: (Please ch SS, EYE PAIN	Date of E neck √ if you	Birth	Date See				Review	ved/Ir	nitials		Review	(612) 3 ed/Initials	
SS, EYE PAIN		Birth					Review	ved/In	nitials		Review	ed/Initials	
SS, EYE PAIN		Birth	Marit										
SS, EYE PAIN				tal Statu	IS			Ye	ars of	Education	Comple	ted	_
SS, EYE PAIN	neck√if you			_	1	•							0.40
SS, EYE PAIN		have proble		W I			185	9 10	11			16 17 1	8 19-
	-	nave propie	erns with an	ly of the	ΤΟΠΟΝ	(ing)				Treating	y Physici	an:	
	RINGING, SNE	EZING HOAR			1								
R RASHES)		22110,1107			,								
,	N OR HALLUCI												
	, WEAKNESS	,			C)								
					,	0)							
•				-	JLUER	3)							
				BETES)									
			,										
					H BLOO	JD PRE	SSURE)						
			GE OR BLEE	DING)									
		,											
	GLANDS, ANE	EMIA, BLEEDI	NG TENDEN	CIES)									
,													
		,											
VITHIN TH	E LAST 7 YI	EARS):		Data			Poper	'n					
				Dale			reast						
METAIS						_		_	_	For Office	Uso On	h	
ILTALS.							Date		-		USE OII	1	
							2 4.0						
							Weight					Weight	
						_	HR					HR	
							BP					BP	
												L	
`	YES 🗆	NO	PAC	KS DAII	Y			HOW	/ I ON	G			
					-								
					-						•		
					-				a – / d a				
								1-2	oz/da	iy	more?		
	YES 🗆	I NO	TYPE	E/ AMOI	JNT _								
er Sibling				Father	Mothe	r S	ibling				Father	Mother	Sibling
	Neu	romuscula	r Disease		I	—				Diabetes			\Box
		liah Blood	Pressure									1	
		-										1	1
-+					1							1	1
CT YOU:					1					0.101			
SIA?	□ YES □	NO				YES		١	NO	OTHER	?		
IES?	□ YES □	NO	HIV	/ AIDS?		YES		1	NO				
										DATE			
	ESSIVE THIRS A, SHORTNES EASE, PALPI IRINATING, W IBNESS, TING S, SWOLLEN OHT LOSS) APHYLACTIC I WITHIN THI	SSIVE THIRST, HEAT OR O A, SHORTNESS OF BREATI EASE, PALPITATIONS, CHE RINATING, WEIGHT CHANG IBNESS, TINGLING, PARAL S, SWOLLEN GLANDS, AND SHT LOSS) PHYLACTIC REACTION, HI WITHIN THE LAST 7 YI METALS: PHYLACTIC REACTION, HI WITHIN THE LAST 7 YI YES YES YES YES YES YES YES Neu HET SIbling Neu HET SIBL? YES	SSIVE THIRST, HEAT OR COLD INTOLE A, SHORTNESS OF BREATH, COUGHING EASE, PALPITATIONS, CHEST PAIN, SW RINATING, WEIGHT CHANGE, DISCHAR IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEED SHT LOSS) PHYLACTIC REACTION, HIVES) WITHIN THE LAST 7 YEARS): METALS: METALS: METALS: NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO YES NO NO YES NO NO YES NO High Blood Epilepsy/ Co Bleeding ECT YOU: SIA? YES NO	ESSIVE THIRST, HEAT OR COLD INTOLERANCE, DIAE A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANK IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEE IBNESS, TINGLING, PARALYSIS) 'S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDEN SHT LOSS) WPHYLACTIC REACTION, HIVES) WITHIN THE LAST 7 YEARS): METALS: METALS: METALS:	ESSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIG IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) INTHIN THE LAST 7 YEARS):	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOG IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) HT LOSS) WITHIN THE LAST 7 YEARS):	A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRE IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) SHT LOSS) WITHIN THE LAST 7 YEARS): METALS: METALS: YES NO PACKS DAILY YES NO PACKS DAILY YES NO PACKS DAILY YES NO CUPS DAILY YES NO TYPE YES NO TYPE YES NO TYPE YES NO TYPE YES NO TYPE High Blood Pressure High Blood Pressure Epilepsy/ Convulsions Bleeding Disorders HEPATITIS? YES YES	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) RINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) SHT LOSS) WITHIN THE LAST 7 YEARS): METALS: Date METALS: Date METALS: Date Date Date	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTINESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) SHT LOSS) PHYLACTIC REACTION, HIVES) WITHIN THE LAST 7 YEARS): METALS: VES VES VES VES VES VES VES VES VES VE	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A. SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) RINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) SHT LOSS) WITHIN THE LAST 7 YEARS): METALS: METALS: METALS: YES YES NO PACKS DAILY HR BP YES NO PACKS DAILY HOW LONG YES NO TYPE 1-2 oz/da High Blood Pressure H	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) SHT LOSS) WITHIN THE LAST T YEARS): METALS: VERTION: VERTIALS: VERTI	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) IRINATING, WEIGHT CHANGE, DISCHARGE OR BLEEDING) IBNESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) HT LOSS) HT LOSS) HT LOSS) HT HIN THE LAST T YEARS): METALS: POR OFFICIENT OF THE PART OF THE PA	SSIVE THIRST, HEAT OR COLD INTOLERANCE, DIABETES) A, SHORTNESS OF BREATH, COUGHING) EASE, PALPITATIONS, CHEST PAIN, SWELLING ANKLES, HIGH BLOOD PRESSURE) RINATING, WEIGHT CHANGE, DISCHAREG OR BLEEDING) BRESS, TINGLING, PARALYSIS) S, SWOLLEN GLANDS, ANEMIA, BLEEDING TENDENCIES) HT LOSS) HPHYLACTIC REACTION, HIVES) HTTHIN THE LAST 7 YEARS): HETALS:

DOB:

Date:

John G. Stark, M.D., P.A.

IME Form

1. Please describe in specific details **what** happened and **how** you felt when you were injured.

2. Is your proble	em due to an inj	ury?		I	Date of Injury:
Type of injur	y 🗆 Work	□ Auto		□ Slip & fall	□ Other:
4. Have there be	een other injurie	s?	□YES	□NO	If yes, please list:
Date	How did it	happen? Ple	ase be spe	cific.	How did your leg or back symptoms change following this injury?

CONSERVATIVE METHODs

6. Which of the following conservative methods have you tried?

Methods	List/Describe	How long?	Did it help?	Please explain:
Physical Therapy			□Yes □No	
Medications			□Yes □ No	
Chiropractic			□Yes □No	
Massage therap	у		\Box Yes \Box No $_$	

DOB:

7. Have you had any of the following tests?

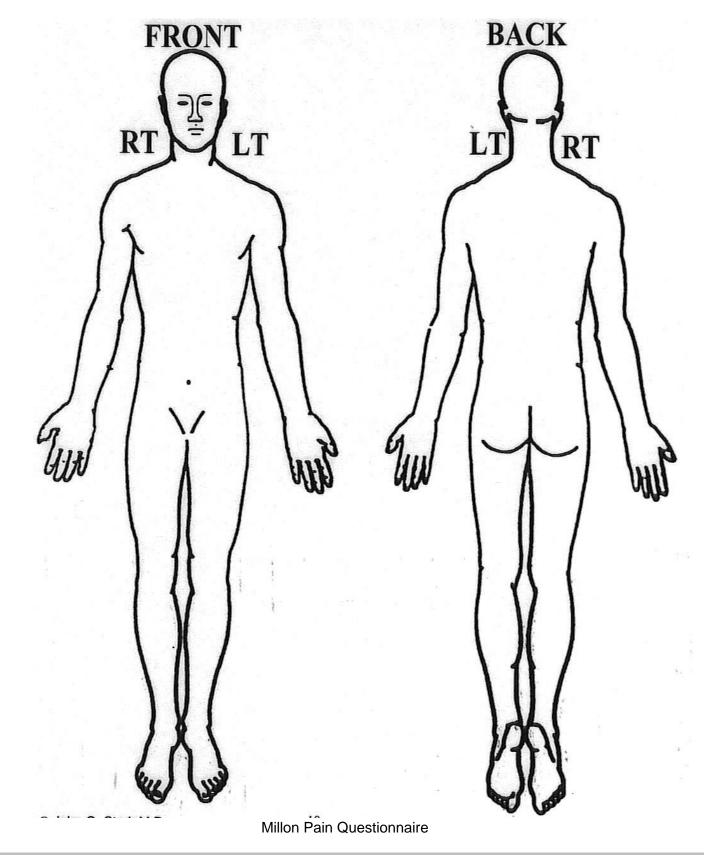
Test		Where	?	Ordering	r Physiciar	ו
MRI	□Yes □ No					
СТ	□Yes □ No					
Myelogram	□Yes □ No					
Discogram	□Yes □ No					
Nerve Root Injection	□Yes □ No					
Facet Injection	□Yes □ No					
Sacroiliac Injection	□Yes □ No					
Trigger Point Injection	□Yes □ No					
Epidural Injection	□Yes □ No					
EMG	□Yes □ No					
Psychiatric Evaluation	□Yes □ No					
8. Into which category	y does your <u>curren</u>	t occupation f	all? Occupatior	n:		
 □ Heavy—lifting m □ Light—lifting les 			dium—lifting betw dentary—no lifting		75 lbs.	
9. Into which category	y did your occupatio	on fall into at t	he time of injury?	Occupation		
 □ Heavy—lifting m □ Light—lifting les 			um lifting betweer ntary—no lifting	n 25 & 75 lbs		
10. What is your curr	ent work status?					
	□ Part-time since _ □ Student □	Homemaker	□ Full-time □ Other:	□ Off wor		
11. Estimate the "tota	al time" in months y	you have miss	ed/been off of wo	ork due to this	s injury:	
PERSONAL 13. Has your marriage If yes, please	e been strained bec feel free to explain		njury (optional)?	□YES	□NO	
14. Are your finances If yes, please	a problem because feel free to explain		r (optional)?		□YES	□NO

DOB:

Date:

Use the symbols below to describe where you feel the listed sensations on your body. Include all the affected areas.





1. How bad is your pain? water housing Note that is the pain at night? Note housing Notes the pain interfere with your lifestyle? Note housing Notes housing Notes housing Notes housing housing housing Nouse hous	Patient:	DOB:	Date:
2. How bad is the pain at night? Near Ween Possible 3. Does the pain interfere with your lifestyle? Total Charge is Litestyle Near Image: Ima	1. How bad is your pain?		
2. How bad is the pain at night? Near Ween Possible 3. Does the pain interfere with your lifestyle? Total Charge is Litestyle Near Image: Ima	No pain		Worst Possible
Nomin Nome Presents 3. Does the pain interfere with your lifestyle? Image:		ght?	
3. Does the pain interfere with your lifestyle? No gain Image: Compare Relation 4. How good are pain killers for your pain? Compare Relation Compare Relation 5. How stiff is your back/leg (please circle one or both)? No gain N	•		
No park Total Charge in Literyle 4. How good are pain killers for your pain?			Worst Possible
4. How good are pain killers for your pain? Complex Relat No Relat 5. How stiff is your back/leg (please circle one or both)? No Relat No Stiffness No Stiffness 6. Does your pain interfere with walking? Cennot Walk 7. Do you hurt when you walk? Cennot Walk No poster Noes Possible Stiffness 8. Does your pain keep you from standing still? Cennot Stand at All 9. Does your pain keep you from twisting? Cennot Stand at All 10. Does your pain keep you still in a hard chair? Cennot Stand at All 11. Does your pain allow you to sit in a soft chair? Cennot Stand at In Herd Chair No Poster Cennot Stand at In Herd Chair? No Poster Cennot Stand at In Herd Chair?<	3. Does the pain interfere w	ith your lifestyle?	
4. How good are pain killers for your pain? Complex Relat No Relat 5. How stiff is your back/leg (please circle one or both)? No Relat No Stiffness No Stiffness 6. Does your pain interfere with walking? Cennot Walk 7. Do you hurt when you walk? Cennot Walk No poster Noes Possible Stiffness 8. Does your pain keep you from standing still? Cennot Stand at All 9. Does your pain keep you from twisting? Cennot Stand at All 10. Does your pain keep you still in a hard chair? Cennot Stand at All 11. Does your pain allow you to sit in a soft chair? Cennot Stand at In Herd Chair No Poster Cennot Stand at In Herd Chair? No Poster Cennot Stand at In Herd Chair?<	Ne poin		Tatal Channe in Lifert de
Compare Ratio No Reset 5. How stiff is your back/leg (please circle one or both)? No Reset No Ratiness No Reset 6. Does your pain interfere with walking? Caunoc Walk. No patient Caunoc Walk. 7. Do you hurt when you walk? Caunoc Walk. No patient Caunoc Walk. 8. Does your pain interfere with walking? Wore Possible Pain. 8. Does your pain Keep you from standing still? Caunoc Stand at All 9. Does your pain Keep you from twisting? Caunoc Twist. 0. Does your pain keep you from twisting? Caunoc Stand at All 10. Does your pain allow you to sit in a bott chair? Caunoc Stand at Mark 11. Does your pain allow you to sit in a soft chair? Caunoc Stand at Mark 12. Do you have back/leg (please circle one or both) pain when lying in bed? Caunoc Stand at Mark 13. How much does your pain limit your lifestyle? Caunoc Stand at Mark 14. Does your pain interfere with your work? Caunoc do Anything No Indee Caunoc do Anything No Indee Caunoc do Anything 15. How much does your pain limit your lifestyle? Caunoc do Anything No Indet mark Caunoc do Anything			i otal Change in Lifestyle
5. How stiff is your back/leg (please circle one or both)? No Bitmess Worst Possible Stiffness 6. Does your pain interfere with walking? Cannot Walk 7. Do you hurt when you walk? Worst Possible Pain No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Stand at All 9. Does your pain allow you to sti in a hard chair? Cannot thist 10. Does your pain allow you to sit in a solt chair? Cannot thist? No Problem Cannot this? 12. Do you have back/leg (please circle one or both)? Worst Possible No Problem Cannot this? No Problem Cannot this? 13. How much does your pain interfere with your work? Worst Possible? No pain Cannot this Solt Chair? No Problem Cannot this Solt Chair? No pain Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much does your pain limit your lifestyle? Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much have you had to change your workplace because of your back/leg Totaly connot work	4. How good are pain killers	s for your pain?	1 1
No Settiness 6. Does your pain interfere with walking? No problem No Problem No Problem <td>Complete Relief</td> <td></td> <td>No Relief</td>	Complete Relief		No Relief
No Settiness 6. Does your pain interfere with walking? No problem No Problem No Problem <td></td> <td>(please circle one or both)?</td> <td></td>		(please circle one or both)?	
6. Does your pain interfere with walking? No problem Cannot Wak 7. Do you hurt when you walk? Worst Possible Pain No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Wak Can Stand as Long as I Want Cannot Withing? No Problem Cannot Twist No Problem Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Stand at All 9. Does your pain allow you to sit in a hard chair? Cannot Stand chair? Cannot Stand at Want Cannot Stain Soft Chair? 10. Does your pain allow you to sit in a soft chair? Cannot Stain Soft Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Cannot dat in Hard Chair? No pain Cannot does your pain limit your lifestyle? No pain Cannot does your pain limit your lifestyle? No pain Cannot does your pain limit your work? No pain Cannot do cannot does your pain limit your work? No Problem Cannot do	,		
No problem Cannot Wak 7. Do you hurt when you walk? No pain No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Cannot Twist Can State Long as I Wart Cannot the chair? Can State Long as I Wart Cannot the chair? 10. Does your pain allow you to sit in a soft chair? Cannot Stain Soft Chair? No Problem Cannot Stain Soft Chair? No pain Cannot do Anything 13. How much does your pain limit your work? No Froblem Cannot do Anything 14. Does your pain interfere with your work? No Froblem Ca			Worst Possible Stiffness
No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Stand at All Can Stand as Long as I Wart Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Cannot Stand at I Hard Chair Can State Long as I Wart Cannot Stand at Chair? Can State Long as I Wart Cannot Stand at Chair? Cannot pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 10. Does your pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 11. Does your pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Worst Possible No Limit Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain? Totaly cannot work	6. Does your pain interfere	with walking?	
No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Stand at All Can Stand as Long as I Wart Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Cannot Stand at I Hard Chair Can State Long as I Wart Cannot Stand at Chair? Can State Long as I Wart Cannot Stand at Chair? Cannot pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 10. Does your pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 11. Does your pain allow you to sit in a soft chair? Cannot Stan Both Chair No Problem Cannot Stan Both Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Worst Possible No Limit Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain? Totaly cannot work	No problem		Connet Well/
No pain Worst Possible Pain 8. Does your pain keep you from standing still? Cannot Stand at All Gan Stand as Long as I Wart Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Cannot Twist Can Stand as Long as I Wart Cannot Stand at Chair? Can Stand as Long as I Wart Cannot Stand at Chair? 11. Does your pain allow you to sit in a soft chair? Cannot Sti in Soft Chair No Problem Cannot Sti in Soft Chair? No Problem Cannot Sti in Soft Chair? 12. Do you have back/leg (please circle one or both) pain when lying in bed? No pain Cannot Sti in Soft Chair? No turit Cannot Sti in Soft Chair? No Limit Cannot Sti in Soft Chair? No Limit Cannot Sti in Soft Chair? No Limit Cannot work? Softedem Cannot do Anything 14. Does your pain interfere with your work? No Problem Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	· · ·	i i i alk?	Calified Waik
8. Does your pain keep you from standing still? Can Stand as Long as I Want Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Cannot sit in Aard Chair? Can Stata Long as I Want Cannot to sit in a soft chair? Can Stata Long as I Want Cannot Statin Pard Chair 11. Does your pain allow you to sit in a soft chair? Cannot St in Soft Chair No Problem Cannot St in Soft Chair? No Problem Vorst Possible 13. How much does your pain limit your lifestyle? No Limit Cannot do Anything 14. Does your pain interfere with your work? No Problem Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	7. Do you huit when you wa		
