dr. Wilkins is unable to treat you, your case will be referred to another clinic.

)ate			
Name	Age	Birthday	Sex M F
Address			
State		Zip	·····
SS#			
Home Phone Work Phone	e	Cell Phone_	
Best Place to Reach You: Home / Work/ Cell	May we	leave a message for yo	ou? Yes No
EmployerOccupation		Length of Employ	/ment
Marital Status S M W D Spouses Name		· · · · · · · · · · · · · · · · · · ·	
Emergency Contact	Emerg	ençy Phone	
		· · · · · · · · · · · · · · · · · · ·	
How serious do you think your problem is?	······································		
What is your main problem/symptom?			
SL MC SE	IGHT (Tol DDERATE(So VERE (Cai	oying but causing NO lerable but causing a limetimes tolerable, but causing Significant limitausing limitations > 80%	ttle limitation) causes limitations tions)
1. Since your pain became this severe, what thr	ree things h	as it caused you to mis	ss the most?
2. How long have you had your pain?			

. How has your life changed since your ba	ack became a problem	?	
What activities are you limited in? Standing Walking	Laying Down	Sitting	
Are there any positions that help or the Standing Walking	at cause less pain? Laying Down	Sitting	
n reference to your Main Problem, how	often are you aware	of the problem?	
occasionally (25% of the time)	Frequently (50%-75% of the time)		
Intermittently (25%-50% of the time) Constant (75% of the time or			
Have you had an MRI? Where When		ne ever taken st MRI more than 6 years ago	
What area?			
How did you become aware of Wilkins Sp	oinal Care?		
Referral from patient	Name of referring patient		
Television commercial	Which Channel?	Time Seen?	
Telephone Directory			
Internet search	Search for:		
Been to our website?			

Have you had ANY of the following in the last 12 months, or do you have any currently?

General:		
Chills	Fever Headache	Loss of Weight
Convulsions	Headache	Nervousness
Dizziness	Loss of Sleep	Numbness in hands
Fainting	Allergy	Numbness in feet
Fatigue	(to what)	
ratigue	(co what)	
Cardiovascular:		
High Blood Pressure	Previous Heart Problem	TIA
Low Blood Pressure	(Describe	Swollen Ankles
Pain over Heart)	Varicose Veins
Poor Circulation	Slow Heartbeat	Aortic Aneurysm
Rapid Heartbeat	Stroke	Bruise Easily
Rapid Heartbeat	Stroke	Draise Lastry
Diseases/Conditions:		
Appendicitis	Blood Clot(s)	Hernia
Anemia	Cancer	Kidney Disease
Arthritis	High Cholesterol	Liver Disease
	Colon Problems	Low Back Pain
Abdominal Surgery		Pneumonia
Bleeding Disorder	Diabetes	Theumoma
Ears/Eyes/Nose/Throat:		
Asthma	Difficulty Swallowing	Thyroid Problem
Crossed Eyes	Deafness	Nose Bleeds
Double Vision	Hearing Loss	Sinus Problems
Blurred Vision	Ear Pain	Sore Throats
Bluired Vision	<u> </u>	
Gastro-Intestinal:		
Gas	Hemorrhoids	Poor Digestion
Colon Trouble	Liver Trouble	Vomiting
Constipation	Nausea	Bloating
Diarrhea	Stomach Ache	_
Gallbladder Trouble	Poor Appetite	
dutbiadaei ii dabte		
Genito-Urinary:		
Blood in Urine	Inability to Control	Painful Urination
Frequent Urination	Urine	Prostate Trouble
	Kidney Infection	
Muscle/Joint/Bone:	·	
Backache	Pain between	Stiff Neck
Foot Trouble	Shoulders	Spinal Curvature
	Painful Tailbone	Swollen Joints
Neurological:		
Seizures	Weakness	Loss of Memory
Hand Trembling	Difficulty w/ Speech	Loss of Coordination
Descionation		
Respiratory:	Difficulty	Coughing/Spitting
Chest Pain	Difficulty Reacthing	
Chronic Cough	Breathing	Blood