

## Piedmont Orthopaedic Associates, P. A. Evaluation Workup

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

### History of Present Complaint:

1. How long have you had present complaint? \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years

2. Specific date of injury: \_\_\_\_\_ Not applicable \_\_\_\_\_

3. Pain began because of: (check one)  
 a. athletic activity \_\_\_\_\_ c. activity on the job \_\_\_\_\_ e. unknown \_\_\_\_\_  
 b. auto accident \_\_\_\_\_ d. other: \_\_\_\_\_

### 4. How does each activity change your pain?

	Aggravates	Relieves	Neither
Sitting	_____	_____	_____
Standing	_____	_____	_____
Leaning forward	_____	_____	_____
Walking	_____	_____	_____
Lying on side	_____	_____	_____
Lying on back	_____	_____	_____
Lying on stomach	_____	_____	_____
Driving	_____	_____	_____
Coughing / Sneezing	_____	_____	_____

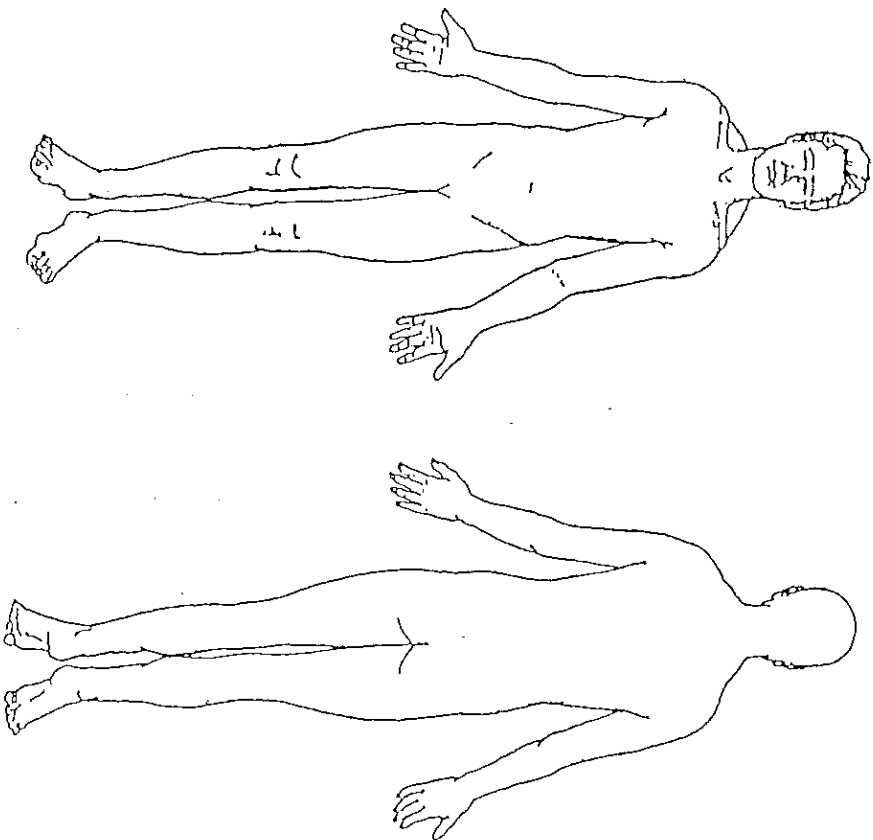
### 5. Attempted treatments:

	Not tried	Helpful	Not helpful
Medications	_____	_____	_____
Hot packs	_____	_____	_____
Ice	_____	_____	_____
TENS Unit	_____	_____	_____
Exercises	_____	_____	_____
Chiropractor	_____	_____	_____
Epidural	_____	_____	_____
Facet Block	_____	_____	_____
Physical therapy	_____	_____	_____

### 6. Have you undergone any of the following studies?

	No	Approximate date and location of last study:
X-rays of the spine	_____	_____
CT scan	_____	_____
EMG	_____	_____
Myelogram	_____	_____
MRI	_____	_____
Bone Scan	_____	_____
Discogram	_____	_____

## Pain Chart Shade The Area Of Your Pain



### Level of Pain

Choose a number from 0 to 10 that best describes your pain

