SOUTH BEND SPINE

Appointments & referrals: 574-247-6556
SouthBendSpine.com

60160 Bodnar Blvd.
Mishawaka, Indiana 46544

Clinical Outcome Intake Form for new spine patients on first visit only.

Help us improve your treatment outcome by providing us information about your back or neck pain problem.

1 Patient information

____/____/____ Today's Date

_____ First name

_____ Last name

[ ] - [ ] - [ ] ☐ Day ☐ Evening
Phone number (A nurse may call to follow up)

_____ Doctor you will see today

Sex: ☐ Male ☐ Female

Your age: ☐ <18 ☐ 18-64 ☐ 65+

Do you smoke? ☐ Yes ☐ No

2 Tell us about your symptoms

Do you have weakness in a foot or hand?
☐ Yes ☐ No

How long have you suffered from these symptoms?
☐ ≤ 6 weeks ☐ 7 to 12 weeks ☐ 4 months or more

Do you have pain radiating PAST your knee or elbow?
☐ Yes ☐ No

Does your leg or arm ever go numb?
☐ Yes ☐ No

Have you had back or neck surgery before?
☐ Yes ☐ No

Does your back or neck pain wake you up at night?
☐ Yes ☐ No

How many pills do you take each day for pain relief?
☐ No pills ☐ 1 to 4 pills ☐ 5 or more pills daily

Circle your pain level on a scale of 1 to 10, with 1 being no pain at all, and 10 being extreme pain.

1 2 3 4 5 6 7 8 9 10
no pain extreme pain

3 Your expectations

What result do you expect from your care?

Relief from pain symptoms	☐ Yes	☐ No	☐ Doesn't apply
Return to your job	☐ Yes	☐ No	☐ Doesn't apply
Return to leisure activities	☐ Yes	☐ No	☐ Doesn't apply
Improved sleep	☐ Yes	☐ No	☐ Doesn't apply

4 How do symptoms affect your life?

Which of the following describes you currently?
☐ Working
☐ Not working because of back or neck problem
☐ Not working because of another health problem
☐ Homemaker, retired or unemployed

Did your back or neck injury happen at work? ☐ Yes ☐ No

The following are activities you might do in a day. Does your back or neck pain limit you in these activities, and if so, how much?

Lifting or carrying groceries
☐ Limited a lot ☐ Limited a little ☐ Not limited at all

Climbing several flights of stairs
☐ Limited a lot ☐ Limited a little ☐ Not limited at all

Standing for 30 minutes
☐ Limited a lot ☐ Limited a little ☐ Not limited at all

We may have a nurse call you to follow up on your symptoms and check to see how you are doing 3 months from now. Is it okay for us to call you at the number you provided above?
☐ Yes ☐ No

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