BRANKO PRPA M.D.
Spine Surgery

ORTHOPEDIC SPINE ASSESSMENT SHEET

Name _____ Age_____ yrs. D.O.B._____/_____/_____

Name of your primary care physician? _____ Location: _____

Phone Number to your primary care physician's Office? _____

What is your Primary Language? _____

1. Who referred you to Dr. Prpa? _____
2. What is your Dominant Hand? Right or Left

3. **Reason for this visit?** (include the date when your symptoms began)_____

   _____

   _____

4. **Are your symptoms the result of an injury?** If yes, give the date and explain._____

   _____

   _____

5. **Do your symptoms affect your ability to walk?** If yes, how far can you walk comfortably? _____

   _____

6. **Do you have weakness in your arms or legs?** If yes, describe. _____

   _____

7. **Do you have numbness or tingling?** If yes, indicate the location by drawing **CIRCLES** on the figures.

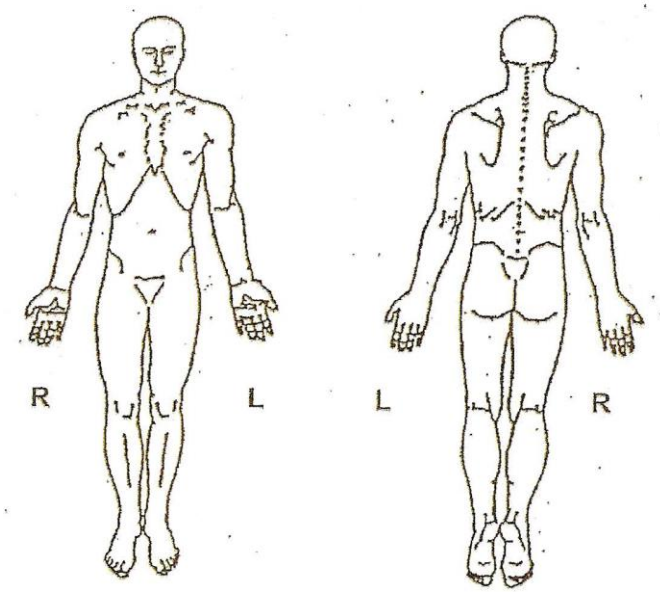
8. **Do you have pain?** If yes, indicate the location by drawing **X's** on the figures.

9. **Circle the number that best rates your pain**.
   0 1 2 3 4 5 6 7 8 9 10
   (minimal pain) (severe pain)

10. **Is the pain constant?** yes or no

11. **Describe the pain. (circle all that apply)**
    ache, burning, cramping, dull, pressure, sharp, shooting, stabbing, throbbing, tightness, other: _____

12. **What makes the pain worse?**



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13. **What relieves the pain?** _____

14. **Have you been prescribed any medications for these symptoms?** Please list

_____ Did it help? _____

_____ Did it help? _____

_____ Did it help? _____

_____ Did it help? _____

- Physical therapy:
  - **When**? _____ **Where**? _____
  - **Did it help**? yes or no
- Injections:
  - **When**? _____ **Where**? _____
  - **Did it help**? yes or no

- **Have you ever had neck or back surgery?** yes or no

When? _____ Surgeon's name: _____

Where (hospital name)? _____

What procedure (s)? _____

_____

15. **Are you currently working?** No / Yes, doing what? _____

16. **Do you smoke tobacco?** No / Yes, how much? _____

17. **Do you drink alcohol?** No / Yes, how much? _____

18. **Do you use recreational drugs?** No / Yes, how much? _____

19. **Are you currently being abused?** yes or no