

INCEPTION DATA

Patient Name : **Date :**

ID # _____

DOB: _____ **Age:** _____ **Gender:** Male Female

Ethnic Background Black Hispanic Asian Caucasian
 Pacific Islander Middle Eastern Other

Phone: Home: _____ Work: _____
Mobile: _____

Duration of Symptoms in months/years: _____

Rate your back or neck pain level TODAY on a 0-10 scale (0 no pain, 10 worst imaginable)

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

What has been your last 3 DAY AVERAGE back or neck pain on a 0-10 scale?

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

What has been your last 3 DAY WORST back or neck pain on a 0-10 scale?

0 0.5 1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10

Work:

Occupation: _____

- Status: Working FT Same duties Reduced duties
- Working PT due to pain Same duties Reduced duties
- Working PT due to other non-pain related reasons
- Not working due to pain
- Not working due to other non-pain related reasons
- Unemployed seeking employment with reduced duties
- Unemployed seeking employment without reduced duties
- Unemployed not-seeking employment
- Retired Homemaker Student
- Other _____

Litigation pending: Yes No

Worker's Compensation Yes No

STRUCTURED QUESTION TO DETERMINE 4 ADLS.

"I am going to ask you a difficult question, ... but it is difficult only because it is a long question. So, please bear with me.

I want you to tell me... FOUR things in your life, that you can't do, or have difficulty doing, because of your back pain, ... and WHICH MOST DEARLY you would want restored.

These four things can't general or vague, such as 'to be free of pain', or 'to be whole again'. They have to be activities - something that you do, and which someone else could see you doing."

DO NOT offer suggestions or prompts. Be patient even if the patient has difficulty thinking of activities.

If patients remain confused, or offer responses that do not constitute ADLs, offer:

"It is as if I were a genie, and could offer you four wishes, but the wishes must be things that you want to be able to do. What would you wish for?"

PATIENT SPECIFIED, FOUR ACTIVITIES OF DAILY LIVING

that the patient feels are impeded by their pain, and which MOST DEARLY they would want restored.

1.
2.
3.
4.

Baseline Assessment 3

Current or previously tried Treatments:

- | | |
|---|--|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Anti-inflammatories |
| <input type="checkbox"/> Exercises | <input type="checkbox"/> Anti-depressants |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Anti-convulsants |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Non-narcotic pain meds |
| <input type="checkbox"/> Manipulation (e.g. chiropractic) | <input type="checkbox"/> Intra-articular steroid injection |
| <input type="checkbox"/> Narcotics | |

Please specify pain medication/dose/day _____
