



Please fill out the appropriate information below if you have had any of the procedures, specifically if related to your back or neck problem.

Procedure	Hospital/clinic	When
X-rays	_____	_____
MRI scan	_____	_____
CAT scan	_____	_____
CT Myelogram	_____	_____
Bone Scan	_____	_____
Bone Density	_____	_____
Nerve study/EMG	_____	_____

Injections:  
Epidural / steroids \_\_\_\_\_

Therapies:	What medication?	Helpful?
Anti-inflammatories	_____	_____
Pain meds / narcotics	_____	_____
Muscle relaxants	_____	_____
Antidepressants	_____	_____
Oral steroids	_____	_____

Other Therapies	Helpful?
Physical therapy	_____
Occup therapy	_____
Water therapy	_____
Chiropractor	_____
Osteop manipulations	_____
Pain clinic/program	_____
Back school	_____
Exercise	_____
Brace	_____
TENS unit	_____

Please mark these drawings according to where you have pain (if the back of your neck hurts, mark the drawing on the back of the neck). If you feel any of the following symptoms, please indicate which sensations you feel by placing the marks shown below.

- ▲▲▲ Aching
- ××× Burning
- //// Stabbing
- 000 Pins & Needles
- VVV Numbness
- Other