Can Stand as Long as I Wart Cannot Stand at All 9. Does your pain keep you from twisting? Cannot Twist No Problem Cannot Stand at All 10. Does your pain allow you to sit in a hard chair? Cannot Stand at All Can State Long as I Wart Cannot sti in Hard Chair? Can State Long as I Wart Cannot sti in a soft chair? Can State Long as I Wart Cannot sti in a soft chair? No Problem Cannot Sti in Soft Chair No pain Morent Possible 13. How much does your pain limit your lifestyle? Cannot do Anything No Limit Cannot Not Problem Cannot do Anything 14. Does your pain interfere with your work? Totally cannot work No Problem Totally cannot work Totally cannot work No Problem Interfere Work Possible because of your back/leg (please circle one or both) pain? Totally cannot work	No pain		Worst Possible Pain
9. Does your pain keep you from twisting?	8. Does your pain keep you	from standing still?	
9. Does your pain keep you from twisting?			
No Problem Cannot Twist 10. Does your pain allow you to sit in a hard chair? Can Sit as Long as I Want Support No problem </td <td></td> <td></td> <td>Cannot Stand at All</td>			Cannot Stand at All
10. Does your pain allow you to sit in a hard chair? Cannot sit in Hard Chair Can Sit as Long as I Want Cannot sit in A add chair? 11. Does your pain allow you to sit in a soft chair? Cannot Sit in Soft Chair No Problem Cannot Sit in Soft Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Cannot Sit in Soft Chair No pain More than the soft of the soft o	9. Does your pain keep you	from twisting?	
Can Sit as Long as I Want Cannot sit in Hard Chair Can Sit as Long as I Want Cannot sit in A soft chair? Can Sit as Long as I Want Cannot sit in a soft chair? Can Sit as Long as I Want I. Does your pain allow you to sit in a soft chair? Cannot Sit in Soft Chair Cannot Si	No Problem		Cannot Twist
Can Sit as Long as I Want Cannot sit in Hard Chair Can Sit as Long as I Want Cannot sit in A soft chair? Can Sit as Long as I Want Cannot sit in a soft chair? Can Sit as Long as I Want I. Does your pain allow you to sit in a soft chair? Cannot Sit in Soft Chair Cannot Si	10. Does your pain allow yo	bu to sit in a hard chair?	
11. Does your pain allow your to sit in a soft chair? No Problem Cannot Sit in Soft Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Cannot Sit in Soft Chair No pain Worst Possible 13. How much does your pain limit your lifestyle? Cannot do Anything No Limit Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain? Totally cannot work			
No Problem Cannot Sit in Soft Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Vorst Possible No pain Vorst Possible 13. How much does your pain limit your lifestyle? Vorst Possible No Limit Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything No Problem Totally cannot work 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	-		Cannot sit in Hard Chair
No Problem Cannot Sit in Soft Chair 12. Do you have back/leg (please circle one or both) pain when lying in bed? Worst Possible No pain Worst Possible 13. How much does your pain limit your lifestyle? Cannot do Anything No Limit Cannot do Anything 14. Does your pain interfere with your work? Totally cannot work No Problem Totally cannot work			
12. Do you have back/leg (please circle one or both) pain when lying in bed? Worst Possible No pain Worst Possible 13. How much does your pain limit your lifestyle? Cannot do Anything No Limit Cannot do Anything 14. Does your pain interfere with your work? Totally cannot work 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain? Totally cannot work			Connot Sit in Soft Chair
No pain Worst Possible 13. How much does your pain limit your lifestyle? Cannot do Anything No Limit Cannot do Anything 14. Does your pain interfere with your work? Cannot do Anything 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	12. Do you have back/leg (
13. How much does your pain limit your lifestyle?	both) pain when lying in be	<u>1</u> ?	
No Limit Cannot do Anything 14. Does your pain interfere with your work? Image: Control of C	No pain		Worst Possible
No Limit Cannot do Anything 14. Does your pain interfere with your work? Image: Control of C	13. How much does your pa	ain limit your lifestyle?	
14. Does your pain interfere with your work? No Problem Totally cannot work 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?			
No Problem Totally cannot work 15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain? Totally cannot work			Cannot do Anything
15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	14. Does your pain interfere	• with your work?	
15. How much have you had to change your workplace because of your back/leg (please circle one or both) pain?	No Problem		Totally cannot work
	15. How much have you ha		
No Change So Much, Cannot Keep a Job	(please circle one or both)	jain?	
	No Change		So Much, Cannot Keep a Job

Total Score

DOB: McGill Pain Questionnaire

Date:

Indicate pain location _____

What does your pain feel like? Circle only the words that best describes your **pain**. Leave out any category not suitable. Use only **one** word per category.

1 Flickering Quivering Pulsing Throbbing Beating Pounding	2 Jumping Flashing Shooting	3 Pricking Boring Drilling Stabbing Lancinating	4 Sharp Cutting Lacerating	5 Pinching Pressing Gnawing Cramping Crushing	6 Tugging Pulling Wrenching	7 Hot Burning Scalding Searing
8 Tingling Itchy Smarting Stinging	9 Dull Sore Hurting Aching Heavy	10 Tender Taut Rasping Splitting	11 Tiring Exhausting	12 Sickening Suffocating	13 Fearful Frightful Terrifying	14 Punishing Grueling Cruel Vicious Killing
15 Wretched Binding	16 Annoying Troublesome Miserable Intense Unbearable	17 Spreading Radiating Penetrating	18 Tight Numb Drawing Squeezing Tearing	19 Cool Cold Freezing	20 Nagging Nauseating Agonizing Dreadful Torturing	

Indicate pain location _____

if you are having pain

elsewhere. Circle only the words that best describes the pain. Leave out any category not suitable. Use only one word per category.

1	2	3	4	5	6	7
Flickering	Jumping	Pricking	Sharp	Pinching	Tugging	Hot
Quivering	Flashing	Boring	Cutting	Pressing	Pulling	Burning
Pulsing	Shooting	Drilling	Lacerating	Gnawing	Wrenching	Scalding
Throbbing		Stabbing		Cramping		Searing
Beating		Lancinating		Crushing		
Pounding						
8	9	10	11	12	13	14
Tingling	Dull	Tender	Tiring	Sickening	Fearful	Punishing
Itchy	Sore	Taut	Exhausting	Suffocating	Frightful	Grueling
Smarting	Hurting	Rasping			Terrifying	Cruel
Stinging	Aching	Splitting				Vicious
	Heavy					Killing
15	16	17	18	19	20	
Wretched	Annoying	Spreading	Tight	Cool	Nagging	
Binding	Troublesome	Radiating	Numb	Cold	Nauseating	
	Miserable	Penetrating	Drawing	Freezing	Agonizing	
	Intense		Squeezing		Dreadful	
	Unbearable		Tearing		Torturing	

DOB:

Date:

Patient:

This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage in everyday life. Please answer by checking one box in each section for the statement which best applies to you. We realize you may consider that two or more statements in any one section apply but please just shade out the spot that indicates the statement which most clearly describes your problem.

Section 1: Pain Intensity

- I have no pain at the moment.
- □ The pain is very mild at the moment.
- □ The pain is moderate at the moment.
- □ The pain is fairly severe at the moment.
- □ The pain is very severe at the moment.
- □ The pain is the worst imaginable.

Section 2: Personal Care (eg. washing, dressing)

- □ I can look after myself normally without causing extra pain.
- □ I can look after myself normally but it causes extra pain.
- □ I can look after myself normally but it causes me extra pain It is painful to look after myself and I am slow and careful
- □ I need some help but can manage most of my personal care.
- I need help almost every day in most aspects of selfcare.
- I do not get dressed, wash with difficulty and stay in bed.

Section 3: Lifting

- □ I can lift heavy weights without extra pain.
- П I can lift heavy weights but it gives me extra pain.
- □ Pain prevents me lifting heavy weights off the floor but I can manage if its conveniently placed on a table.
- □ Pain prevents me lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- □ I can only lift very light weights.
- □ I cannot lift or carry anything.

Section 4: Walking

- Pain does not prevent me walking any distance.
- Pain prevents me from walking more than 1 mile.
- Pain prevents me from walking more than 1/2 mile.
- □ Pain prevents me from walking ¼ mile.
- I can walk using a stick or crutches. П
- I am in bed most of the time.

Section 5: Sitting

- □ I can sit in any chair as long as I like.
- □ I can only sit in my favorite chair as long as I like.
- □ Pain prevents me sitting more than an hour.
- □ Pain prevents me from sitting more than 30 minutes.
- □ Pain prevents me from sitting more than 10 minutes.
- □ Pain prevents me from sitting at all.

Section 6: Standing

- □ I can stand as long as I want without extra pain.
- □ I can stand as long as I want but it gives me extra pain.
- Pain prevents me from stand for more than 1 hour.
- Pain prevents me from standing for more than 30 minutes.
- Pain prevents me from standing for more than 10 minutes.
- Pain prevents me from standing at all.

Section 7: Sleeping

- □ My sleep is never disturbed by pain.
- My sleep is occasionally disturbed by pain.
- Because of pain I have less than 6 hours of sleep.
- Because of pain I have less than 4 hours of sleep.
- Because of pain I have less than 2 hours of sleep. Π
- Pain prevents me from sleeping at all.

Section 8: Sex Life (if applicable)

- My sex life is normal and causes no extra pain.
- My sex life is normal but causes some extra pain. П
- My sex life is nearly normal but is very painful.
- П My sex life is severely restricted by pain.
- П My sex life is nearly absent because of pain.
- П Pain prevents any sex life at all.

Section 9: Social Life

- □ My social life is normal and gives me no extra pain.
- My social life is normal but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests i.e. sports.
- Pain has restricted my social life and I do not go out as often.
- П Pain has restricted my social life to my home.
- □ I have no social life because of pain.

Section 10: Traveling

- □ I can travel anywhere without pain.
- I can travel anywhere but it gives me extra pain.
- Pain is bad but I manage journeys over 2 hours.
- Pain restricts me to journeys of less than one hour. Pain restricts me to short necessary journeys under
- 30 minutes. Pain prevents me from traveling except to receive treatment.

otal: **Oswestry Pain Questionnaire**

John G. Stark, M.D., P.A.		825 Nicollet	Mall Suite 71	612-332-2324 15 Minneapolis, MN 55402			
	PATIENT INFO		Man, Suite 73	15 Willineapons, 1411 55 102			
PATIENT NAME		DATE OF BIRTH	AGE	SEX			
STREET ADDRESS	APAF	RTMENT NUMBER	CELL PHO	NENUMBER			
TOWN/ STATE ZIP CODE	E-MAIL ADDRESS		HOME PHO	DNE NUMBER			
EMPLOYER	WORK NUMBER		SOCIAL SE	ECURITY NUMBER			
EMERGENCY CONTACT	PHONE NUMBER		RELATION	RELATIONSHIP			
DO YOU HAVE A FAMILY DOCTOR?	DID YOUR DOCTOR REC	QUEST THIS VISIT?	REQUESTI	REQUESTING PHYSICIANS NAME:			
YES NO NAME:	YES NO						
PATIENT OR RESPONSIBLE PARTY MUST SIGN							
AUTHORIZATION TO RELEASE MEDICAL INFORM	ATION, ASSIGNMENT OF	BENEFITS AND CONSENT	FOR MEDICAL T	REATME NT:			
$\sqrt{1}$ I hereby authorize the release of any information by John G. Stark, M.D.,P.A. to any health care provider, insurance initials company, QRC, employer, and /or attorney. This will hold true for services provided during the next year. I also hereby authorize payment of medical benefits directly to John G. Stark, M.D.,P.A for services rendered to myself and/ or dependents. I understand that I am responsible for any and all charges that are not covered by my insurance company and/ or expired policy or denied claim. With my signature I am also authorizing medical treatment to be performed by John G. Stark, M.D.,P.A and his staff.							
 John G. Stark, MD, PA participates in research studies involving the spine and sacroiliac joints. By signing this form I authorize the use of any and all of my medical records, personal image, and/or medical imaging. Every effort will be made to de-identify information and images if used. 							
Patient/ Responsible Party Signature			D	ate			