NAPOLI CHIROPRACTIC CENTER

LOW BACK HISTORY

1. Where does your back hurt ? Right Side _____
   Left Side _____
   Mid Line _____

2. When did you first notice the pain ?_____

3. How did you injure your back? _____

   If not from and injury, describe its' onset _____

4. Have you had similar pains before? Yes_____ No_____

   When? _____

5. Do you have leg pain? Yes_____ No_____
   Front of your leg Yes_____ No_____
   Side of your leg Yes _____ No_____
   Back of leg Yes_____ No_____
   Into your groin Yes_____ No_____

   How far down your leg does the sensation go? _____
   Is it pain or numbness and tingling?_____
   Does it make you limp? Yes_____ No_____
   Do you drag your foot? Yes_____ No_____

6. Have you had any loss of bowel or bladder control? Yes_____ No_____
   Describe_____

7. Does your pain appear worse in the early morning? Yes_____ No_____

8. Does the pain become worse after being on your feet for awhile? Yes_____ No_____

9. Do any of the following make your pain worse?
   Coughing Yes_____ No_____
   Sneezing Yes_____ No_____
   Straining when having a
   bowel movement Yes_____ No_____

Patient Signature_____ Date_____