REASON FOR YOUR APPOIN	TMENT TO	DDAY	7.				
	- Irmal	2.0			<u> </u>		
	YES	NO	O DATE		WHERE		
Have you had an MRI?	-	\sqsubseteq					
Have you had a CT SCAN?							
Have you had a myelogram?		Ш					
Please check any prior treatme	ents that ap	oply:		X			
- physical therapy							
- chiropractic therapy							
- steroid injections							
- other (please describe)							
Using an "X", please seven days. 0 1 2	3		4 5	6	7 8	9	10
NO PAIN AT ALL						MAXI	MUM PAIN POSSIBL
In the <u>past week</u> , how be line)	Not at a	all	Slightly	Somewhat	Moderately	Very	Extremely
Circle one or both:	Botherso	ome	Bothersome	Bothersome	Bothersome	Bothersome	Bothersome
Back / Neck pain?							
Leg / Arm pain?							
Numbness or tingling in Leg / Arm?							

NAME _____

Weakness in Leg / Arm?