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Clinical Outcome Intake Form for new spine patients on first visit only.

Help us improve your treatment outcome by providing us information about your back or neck pain problem.

Patient information	Your expectations
//	What result do you expect from your care?
Today's Date First name Last name □ Day	Relief from pain symptoms ☐ Yes ☐ No ☐ Doesn't apply
Phone number (A nurse may call to follow up) Doctor you will see today	Return to your job ☐ Yes ☐ No ☐ Doesn't apply
	Return to leisure activities ☐ Yes ☐ No ☐ Doesn't apply
Sex: ☐ Male Your age: ☐ <18 Do you smoke? ☐ Yes ☐ 18-64 ☐ No ☐ 65+	Improved sleep ☐ Yes ☐ No ☐ Doesn't apply
Tell us about your symptoms	How do symptoms affect your life?
Do you have weakness in a foot or hand? ☐ Yes ☐ No	Which of the following describes you currently? ☐ Working ☐ Not working because of back or neck problem
How long have you suffered from these symptoms? $\square \le 6$ weeks $\square 7$ to 12 weeks $\square 4$ months or more	☐ Not working because of another health problem☐ Homemaker, retired or unemployed
Do you have pain radiating <u>PAST</u> your knee or elbow?	Did your back or neck injury happen at work? ☐ Yes ☐ No
☐ Yes ☐ No	The following are activities you might do in a day. Does your back or neck pain limit you in these activities, and if so, how much?
Does your leg or arm ever go numb? ☐ Yes ☐ No	Lifting or carrying groceries ☐ Limited a lot ☐ Limited a little ☐ Not limited at all
Have you had back or neck surgery before? □ Yes □ No	Climbing several flights of stairs ☐ Limited a lot ☐ Limited a little ☐ Not limited at all
Does your back or neck pain wake you up at night? ☐ Yes ☐ No	Standing for 30 minutes ☐ Limited a lot ☐ Limited a little ☐ Not limited at all
How many pills do you take each day for pain relief? \square No pills \square 1 to 4 pills \square 5 or more pills daily	We may have a nurse call you to follow up on your symptoms and
Circle your pain level on a scale of 1 to 10, with 1 being no pain at all, and 10 being extreme pain.	check to see how you are doing 3 months from now. Is it okay for us to call you at the number you provided above? ☐ Yes ☐ No
1 2 3 4 5 6 7 8 9 10 no pain extreme pain	

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