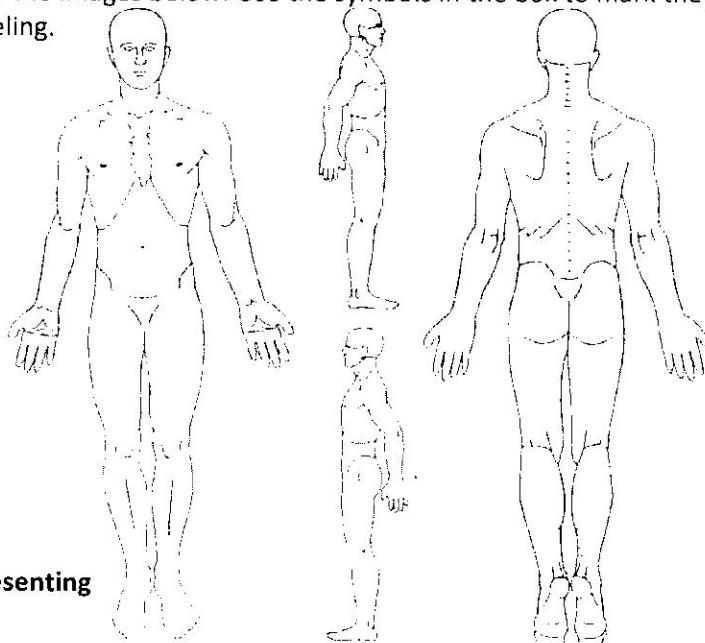


Patient's Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Please draw the location of your pain or discomfort on the images below. Use the symbols in the box to mark the **exact** location and the type of pain or sensations you are feeling.

>>>>	Aching Pain
XXXXX	Burning Pain
====	Numbness
OOOO	Pins & Needles
/////	Stabbing pain



On the scales below, please draw a vertical line representing the level of your pain or discomfort:

1. Rate the pain you have right now:		2. Rate the <b>least</b> pain you have had this past week:	
No Pain	Unbearable Pain	No Pain	Unbearable Pain
-----		-----	
3. Rate your <b>average</b> pain in the past week:		4. Rate the <b>most</b> pain you have had this past week:	
No Pain	Unbearable Pain	No Pain	Unbearable Pain
-----		-----	

**For Office Use Only:**

BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Temp \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Gait \_\_\_\_\_ Ambulation \_\_\_\_\_

Major Complaint \_\_\_\_\_

History \_\_\_\_\_

Related Pain-Paresthesia \_\_\_\_\_

Aggravating Factors \_\_\_\_\_

Relief Factors \_\_\_\_\_

Cervical	Left	Right	Lumbar	Left	Right	Manual Test	Left	Right	Other
Cervical Flex	_____	_____	Rotation	_____	_____	Delts	_____	_____	_____
Rotation	_____	_____	Lat. Flex	_____	_____	Biceps	_____	_____	_____
Lat. Flexion	_____	_____	Flexion	_____	_____	Triceps	_____	_____	_____
Extension	_____	_____	Extension	_____	_____	Wrist Flex	_____	_____	_____
For. Compres.	_____	_____	For. Comp.	_____	_____	Wrist Ext	_____	_____	_____
Georges	_____	_____	Kemps	_____	_____	Hams	_____	_____	_____
Spurlings	_____	_____	SLR	_____	_____	Psoas Maj.	_____	_____	_____
Carotid	_____	_____	Valsalva	_____	_____	Quads	_____	_____	_____
			Torque Test	_____	_____	Great Toe Ext	_____	_____	_____
			Hip Ext	_____	_____	Great Toe Flex	_____	_____	_____
			Hip Int	_____	_____				
			Abdominal B.	_____	_____				

Painful Hypertonic Muscles \_\_\_\_\_

Joint Fixations \_\_\_\_\_

Deep Tendon	C-5	_____	Dermatome	C-5	_____	L-3	_____
Reflexes	C-6	_____		C-6	_____	L-4	_____
	C-7	_____		C-7	_____	L-5	_____
	L-4	_____		C-8	_____	S-1	_____

# Functional Rating Index

In order to properly assess your condition, we must understand how much your neck and/or back problems have affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

## 1. Pain Intensity

0	1	2	3	4
No pain	Mild pain	Moderate pain	Severe pain	Worst possible pain

## 6. Recreation

0	1	2	3	4
Can do all activities	Can do most activities	Can do some activities	Can do a few activities	Cannot do any activities

## 2. Sleeping

0	1	2	3	4
Perfect sleep	Mildly disturbed sleep	Moderately disturbed sleep	Greatly disturbed sleep	Totally disturbed sleep

## 7. Frequency of Pain

0	1	2	3	4
No pain	Occasional pain; 25% of the day	Intermittent pain; 50% of the day	Frequent pain; 75% of the day	Constant pain; 100% of the day

## 3. Personal Care (washing, dressing, etc.)

0	1	2	3	4
No pain; no restrictions	Mild pain; no restrictions	Moderate pain; need to go slowly	Moderate pain; need some assistance	Severe pain; need 100% assistance

## 8. Lifting

0	1	2	3	4
No pain with heavy weight	Increased pain with heavy weight	Increased pain with moderate weight	Increased pain with light weight	Increased pain with any weight

## 4. Travel (driving, etc.)

0	1	2	3	4
No pain on trips	Mild pain on long trips	Moderate pain on long trips	Moderate pain on short trips	Severe pain on short trips

## 9. Walking

0	1	2	3	4
No pain; any distance	Increased pain after 1 mile	Increased pain after 1/2 mile	Increased pain after 1/4 mile	Increased pain with all walking

## 5. Work

0	1	2	3	4
Can do usual work plus unlimited extra work	Can do usual work with no extra work	Can do 50% of usual work	Can do 25% of usual work	Cannot work

## 10. Standing

0	1	2	3	4
No pain after several hours	Increased pain after several hours	Increased pain after 1 hour	Increased pain after 1/2 hour	Increased pain with any standing

Name \_\_\_\_\_

Printed \_\_\_\_\_

DOB \_\_\_\_\_

Total Score \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_