CHICAGO NEUROSPINE SURGERY PLLC

ACCOUNT:	DATE:
NAME:	DOB:

NEW PATIENT SPINE QUESTIONNAIRE

Could you please complete this Questionnaire? It is designed to give us information about your health that will allow us to better understand and assist you.

CURRENT HISTORY:

What is the main reason for your visit today? (Circle all that apply)

Back Pain	Leg Pain	Neck Pain	Arm Pain

OTHER:

How long has this been a problem? (Please circle one)

Less than 2 months	2-6 months	6-12 months	Greater than 1 year

FURTHER COMMENTS:

Have you been treated by any other Care Giver for this condition?

YES	NO

If yes, please list:

What treatments have you had for this problem? (Circle all that apply)

Nothing	Chiropractic Care	Acupuncture	Injections

Physical Therapy (Please circle all that apply):

Stretching	*Strengthening*	*Traction*		*Iontophoresis/Topical Steroid*
TENS	*Massage*	*Ultrasound*	*Heat/Ice*	*Therapeutic Ball*

Medications (Please circle all that apply):

Muscle Relaxants	*Pain Medications*	*Anti-Inflammatory (Prescription)*
Anti-Inflammatory Over the Counter (Aspirin, Tylenol, etc.)		

OTHER:

Have you had any other tests for this problem?

YES		NO	
X-ray	MRI	Discography	CT
EMG	CT/Myelogram	Bone Scan	

OTHER (Please specify):

Current problem is a result of a(n): (Circle all that apply)

Injured at work	*Auto Accident*	*Sport*	*No apparent cause*

Current problem began:

Suddenly	Gradually	Lifting	Twisting
Fall	Bending	Pulling	

OTHER:

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What makes the pain worse? (Circle all that apply)					
During Exercise	After Exercise	Night Pain	Walking	Squatting	
Prolonged Sitting	Prolonged Standing	Bending Forward	Bending Backward	Pushing	Pulling
OTHER:					

What reduces your pain? (Circle all that apply)			
Lying Down	Sitting	Standing	Walking
Medication	Shifting/Changing Positions	Nothing	
OTHER:			

PAST MEDICAL HISTORY

SPINE SURGICAL HISTORY

Date	Surgery	Complication

OTHER SURGICAL HISTORY

Date	Surgery	Complication

CURRENT OR PAST ILLNESS

Date	Illness or Hospitalization

MEDICATION ALLERGIES:

ARE YOU ALLERGIC TO LATEX:

YES	NO

MEDICATIONS AND DOSAGE

	Medication	Strength	# of Pills per Day
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

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SOCIAL HISTORY					
Age:					
Occupation:					
Are you?	Single	Married	Divorced	Widowed	
Are you working?	Full Time	Part Time	Disabled	Retired	Not Working
Do you exercise?	Daily	Weekly	Monthly	Rarely	Never
Type of exercise/activity:					
Do you have children?	Yes		No		
How many?					
Do you live alone?	Yes		No		
Do you have a lot of stairs?	Yes		No		
Do you smoke?	Yes		No		
Packs per day:	how many years:				
Use other nicotine products?	Yes		No		
Which products do you use?	Chew	Gum	Patch	Cigars	
OTHER:					
Have you quit smoking?	Yes		No		
How long ago?					
Drink alcohol?	Daily	1-2x /week	1-2x/month	1-2x/year	Never
Is there any litigation pending?	Lawsuit	Workers Comp	Disability Claim	Social Security Claim	

FAMILY HISTORY		
Do you have a family history of:		
Arthritis	Yes	No
Hypertension	Yes	No
Cancer	Yes	No
Mental Health Disorders	Yes	No
Blood clots/excessive bleeding	Yes	No
Diabetes	Yes	No
Adverse Reactions to Anesthesia	Yes	No
Cardiac Disorders	Yes	No
OTHER:		

REVIEW OF SYSTEMS			
Do you currently or have you had any problems with:			Please describe all YES Answers
Skin	Yes	No	
Ears, Nose, Throat	Yes	No	
Cardiac/High blood pressure	Yes	No	
Lungs (Asthma, Infection)	Yes	No	
Stomach/Digestion	Yes	No	

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Bladder/Bowel problems	Yes	No	
Hematologic/Bleeding problems	Yes	No	
Diabetes	Yes	No	
Cancer	Yes	No	
Musculoskeletal	Yes	No	
Neurological	Yes	No	
Psychiatric problems	Yes	No	
Reproductive/Sexual problems	Yes	No	
Fevers/Chills	Yes	No	
Night Sweat	Yes	No	
Night Pain	Yes	No	
Unexpected Weight loss	Yes	No	
Reviewed by:			Date:
Reviewed by:			Date:

