



Brain and Spine Center, P.L.C.
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Back pain questionnaire : Help Us Help You!

Please underline the answer that pertains to you:

Location: Back, Hips, Gluteus, Spine, other _____

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

Pain Radiates to: Hips, Gluteal area, Groin, Thigh, Ankle, feet, other _____

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

Pain lasts for: few seconds, minutes or. Hours

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

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

Bladder and bowel incontinence: Yes. No.

Medications tried in the past:

Neurontin

Lyrica

Baclofen

Zanaflex

Flexeril

Other:

Have you had any of the following?

Back injection: Yes. No.

Physical therapy: Yes. No.

Nerve blocks: Yes. No.

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

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

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

Hemant K. Pandey, MD