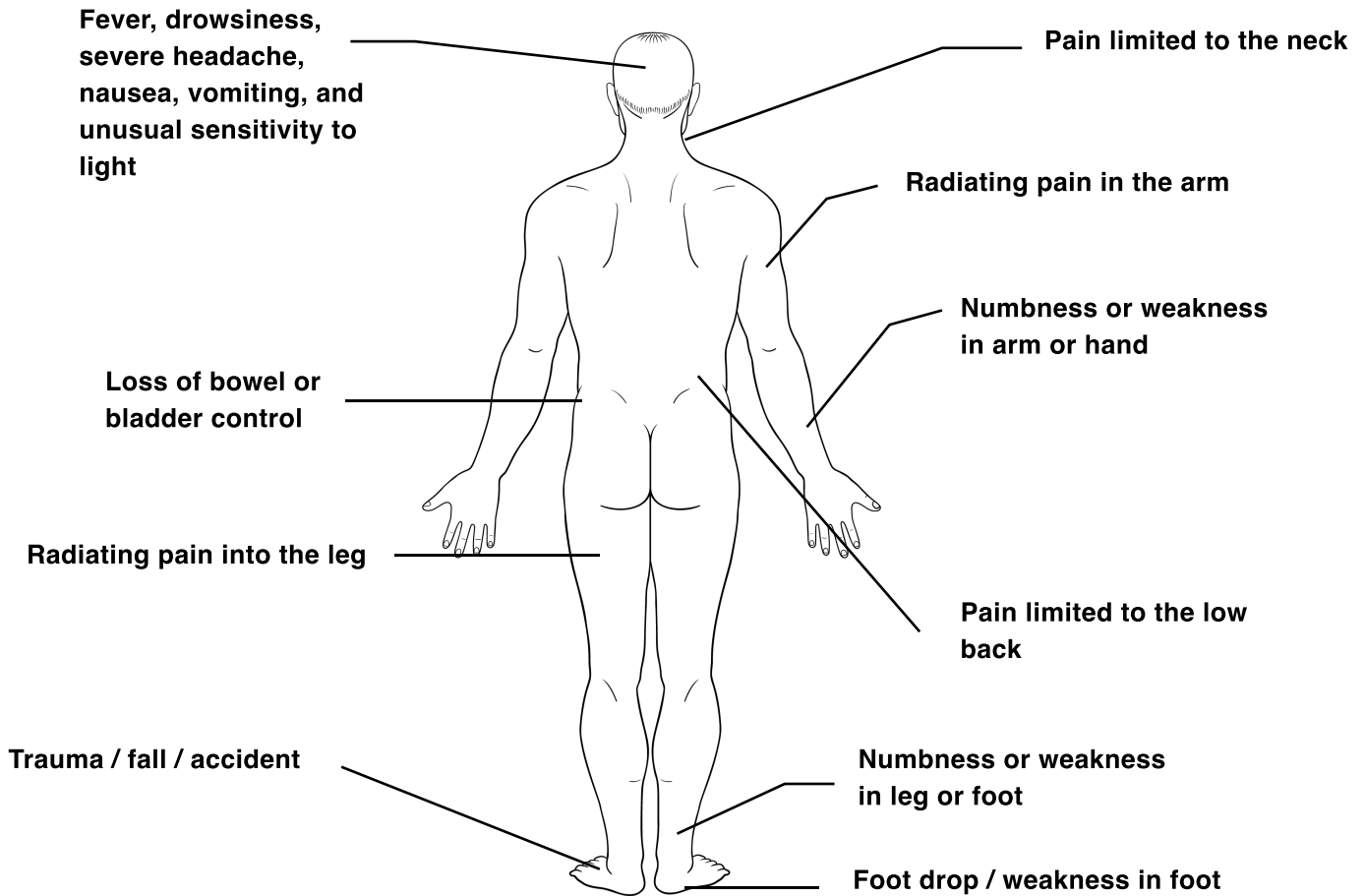


Diagnose Back Pain Chart

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: