**Back Evaluation**

Central States Orthopedic Specialists  
6585 South Yale, Suite 200  
Tulsa, OK 74136

<table>
<thead>
<tr>
<th>Patient's Name:</th>
<th>Middle:</th>
<th>Last Name:</th>
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<tr>
<td>Occupation:</td>
<td>Age:</td>
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How long have you had the present pain?  
WEEKS | MONTHS | YEARS

How long have you had any trouble with your back, legs, or neck?  
WEEKS | MONTHS | YEARS

How long have you been off work or unable to do normal housework?  
WEEKS | MONTHS | YEARS

Did your pain begin (check one):  
Gradually | Suddenly | From an Injury | At Work

Is your pain (check one):  
Continuous | Off and On | Neither

My pain is (Please Check Appropriate Answer):  
WITH COUGH OR SNEEZE | Better | Worse | Unchanged
SITTING DOWN AT A TABLE | | | |
BENDING FORWARD TO BRUSH TEETH | | | |
WALKING SHORT DISTANCE | | | |
LYING FLAT ON BACK | | | |
LYING FLAT ON STOMACH | | | |
LYING ON SIDE WITH KNEES BENT | | | |
WHEN I AWAKE IN THE MORNING | | | |
MID-MORNING | | | |
MIDDLE OF THE NIGHT | | | |
My back sometimes gets "stuck" when I bend forward.  

Yes  No

My back feels it is likely to give way when I bend forward.  

Yes  No

My pain stops me after I walk a certain distance.  

Yes  No

After walking, bending forward improves my pain.  

Yes  No

How many times have you been in a hospital for back, leg, or neck problems?  

Have you had previous back surgeries?  

Yes  No

Type?

Have you had other types of surgeries?  

Yes  No

Type?

Have any treatments made your pain better?  

Yes  No

What Treatments?

Have any treatments made your pain worse?  

Yes  No

What Treatments?

What is the most aggravating thing about your pain?  

Additional Comments