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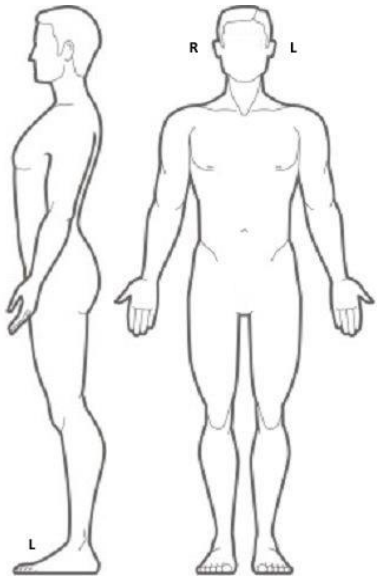
Spine Questionnaire

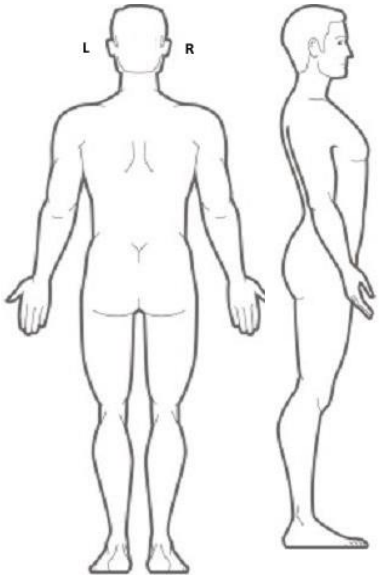
Where is your pain now?



Leg Pain	%
Arm Pain	%
Neck Pain	%
Back Pain	%
Total	100%

Please indicate in the above table the percentage of pain that you currently feel in your legs, arms, neck

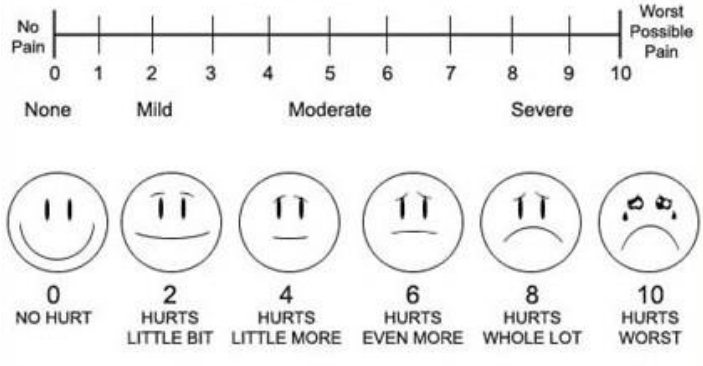
Use the body diagrams to show where you feel the following sensations.



Ache	Numbness	Burning
AAA	OOO	XXX
AAA	OOO	XXX
AAA	OOO	XXX
Stabbing	Pins and Needles	
///	---	---
///	---	---
///	---	---

Grade your overall pain

Please place an X on the hash mark that most accurately describes your overall degree of pain now.



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ACCOUNT: DATE:
Name: DOB:

PATIENT DISCLOSURE: Consulting Agreements with Orthopaedics Companies

Dear Patient:

We want to provide you with some information regarding **Dr. Cary Templin's** consulting agreement with orthopaedic companies.

Dr. Templin has been active in his career with research and development of new implants and improved surgical instruments and techniques. As part of this work, he has worked under contract with orthopaedic companies, providing consulting services on new products and input on research and development. In addition, **Dr. Templin** has given instructional lectures on implants and surgical techniques for other doctors and medical personnel. In return for this time and expertise, **Dr. Templin** has been paid a consulting fee.

Currently, **Dr. Templin** is a paid consultant to NuVasive, Spinewave, and Pioneer Surgical.

Our office uses products from these companies in the care of patients, but also uses similar products from other implant manufacturers. We want to assure you that the selection of which product to use in your care, and the care of all our patients, is based only on what is best for the patient, not on which company makes the products.

Dr. Templin is a member of the American Academy of Orthopaedic Surgeons, (AAOS), which holds its members to extremely high ethical standards to ensure that even the appearance of a conflict of interest does not jeopardize the trust that patients place in our doctors.

AAOS has adopted Standards of Professionalism that require orthopaedic surgeon members to identify and disclose potential conflicts of Interest to their patients, the public, and colleagues. These Standards clearly articulate how and under what circumstance an AAOS member may work with and be compensated by the industry, as well as the penalties for failure comply.

You can learn more about these Standards of Professionalism at the AAOS website:
http://www.aaos.org/industryrelationships/

It is important to our office that you are aware of these relationships with implant manufacturers, that our office puts the interest of patients first, and that we are available to answer any questions that you may have.

Patient signature:_____Date: _____