Medico-Legal Evaluations, P.A.
Phone 732-972-4771 · Fax 732-972-0022 · info@mlenj.com

Back Injury Questionnaire

Please fill out only the form(s) for the body area(s) that were injured. You can type into this form on a computer or phone, save it, and email it to info@mlenj.com before your appointment, or print it and bring it with you. Please also bring any X-ray, MRI or CT films or discs you have.

Full name **Date of birth** **Today's date**

Your injury

When did the injury happen?

How did the injury happen?

Did you have back problems before the injury?

☐ Yes ☐ No

Treatment and work

Which treatments have you had for this injury? (check all that apply)

☐ Surgery ☐ Injections ☐ Physical therapy ☐ Chiropractic treatment

Are you working now?

☐ Yes ☐ No

What is your job?

Pain

Do you have pain?

☐ Yes ☐ No

Do you take pain medication? If so, please list it:

Pain now (0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No pain 10 = Worst pain

Pain at its worst (0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Where is the pain? (check all that apply)

☐ Head ☐ Neck ☐ Back ☐ Shoulders ☐ Arms ☐ Hands ☐ Hips ☐ Legs

☐ ☐

What is the pain like? (check all that apply)

☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Aching

Other:

How often do you have pain?

☐ Sometimes ☐ All the time ☐ Never

Do you have numbness, tingling or other unusual feelings in your arms or legs?

☐ Yes ☐ No

If yes, please explain:

Activities

Which activities are difficult for you now? (check all that apply)

At work

☐ Bending ☐ Lifting ☐ Carrying objects ☐ Using a computer ☐ Using tools

At home

☐ Doing laundry ☐ Going up or down stairs ☐ Sweeping floors ☐ Vacuuming
☐ Scrubbing pots or pans ☐ Mowing the lawn ☐ Gardening ☐ Doing repairs ☐ Climbing ladders

Leisure

☐ Riding a bicycle ☐ Playing sports ☐ Playing with children ☐ Picking up children
☐ Walking the dog ☐ Walking for leisure ☐ Jogging ☐ Working out at a gym ☐ Lifting weights
☐ Dancing ☐ Travel

Daily activities

☐ Driving ☐ Getting dressed ☐ Sleeping ☐ Kneeling ☐ Walking ☐ Sexual activity

Any other activities that are difficult for you: