BUFFALO SPINE SURGERY

Center For Excellence in Spine Care Dr. Andrew Cappuccino

Name _____ Date _____

When (what date) did your present pain start? _____

What caused the pain to start? _____

Have you ever had similar problems? Yes No

If yes, please explain _____

Are you still working? Yes _____ No _____ Last day worked _____

How did the pain start? Circle all that apply.

Suddenly	Injured at work	Lifting	Injured in auto accident
Fall	Hit from behind	Pulling	Injured during sports
Twisting	Bending	Gradually	sneezing

What activities make the pain worse? Circle all that apply.

Exercise (during)	Exercise (after)	Sitting
Standing	Walking	Bending forward
Bending backwards	Coughing	Sneezing

What relieves the pain? Circle all that apply.

Lying down	Sitting	Standing	Walking
Aspirin	Anti-inflammatories	Pain pills	Injections for pain
Muscle relaxant pills	Manipulation	Exercise in PT	

Other _____

How long have you had this pain? _____ years _____ months _____days

How long have you had similar pain? _____ years _____ months _____days

Have you had any of the following tests?

Diagnostic X-rays	Date and facility	_____
CT scans	Date and facility	_____
Myelogram (X-ray with dye)	Date and facility	_____
EMG	Date and facility	_____
Discogram	Date and facility	_____
MRI	Date and facility	_____
Arthrogram	Date and facility	_____
Sonogram	Date and facility	_____
Injections	Date and facility	_____

46 Davison Ct Lockport NY 14094 716-438-2973 6133 Route 219 Ellicottville NY 14731