

# Tobacco and Alcohol Use

## Tobacco

Do you use tobacco products? \_\_\_\_\_

If yes, what type? \_\_\_\_\_

How much do you use? \_\_\_\_\_

## Alcohol

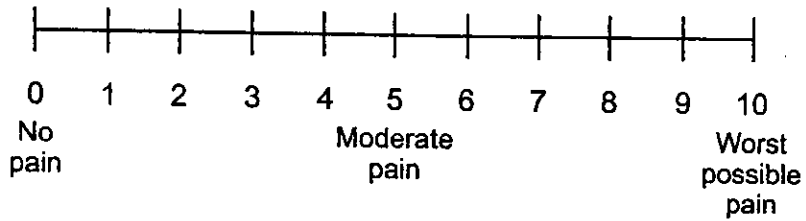
Do you consume alcohol? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

How often? \_\_\_\_\_

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

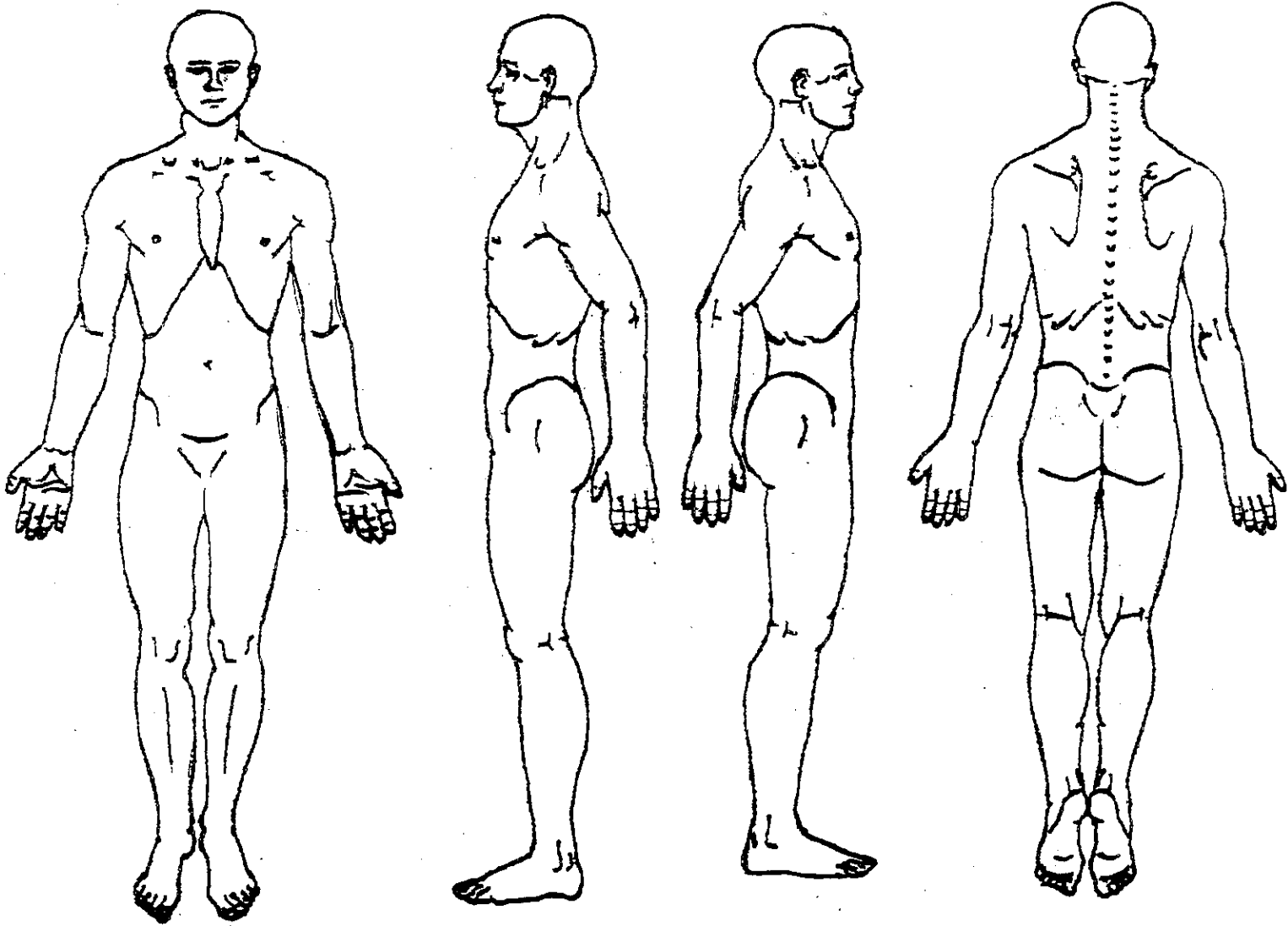
### 0-10 Numeric Pain Intensity Scale\*



\*If used as a graphic rating scale, a 10-cm baseline is recommended.  
From: Acute Pain Management: Operative or Medical Procedures and Trauma, Clinical Practice Guideline No. 1. AHCPR Publication No. 92-0032; February 1992. Agency for Healthcare Research & Quality, Rockville, MD; pages 116-117.

PATIENT HISTORY

PAIN LOCATION



Please mark off the areas of your complaint on the diagram above.  
Please use the following symbols on the pain diagram to accurately describe your condition.

