

Premier Orthopaedic Surgery, LLC

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Spine New Patient (Please Circle and Answer Completely)

Name: _____

Area of Pain:		Neck	Back	Arms	Legs
Which side?		Left	Right	Both	
Assign area of pain as a Percentage of your Whole Body		_____ 100%	_____ 100%	_____ 100%	_____ 100%
Pain is worse when:		Standing	Sitting	Walking	All
Pain is better when:	Lying Down	Standing	Sitting	Walking	Other: _____
Pain is aggravated by:	Coughing	Sneezing	Straining	Bending Forward	Bending Backward

How far can you walk? _____

How long have you had the present pain? _____

What do you think caused your pain? _____

Is this a second opinion? Yes No

Have you had any of the following (please list body part and date):

Myelogram _____ Discogram _____

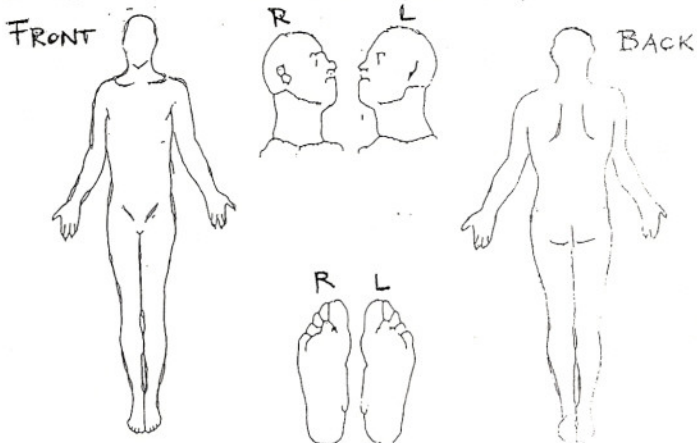
Plain Xrays _____ MRI _____

CT Scan _____ EMG _____

On the diagram, please shade in the location of your most painful area:

Describe your pain:
(please check all that apply)

- Sharp _____
- Shooting _____
- Throbbing _____
- Stabbing _____
- Burning _____
- Aching _____
- Sickening _____
- Punishing _____



Place an "X" to indicate the average level of pain you have everyday:

No Pain _____ Worst Possible Pain _____