EMG Patient Questionnaire

Please answer completely, and print neatly .

NAME:_____ Age:_____years _____months_____
DATE:_____ Height:_____Weight: _
BIRTHDATE: _____ _____
Referring doctor's name, address and phone/fax # Internist or family doctor name and address

_____ _____
_____ _____
_____ _____

WHAT PROBLEM ARE YOU HAVING THAT BRINGS YOU TO US TODAY?

❑ _____

PLEASE DESCRIBE YOUR SYMPTOMS

Please describe your main complaint (check all that apply):

❑ Neck pain	❑ Right arm	❑ Left arm	❑ Back pain.	❑ Right leg	❑ Left leg
	❑ pain	❑ pain		❑ pain	❑ pain
	❑ numbness	❑ numbness		❑ numbness	❑ numbness
	❑ weakness	❑ weakness		❑ weakness	❑ weakness

❑ Right hand numbness ❑ Left hand numbness ❑ Bilateral hand numbness
❑ Right foot numbness/pain ❑ Left foot numbness/pain ❑ Bilateral foot numbness/pain
Other _____

How long has the pain (or your problem) been present? _____
What started the pain (or problem)? _____
Do any of the below describe your problem?

Coughing, sneezing, or straining with a bowel movement increases the symptoms	❑ yes	❑ no
Because of this condition I have suffered from a loss of bowel or bladder control.	❑ yes	❑ no
I have suffered a loss of hand coordination or fell clumsiness in my hands	❑ yes	❑ no
I wake up at night with numbness in my hands that I have to shake out to improve	❑ yes	❑ no

Please describe in your own words how you would describe your problem

_____
_____
_____

ADDITIONAL INFORMATION

Is there any other information that you feel is important we know to better understand and assist in managing your spine problem? (if you need more space, please write on the back of this sheet)

_____
_____

Have you had any of the treatments described below: ❑No treatments have been given

Neck

❑ Physical therapy (location_____)	❑ Narcotic medication
❑ Anti-inflammatory medications	❑ Epidural injections, ____ time(s)
❑ Manipulation (Chiropractor, Osteopath)	❑ Trigger point injections
❑ Oral steroids (DosePak, prednisone)	❑ Facet injections
❑ Other treatments _____	

Please describe your work status

❑ Working full time	❑ Working part time	❑ Unemployed	❑ Disabled Working
❑ Not working	❑ Retired	❑ Homemaker	❑ On Workman's Compensation

Please list your occupation:

_____

Please list the essential duties of your job (example: desk and computer, traveling, heavy lifting, etc.)

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List medicines and doses taken for this problem: ❑None

_____

_____

_____

Please list any tests done to evaluate your problem, the dates and the location they were done: ❑none

Test			DATE(S)	WHERE
Plain X-rays	❑ Neck	❑ Back	_____	_____
Myelogram	❑ Neck	❑ Back	_____	_____
Cat Scan	❑ Neck	❑ Back	_____	_____
MRI	❑ Neck	❑ Back	_____	_____
EMGs			_____	_____
Bone Scan	❑ Neck	❑ Back	_____	_____

MEDICAL HISTORY Check all that apply. ❑ None apply

- ❑ Heart Attack
- ❑ Heart failure
- ❑ High Blood Pressure
- ❑ Heart Rythm problems
- ❑ Diabetes
- ❑ Stroke
- ❑ Seizures
- ❑ Lung Disease
- ❑ Blood Clot in Leg
- ❑ Bloot Clot in lung
- ❑ Tuberculosis
- ❑ OsteoArthritis
- ❑ Rheumatoid Arthritis
- ❑ Ankylosing Spondylitis
- ❑ Gout
- ❑ Osteoporosis
- ❑ Kidney Stones
- ❑ Kidney Failure
- ❑ Cancer, type_____
- ❑ Stomach Ulcers
- ❑ Liver Trouble
- ❑ Hepatitis
- ❑ Asthma
- ❑ Broken bones (list where)
- ❑ Mental Illness
- ❑ Alcoholism
- ❑ Thyroid Trouble
- ❑ Bleeding Disorders
- ❑ Anemia
- ❑ HIV
- ❑ Serious Injuries (explain)
- ❑ Other

_____

MEDICATIONS YOU CURRENTLY TAKE: ❑ none

Medicine	Dose	Schedule	Medicine	Dose	Schedule

EDUCATION AND WORK HISTORY

Tobacco use ❑ Never ❑ Chewing tobacco
❑ I smoke _____ Packs per day of cigarettes for the past _____ years
❑ I quit smoking in _____ after smoking _____ packs per day for _____ years.
❑ I smoke _____ cigars ❑ a day ❑ a week

Alcohol use ❑ Never or rarely ❑ Social ❑ Frequently ❑ I am a recovering alcoholic
❑ Sometimes I drink too much ❑ I am currently an alcoholic

Drug overuse ❑ Never ❑ Currently ❑ In the past

Because of this spine problem, I have ❑ filed ❑ plan to file:
❑ A lawsuit
❑ A Workman's Compensation Claim
❑ Neither a lawsuit nor a workman's compensation claim.

Please sign here to acknowledge your responses_____

Thank you