



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

Age: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Main Complaint: \_\_\_\_\_

When did your symptoms begin? \_\_\_\_\_

Onset of symptoms: \_\_\_\_\_ Sudden \_\_\_\_\_ Gradual \_\_\_\_\_ Accident/Fall/Injury

Occupation: \_\_\_\_\_

Mark the following scale to reflect your pain level:

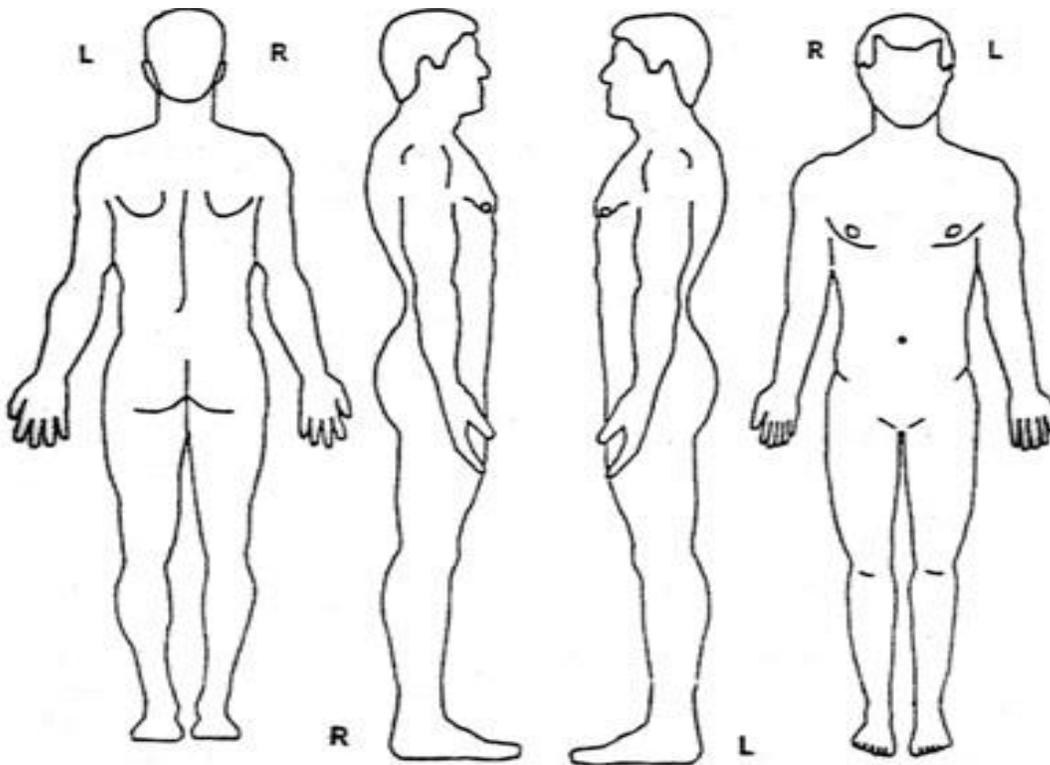
**LEAST 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 MOST**

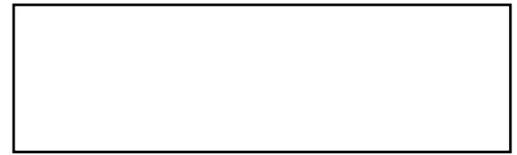
**Please mark the figure with the location and type of your symptoms.**

**Pain = X**

**Numbness = /**

**Tingling = #**





Have you ever had a problem in these areas before?  No  Yes  
Were you injured at work?  No  Yes  
Were you injured in a motor vehicle accident?  No  Yes  
Have you ever been treated for mental illness?  No  Yes  
Have you ever had back or neck surgery?  No  Yes

Do you have any of the following symptoms? (Check any/all that apply)

Fever  Chills  Night sweats  Unexplained weight Loss

Have you ever lost control of your bowel or bladder function?  YES  NO

Please indicate which studies have been completed, when and where?

1. X-RAYS: \_\_\_\_\_
2. MRI: \_\_\_\_\_
3. CT SCAN: \_\_\_\_\_
4. NERVE TEST (EMG) \_\_\_\_\_

**What treatment (if any) have you received for this condition?**

Physical therapy  Injections/procedures  Chiropractic care  
 Acupuncture  Hot/cold packs  Medications

**Are you currently?**

Working Full time  Working Part time  Student  Retired  
 Disabled, temporarily  Disabled, permanently  Other: \_\_\_\_\_

Have you missed any work because as a result of this injury?  YES  NO

Do you have any work restrictions?  YES  NO if yes, please explain:

If you are currently NOT working, how long have you been off work due to your back/neck pain?

*Thank you for taking the time to provide the necessary information regarding your symptoms and previous medical care. The staff and physicians are dedicated to providing the most technically advanced care while preserving excellent customer service. It is our goal to exceed your expectations. By working with our patients and their families as a team we can continue to improve the services we render and provide you with the highest quality care.*

Sincerely,

Gene Tekmyster, DO