

HPI SPINE

History of Present Illness

Why are you here today? (Select one) an injury at work an injury during sports an injury during a MVA
 pain a surgery weakness
 a fall

Additional Comments:

On what date did this occur?

Do you have pain?

Which side? (Select all that apply) left right

Where is this pain located? (Select all that apply) neck mid back low back

What makes this pain worse? (Select all that apply) bending cough/sneeze/holding breath
 driving lying on back
 lying on side lying on stomach
 overhead reaching sitting
 sleeping standing
 walking

What makes this pain better? (Select all that apply) nothing rest pain medication
 ice heat bracing
 cane/walker immobilization elevation
 cortisone injections

How would you describe this pain? (Select all that apply) dull sharp aching throbbing
 shooting constant intermittent

Do you have other symptoms?

What are the symptoms? (Select all that apply) swelling instability radiation catching
 buckling locking grinding stiffness
 popping night pain bruising discoloration

Have you had any diagnostic tests done? (Select all that apply)

Xray CT
 MRI

Do you currently have numbness and tingling?

If yes, where? (Select all that apply) right upper extremity left upper extremity right lower extremity
 left lower extremity

Additional Comments:

Home Environment

How would you rate your health? excellent good fair poor

Do you exercise regularly? does does not

How many falls have you had in the past 6 months? 0 1 to 2 >3

What is your employment status? employed unemployed retired

If yes, what do you do for a living?

Do you live alone? alone with someone

Do you require assistance at home? Yes No

Do you have stairs at home? Yes No

If yes, how many? 1-8 9-15 >15

Where is the railing as you go up the stairs? (Select all that apply) left right

Goals/Followup

What are your goals for therapy?

When are you scheduled to return to the doctor for follow-up? as needed within 1 month after completion of therapy

Additional Comments: