

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