



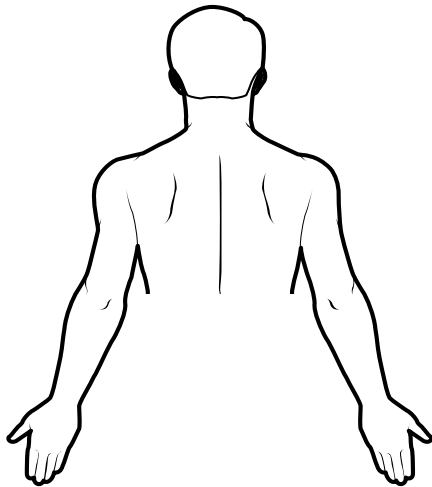
# SPURLOCK

## CHIROPRACTIC CENTRE

### Head/Neck/Arm Complaints

Today's Date: \_\_\_/\_\_\_/\_\_\_ Name: \_\_\_\_\_

Circle the areas on your body where you feel the described sensations, and mark with the appropriate letter(s).



**For Office Use Only:**

PAIN = P

NUMBNESS = N

TINGLES = T

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Quality**

1.) Reports

- Weakness left arm     Weakness left leg     Fever
- Weakness right arm     Weakness right leg     Sexual dysfunction
- Weakness both arms     Weakness both legs
- Bowel dysfunction     Bladder dysfunction

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

2.) Denies

- Weakness     Bowel dysfunction     Fever
- Sexual dysfunction     Bladder dysfunction

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

3.) Overall Status

Describe how your pain has changed recently.

- No change     Feels better     Feels worse     Requiring more medication

4.) Is this a similar or recurrent problem?

- Deny previous episodes     Recurrent problem for \_\_\_\_\_     Similar to previous \_\_\_\_\_

5.) Please circle the number which best describes your pain level, or if the pain varies, list a range (0-No Pain and 10-Worst Pain):

0 1 2 3 4 5 6 7 8 9 10 or Range: \_\_\_\_\_

6.) Sensations

- Aching     Burning     Cramping     Dullness     Throbbing     Feeling Asleep
- Heaviness     Numbness     Pins/Needles     Sharpness     Tingling     Other \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Duration**

7.) How long have you had this current episode or symptoms? \_\_\_\_\_

How did it begin? \_\_\_\_\_

\_\_\_\_\_

**Timing**

8.) What activities or positions **RELIEVE or DECREASE** your pain?

- Nothing
- Bending Neck Backward
- Heating Pad
- Raising Arms Up
- Resting
- Any Movement
- Cervical Collar
- Hot Bath/Shower
- Sitting
- Turning Head
- Bending Neck Forward
- Cold Packs
- Lying on Back
- Standing
- Other, describe: \_\_\_\_\_

9.) What activities or positions **INCREASE** your pain?

- Nothing
- Bending Neck Backward
- Extreme of Motion
- Lifting
- Standing
- Movement
- Cervical Collar
- Heating Pad
- Lying on Back
- Turning Head
- Bending Neck Forward
- Cold Packs
- Hot Bath/Shower
- Sitting
- Inspiration
- Cough/sneeze
- Straining w/ Bowel Movement
- Other, describe: \_\_\_\_\_

**Previous Treatment**

10.) Which of these treatments have **improved** your condition?

- Back Brace
- Bed Rest
- Chiropractic
- TENS/e-stim
- Exercise
- Facet Injection
- Meds OTC
- Pain Meds
- Steroid Meds
- Musc.Relaxers
- Neurontin, Lyrica
- Epidural Injection
- Phys Therapy
- Occ. Therapy
- Ultrasound
- Rhizotomy
- Traction
- Steroid Injection
- Spinal Decomp. Therapy
- NSAIDs
- Heat
- Cold Pack
- Restrict Activity
- Other \_\_\_\_\_

11.) Which of these treatments did **not improve** your condition?

- Back Brace
- Bed Rest
- Chiropractic
- TENS/e-stim
- Exercise
- Facet Injection
- Meds OTC
- Pain Meds
- Steroid Meds
- Musc.Relaxers
- Neurontin, Lyrica
- Epidural Injection
- Phys Therapy
- Occ. Therapy
- Ultrasound
- Rhizotomy
- Traction
- Steroid Injection
- Spinal Decomp. Therapy
- NSAIDs
- Heat
- Cold Pack
- Restrict Activity
- Other \_\_\_\_\_

12.) Which of these treatments are you currently receiving?

- Back Brace
- Bed Rest
- Chiropractic
- TENS/e-stim
- Exercise
- Facet Injection
- Meds OTC
- Pain Meds
- Steroid Meds
- Musc.Relaxers
- Neurontin, Lyrica
- Epidural Injection
- Phys Therapy
- Occ. Therapy
- Ultrasound
- Rhizotomy
- Traction
- Steroid Injection
- Spinal Decomp. Therapy
- NSAIDs
- Heat
- Cold Pack
- Restrict Activity
- Other \_\_\_\_\_

13.) Who were you previously treated by?

- N/A
- Neurosurgeon \_\_\_\_\_
- Neurologist \_\_\_\_\_
- This Office
- Orthopedic Surgeon \_\_\_\_\_
- Chiropractor \_\_\_\_\_
- Pain Clinic \_\_\_\_\_
- Other \_\_\_\_\_

When was your most recent MRI, CT, or XRAY of problem area? \_\_\_\_\_

Where was it performed? \_\_\_\_\_

**Office use only:**

Which of these treatments have not been attempted or prescribed?

- Back Brace
- Bed Rest
- Chiropractic
- TENS/e-stim
- Exercise
- Facet Injection
- Meds OTC
- Pain Meds
- Steroid Meds
- Musc.Relaxers
- Neurontin, Lyrica
- Epidural Injection
- Phys Therapy
- Occ. Therapy
- Ultrasound
- Rhizotomy
- Traction
- Steroid Injection
- Spinal Decomp. Therapy
- NSAIDs
- Heat
- Cold Pack
- Restrict Activity
- Other \_\_\_\_\_