

CERVICAL SPINE ASSESSMENT

NAME: _____

1. HOW LONG HAS YOUR NECK HURT?

2. WHEN DID THIS EPISODE OCCUR? _____

3. WHAT AND WHEN WAS THE INITIAL CAUSE? _____

4. ARE THERE ANY SUBSEQUENT CAUSES OF YOUR NECK PAIN?

5. PLEASE DESCRIBE YOUR PAIN: _____

6. FREQUENCY OF CONDITION? CONSTANT DAILY INTERMITTENT

NIGHT ONLY (CIRCLE).

7. HOW LONG DOES IT LAST? ALL DAY FEW HOURS MINUTES

8. DOES PAIN FROM YOUR NECK RADIATE UP AND INTO YOUR HEAD? Y N

9. DOES PAIN FROM YOUR NECK RADIATE INTO YOUR SHOULDERS OR ARMS?

Y N IF NO PROCEED TO QUESTION #14

10. WHERE IS THE PAIN IN YOUR SHOULDERS?

11. WHERE IS THE PAIN IN YOUR ARMS? _____

12. IS YOUR ARM PAIN: SHARP DULL PINS/NEEDLES. (CIRCLE)

13. DO YOU HAVE WEAKNESS IN YOUR ARMS OR HANDS? Y N

14. MEDICATIONS YOU NOW TAKE FOR NECK OR ARM PAIN? (INC. OVER COUN
TER) _____

15. DOES THE MEDICINE HELP? Y N

16. LIST ANY AND ALL SURGERIES WITH APPROX. DATES:

17. DO YOU HAVE DIFFICULTY SLEEPING? Y N

18. DO YOU SLEEP ON A WATER BED OR STANDARD BED? (CIRCLE)

CERVICAL SPINE ASSESSMENT (2)

19. DO YOU DO PHYSICAL WORK? THIS INCLUDES WORK AT HOME Y N

PLEASE DESCRIBE: _____

20. WHAT HAVE YOU DONE THAT MAKES THIS CONDITION BETTER? CERTAIN POSITIONS, ICE, HEAT ETC. _____

21. WHAT HAVE YOU DONE THAT MAKES THIS PROBLEM WORSE?

STANDING SITTING LYING BENDING LIFTING TWISTING

OTHER _____

22. PLEASE LIST ANY OTHER INFORMATION OR DESCRIPTION THAT WOULD AID US IN HELPING YOU: _____

