



Brain and Spine Center, P.L.C.

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Neck pain questionnaire: **HELP US HELP YOU!!!**

Please underline the answer that pertains to you:

Location: Neck, Shoulder, Spine, other _____

Characteristic: Throbbing, Pressure like, Jabbing, Shooting, other _____

Radiates to: Shoulder, Elbow, Finger, other _____

Frequency: 1/ week. 2-3/ week. More than 3/ week

Lasts for: Few seconds, Minutes or. Hours

Worsened by: Coughing/Sneezing, Activity, Sitting, Standing, Walking, other _____

Improved by: Rest, Lying down, Sitting down, other _____

Medications tried in past:

Neurontin

Lyrica

Baclofen

Zanaflex

Flexeril

Other: _____

Have you had any of the following?

Neck injection: Yes. No.

Physical therapy: Yes. No.

Nerve blocks: Yes. No.

Have you had a MRI C Spine? _____ If yes: When/Where: _____

Have you had Physical therapy? _____ If yes: When/Where: _____

Have you had Surgery? _____ If yes: When/Where: _____