



FOUR CORNERS SPINE AND PAIN

2500 Farmington Ave. · Farmington, NM 87401
505-326-PAIN (7246)

Name: _____

DOB: _____

Date: _____

Referring Provider: _____

Primary Care Provider: _____

Location of your pain: *(Circle all that apply)*

Low Back Neck Mid-back Other
Right arm Left arm Right leg Left leg

Rate your pain:

(none) 0 1 2 3 4 5 6 7 8 9 10 (severe)

Date of Injury: _____

If no injury, how long have you had your pain?

_____ (Circle) days, weeks, months, years

The pain is:

Continuous Intermittent

When is your pain worse? *(Circle all that apply)*

Morning Daytime Evening Nighttime

Describe Your pain: *(Circle all that apply)*

Dull Sharp Aching Deep Stabbing
Throbbing Shooting Burning Pins/Needles

What makes your pain worse? *(Circle all that apply)*

Lifting Bending Laying Sitting Driving
Changes in weather Walking Coughing Standing

What makes your pain better? *(Circle all that apply)*

Medications Bending Laying Standing
Walking Changing positions Nothing

What associated symptoms do you have? *(Circle all that apply)*

Numbness Weakness Give out

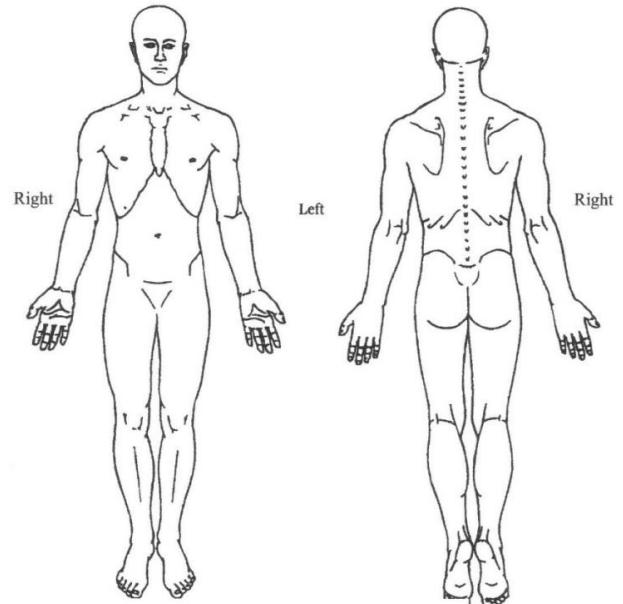
What treatments have you had? *(Circle all that apply)*

Medications Physical Therapy Injections Surgery
Chiropractor Acupuncture Other Nothing

If your symptoms were due to an injury, what type of injury did you have?

Work related Traffic accident Lifting injury Fall injury
Object fell on you Repetitive use injury

Mark the location of your pain:



What other Doctors have you seen for this problem?

What diagnostic studies have you had for this problems?

X-ray MRI CT scan EMG
Myelogram Discogram Bone scan Nothing

Medical History / Family History: *(Check all that apply)*

Illness	You	Fam	Illness	You	Fam
Seasonal Allergies			Abnormal chest X-ray		
Asthma			Liver disease / Hepatitis		
Cancer			Kidney / Bladder disease		
Stroke / TIA			Diabetes		
Glaucoma / Cataracts			High cholesterol		
Thyroid disease			Abnormal bleeding		
High blood pressure			Abnormal blood counts		
Heart disease			Joint disease		
Blood clots			Anxiety/depression/psych illness		
Abnormalities of female organs			Skin disease		
Abnormalities of prostate			Seizure disorder		
Lung disease			Other		

