

CHARLES B. GOODWIN, MD
SPINE QUESTIONNAIRE

PATIENT NAME:

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Describe the major problems you are having, or the major reasons for this consultation:

- 1.
- 2.
- 3.

What are the major questions that you would like answered?

- 1.
- 2.
- 3.

Where do you have pain? (circle any that apply to you)

neck	upper back	mid-back	lower back	right buttock	left buttock
right hip	left hip	right knee	left knee	right foot	left foot
right hand	left hand	right arm	left arm	right shoulder	left shoulder

Side of body affected (circle): Right Left I am Right-handed I am Left-handed

When did your pain begin? List a specific date if it applies, for example, a date of injury. If an injury did not occur, note a general period of time when you began having pain or difficulty.

If your complaints are the result of an injury, exactly what happened and where did it happen?

Have you had any back problems in the past? Please explain and describe the problems.

Is there a family history of back problems? Please be specific.

Please describe your pain in your own words.

What makes your pain better?

What makes your pain worse?

What doctors have you seen, when were you seen, and what were you told about your pain?

Have you had any previous surgery for this problem? If yes, then please answer the following:

Name of procedure: _____

Name of surgeon: _____

Date of surgery: _____

For how long did you feel improvement following surgery?

If no improvement, what complaints remained after the surgery?

Please list any allergies you may have.

Please list any medications you currently are taking.

Please indicate any medical conditions you have now, or have had in the past, and any additional medical information relevant to your current problem.