- PPP Where you experience Pain
- NNN Where you experience Numbness
- TTT Where you experience Tingling
- BBB Where you experience Burning
- CCC Where you experience Cramping

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



3. How has your life changed since your back became a problem?

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4. What activities are you limited in?

- Standing       Walking       Laying Down       Sitting

5. Are there any positions that help or that cause less pain?

- Standing       Walking       Laying Down       Sitting

In reference to your Main Problem, how often are you aware of the problem?

Occasionally (25% of the time)

Frequently (50%-75% of the time)

Intermittently (25%-50% of the time)

Constant (75% of the time or more)

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Have you had an MRI?

Where \_\_\_\_\_

None ever taken

When \_\_\_\_\_

Last MRI more than 6 years ago

What area? \_\_\_\_\_

DOB: \_\_\_\_\_

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How did you become aware of Wilkins Spinal Care?

Referral from patient

Name of referring patient \_\_\_\_\_

Television commercial

Which Channel? \_\_\_\_\_ Time Seen? \_\_\_\_\_

Telephone Directory

Internet search

Search for: \_\_\_\_\_

Been to our website?

Have you had ANY of the following in the last 12 months, or do you have any currently?

### General:

Chills \_\_\_\_\_ Fever \_\_\_\_\_ Loss of Weight \_\_\_\_\_  
Convulsions \_\_\_\_\_ Headache \_\_\_\_\_ Nervousness \_\_\_\_\_  
Dizziness \_\_\_\_\_ Loss of Sleep \_\_\_\_\_ Numbness in hands \_\_\_\_\_  
Fainting \_\_\_\_\_ Allergy \_\_\_\_\_ Numbness in feet \_\_\_\_\_  
Fatigue \_\_\_\_\_ (to what \_\_\_\_\_)

### Cardiovascular:

High Blood Pressure \_\_\_\_\_ Previous Heart Problem \_\_\_\_\_ TIA \_\_\_\_\_  
Low Blood Pressure \_\_\_\_\_ \_\_\_\_\_ (Describe \_\_\_\_\_) Swollen Ankles \_\_\_\_\_  
Pain over Heart \_\_\_\_\_ \_\_\_\_\_) Varicose Veins \_\_\_\_\_  
Poor Circulation \_\_\_\_\_ Slow Heartbeat \_\_\_\_\_ Aortic Aneurysm \_\_\_\_\_  
Rapid Heartbeat \_\_\_\_\_ Stroke \_\_\_\_\_ Bruise Easily \_\_\_\_\_

### Diseases/Conditions:

Appendicitis \_\_\_\_\_ Blood Clot(s) \_\_\_\_\_ Hernia \_\_\_\_\_  
Anemia \_\_\_\_\_ Cancer \_\_\_\_\_ Kidney Disease \_\_\_\_\_  
Arthritis \_\_\_\_\_ High Cholesterol \_\_\_\_\_ Liver Disease \_\_\_\_\_  
Abdominal Surgery \_\_\_\_\_ Colon Problems \_\_\_\_\_ Low Back Pain \_\_\_\_\_  
Bleeding Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_ Pneumonia \_\_\_\_\_

### Ears/Eyes/Nose/Throat:

Asthma \_\_\_\_\_ Difficulty Swallowing \_\_\_\_\_ Thyroid Problem \_\_\_\_\_  
Crossed Eyes \_\_\_\_\_ Deafness \_\_\_\_\_ Nose Bleeds \_\_\_\_\_  
Double Vision \_\_\_\_\_ Hearing Loss \_\_\_\_\_ Sinus Problems \_\_\_\_\_  
Blurred Vision \_\_\_\_\_ Ear Pain \_\_\_\_\_ Sore Throats \_\_\_\_\_

### Gastro-Intestinal:

Gas \_\_\_\_\_ Hemorrhoids \_\_\_\_\_ Poor Digestion \_\_\_\_\_  
Colon Trouble \_\_\_\_\_ Liver Trouble \_\_\_\_\_ Vomiting \_\_\_\_\_  
Constipation \_\_\_\_\_ Nausea \_\_\_\_\_ Bloating \_\_\_\_\_  
Diarrhea \_\_\_\_\_ Stomach Ache \_\_\_\_\_  
Gallbladder Trouble \_\_\_\_\_ Poor Appetite \_\_\_\_\_

### Genito-Urinary:

Blood in Urine \_\_\_\_\_ Inability to Control Urine \_\_\_\_\_ Painful Urination \_\_\_\_\_  
Frequent Urination \_\_\_\_\_ Kidney Infection \_\_\_\_\_ Prostate Trouble \_\_\_\_\_

### Muscle/Joint/Bone:

Backache \_\_\_\_\_ Pain between Shoulders \_\_\_\_\_ Stiff Neck \_\_\_\_\_  
Foot Trouble \_\_\_\_\_ Painful Tailbone \_\_\_\_\_ Spinal Curvature \_\_\_\_\_  
Swollen Joints \_\_\_\_\_

### Neurological:

Seizures \_\_\_\_\_ Weakness \_\_\_\_\_ Loss of Memory \_\_\_\_\_  
Hand Trembling \_\_\_\_\_ Difficulty w/ Speech \_\_\_\_\_ Loss of Coordination \_\_\_\_\_

### Respiratory:

Chest Pain \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Coughing/Spitting Blood \_\_\_\_\_  
Chronic Cough \_\_\_\_\_