

## HISTORICAL DATA

Last Name: \_\_\_\_\_ First Init: \_\_\_\_ Middle Init: \_\_\_\_ Date: \_\_\_\_\_

1. Referring Physician: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Sex: Male   
 Female
4. Race: White   
 Black   
 Hispanic   
 Asian/Oriental   
 Native American (Indian)   
 Other: \_\_\_\_\_
5. Marital Status: Single / Never Married   
 Married   
 Divorced / Separated   
 Widowed
6. Number of Children: \_\_\_\_\_
7. Last Grade Completed: Elementary School   
 High School   
 Vocational/Technical School   
 College   
 Graduate School
8. Height: \_\_\_\_\_ feet, \_\_\_\_\_ inches
9. Weight: \_\_\_\_\_ pounds
10. Job: Heavy manual labor   
 Light manual labor   
 Non-manual labor   
 Not working
11. How long have you worked for present employer?  
 6 months or less   
 6 months to 1 year   
 1 year to 3 years   
 More than 3 years   
 Not Applicable
12. Are you still working? Yes   
 No
13. If not, how long have you been off work?  
 0-3 months   
 3-6 months   
 6-12 months   
 1-2 years   
 more than 2 years
14. Have you filed a **FIRST REPORT OF INJURY** with your employer for this injury?  
 Yes   
 No   
 Don't Know
15. Do you have an attorney assisting you with this injury/claim? Yes   
 No   
 Don't know
16. How did you injure your back or neck?  
 Unknown   
 Twisting   
 Lifting   
 Bending   
 Squatting   
 Slipping   
 Fall from height (\_\_\_\_\_)   
 Direct blow   
 Other: \_\_\_\_\_
17. Did your accident occur at work? Yes   
 No   
 Not certain   
 Not applicable
18. How long have you had back pain?  
 0-3 months   
 3-6 months   
 6-12 months   
 1-2 years   
 More than 2 years   
 No pain

19. Which term best describes your pain?

(check all that apply)

- Constant
- Worse with activities
- Worse with rest
- Worse at night
- Unpredictable
- Intermittent
- No pain

20. Does your pain also occur in...?

(check all that apply)

- Buttock
- Thigh
- Calf
- Foot
- Toes
- Not applicable

21. Does the pain involve...?

- Back only
- Back and one lower extremity
- Back and both lower extremities
- Lower extremity only
- Not applicable

22. Have you had any change in urination associated with your pain?

- Yes
- No
- Don't know

23. Aside from your back or neck problem, are you in good general health?

- Yes
- No
- Don't know

24. Do you have, or have you ever had...?

- Cancer
- Diabetes
- High blood pressure requiring medication
- Neck pain
- Coronary bypass surgery

25. Do you exercise...?

- Never
- Less than 20 minutes per week
- 20 to 60 minutes per week
- At least 60 minutes per week
- More than 60 minutes per week

26. How many major surgeries have you had?

- None
- 1 - 2
- 2 - 4
- 5 or more

27. How many back or neck surgeries have you ever had?

\_\_\_\_\_

28. Have you ever received a chymopapain or collagenase enzyme for pain?

- Yes
- No
- Don't know

29. How many visits to doctors or chiropractors have you had in the past year for any reason?

- none
- 1
- 2 - 4
- 4 - 8
- 8 - 12

30. Check all medications you have taken for your back or neck pain:

- Tylenol (plain)
- Aspirin
- Percodan
- Codeine
- Valium
- Demerol
- Talwin
- Other: \_\_\_\_\_

31. Do you have a drinking problem? Yes

- No
- Perhaps

32. Do you enjoy your job? Yes

- No
- Not applicable

33. Do you like your boss? Yes

- No
- Not applicable

34. Has anyone in your immediate family been disabled because of back pain?

- Yes
- No