## **Diagnose Back Pain Chart**

**Instruction:** Please ensure accurate completion of the Diagnose Back Pain Chart to aid in assessing back pain. Detailed responses are crucial for an accurate diagnosis and effective treatment.

Fever, drowsiness,		Pain limited to the neck
severe headache, nausea, vomiting, and	( Marine and Mari	
unusual sensitivity to		
light		— Radiating pain in the arm
		Numbness or weakness in arm or hand
Loss of bowel or		
bladder control		
E		
Radiating pain into the leg —		
		Pain limited to the low
		back
Trauma / fall / accident		Numbness or weakness
		in leg or foot
		Foot drop / weakness in foot
Patient Information		
Name:		Date of Birth:
Gender:	Contact Information:	
Medical History		
1. Do you have a history of back pain?		
Yes. Please specify:		
□ No		
2. Have you had any recent injuries or a	ccidents related to your back?	
Yes. Please specify:		
□ No		
3. Do you have any pre-existing medical	-	
Yes. Please specify:		
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<ol> <li>Are you currently taking any medication</li> <li>☐ Yes. Please specify:</li> </ol>		



## **Back Pain Description**

1. Location of pain:
2. Duration of pain:
3. Frequency of pain:
4. Description of pain:
5. Pain intensity: (on a scale of 1-10, with 10 being the worst pain imaginable)
6. Do you experience any of the following symptoms in conjunction with your back pain? (Check all that apply)
Numbness or tingling
Muscle weakness
Radiating pain into the legs or arms
Loss of bladder or bowel control
Other (please describe):

## Additional Comments/Concerns:

