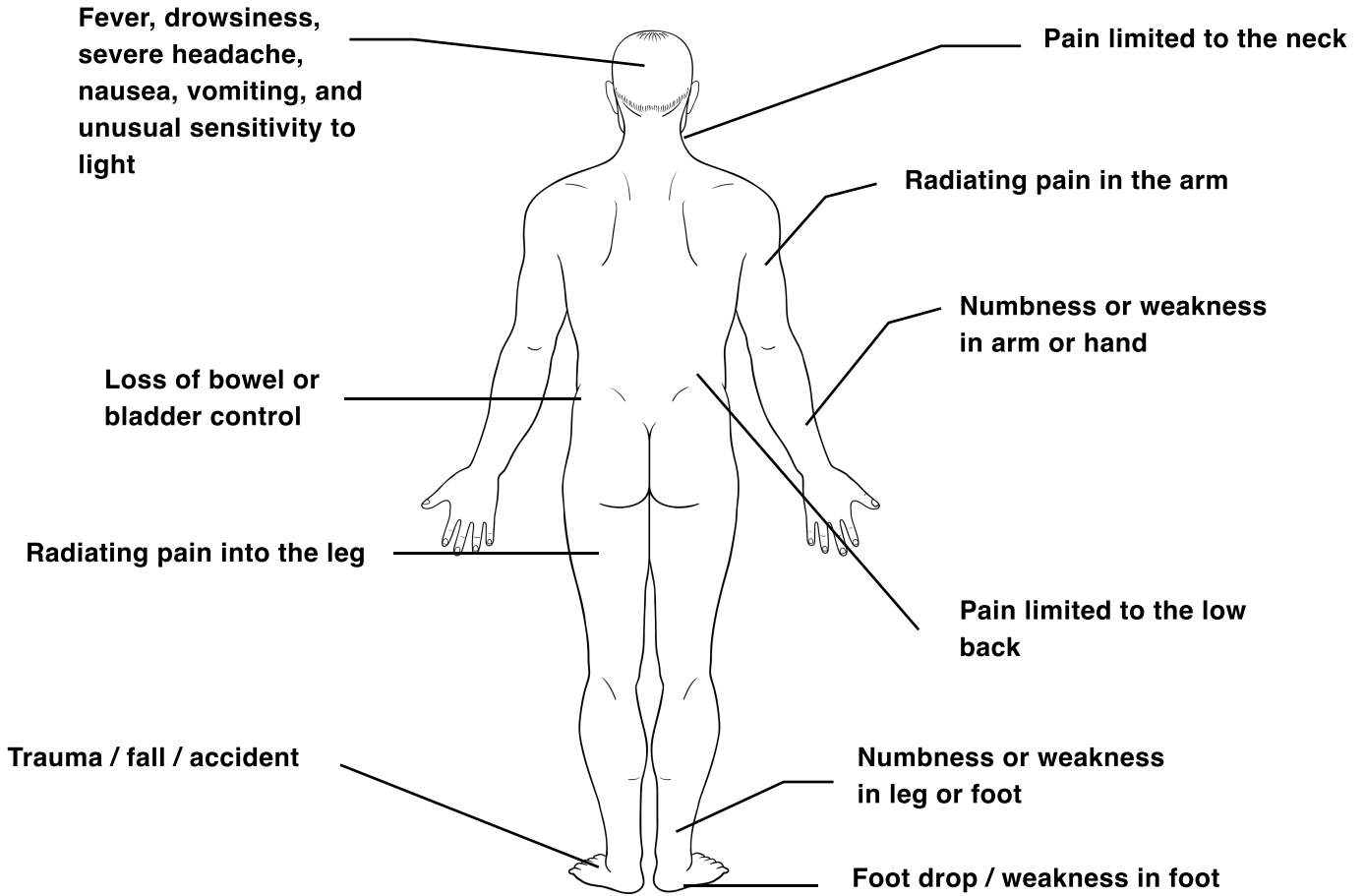


# Diagnose Back Pain Chart

**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.



## 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 accidents related to your back?

Yes. Please specify: \_\_\_\_\_

No

3. Do you have any pre-existing medical conditions that may be related to your back pain?

Yes. Please specify: \_\_\_\_\_

No

4. Are you currently taking any medications for pain or other health conditions?

Yes. Please specify: \_\_\_\_\_

No

## 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: