Lane D. Spero, M.D.
Patient Form

Litchfield Hills Orthopedic Associates, LLP

SPECIALIZED CARE YOU CAN TRUST

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Patient Name: _____

Date: _____ Birthdate: _____

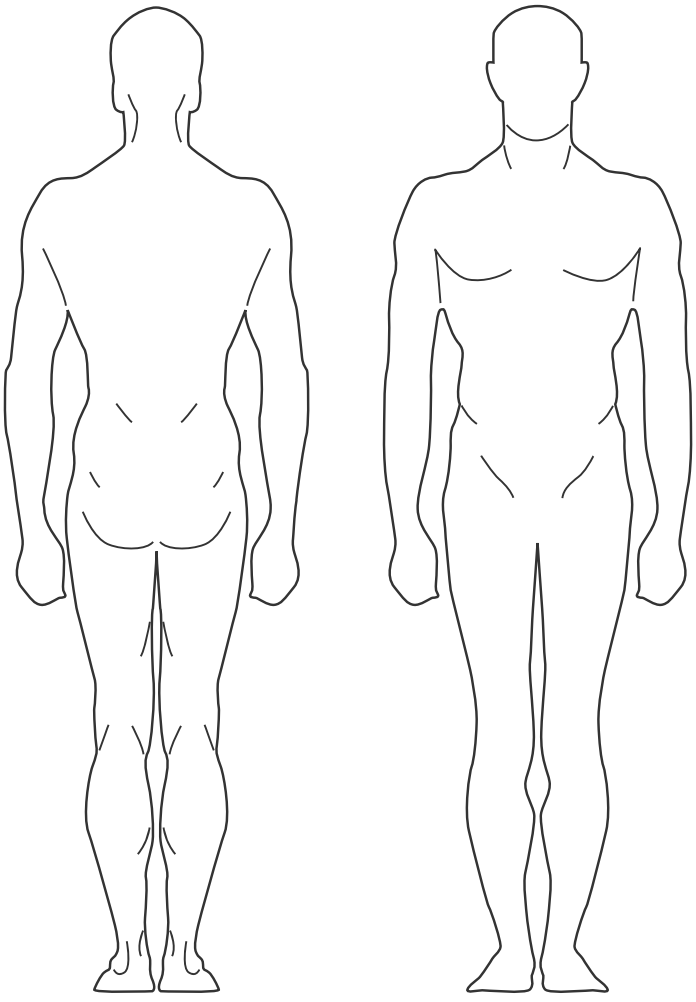
Age: _____ Height: _____ ft _____ in _____ Weight: _____ lbs

My primary doctor is: _____ Tel #: _____

PAIN DRAWING

ACHE	NUMBNESSS	PINS & NEEDLES	BURNING	STABBING
AAA	000	...	XXX	///
AAA	000	...	XXX	///
AAA	000	...	XXX	///

Mark area on this drawing where you feel the above sensations



THE FOLLOWING MAKE MY DISCOMFORT BETTER:

Neck

❒ Bed Rest ❒ Massage ❒ Stretching/"Popping" Neck ❒ Heat ❒ Ice

❒ Other _____ ❒ Nothing Helps

Back

❒ Bed Rest ❒ Decreased Activities ❒ Bending Forward ❒ Bending Backward

❒ Other _____ ❒ Nothing Helps

THE FOLLOWING MAKE MY DISCOMFORT WORSE:

Neck

❒ Activity ❒ Bending Neck Forward ❒ Bending Neck Backward ❒ Bending Neck to the Left

❒ Bending Neck to the Right ❒ Other _____

Back

❒ Activity ❒ Bending Forward ❒ Bending Backward ❒ Sitting ❒ Standing ❒ Walking

❒ Sneezing/Coughing/Straining to Go to the Bathroom ❒ Other _____

I ALSO HAVE THE FOLLOWING PROBLEMS:

❒ Specific weakness of muscles in my arm or hands

❒ Generalized weakness of arms or hands due to pain or discomfort

❒ Numbness of: and/or ❒ Tingling of: ❒ arms ❒ hands ❒ legs ❒ feet ❒ toes

❒ Specific weakness in legs ❒ Generalized weakness of legs due to pain and discomfort

❒ My legs fatigue or hurt when I walk too far ❒ This is relieved by resting my legs

I can walk: ❒ less than a block ❒ 1 – 2 blocks ❒ more than 3 blocks

❒ Trouble with my bladder (urine) control

❒ Can't empty bladder ❒ Loss of urine (accidents)

❒ I don't feel my perineal area when I wipe (the sensation is decreased)

❒ Trouble with bowels ❒ Constipation ❒ Loss of control (accidents)

❒ I don't feel my perineal area when I wipe (the sensation is decreased)

❒ My pain is worse at night ❒ My pain awakens me from a sound sleep

JOB HISTORY:

My job is: _____

My job requirements are:

- ❒ Heavy—lifting over 60 lbs/frequent bending and stooping
- ❒ Medium—lifting 30-50 lbs
- ❒ Light—lifting 10-20 lbs
- ❒ Sedentary—sitting most of the time/very little lifting
- ❒ My job is highly stressful—it makes me tense

MARK "X" ON THE APPROPRIATE LINE:

1. How bad is your low back pain now?

No Pain 0 _____ 2 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 Worst Possible

2. How bad is your leg pain now?

No Pain 0 _____ 2 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 Worst Possible

3. How bad is your neck or upper back pain now?

No Pain 0 _____ 2 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 Worst Possible

4. How bad is your arm pain now?

No Pain 0 _____ 2 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 Worst Possible

5. How many times per week does this pain awaken you from a sound sleep?

No Pain 0 _____ 2 _____ 4 _____ 5 _____ 6 _____ 8 _____ 10 Worst Possible

EXPLAIN HOW YOUR PAIN BEGAN:

❒ Injury ❒ On the Job Date of Injury: _____

Explain how it happened: _____

❒ I don't know how it began. ❒ My problem is chronic. Age it began: _____

❒ I remember an injury. Describe injury: _____

_____

Have you had back or neck pain before this episode?

❒ Yes ❒ No When? _____ For how long? _____

PREVIOUS TREATMENT: (For Back or Neck)

❒ None ❒ Physician's Name: _____

He/She Prescribed:

	No Help	Some Help	Helps
❒ Medications (give names)	❒	❒	❒
❒ Anti-inflammatories_____	❒	❒	❒
❒ Muscle Relaxers _____	❒	❒	❒
❒ Pain Meds _____	❒	❒	❒
❒ Others_____	❒	❒	❒
❒ Physical Therapy	❒	❒	❒
❒ Traction	❒	❒	❒
❒ Exercises	❒	❒	❒
❒ Injections: Describe_____	❒	❒	❒
❒ Manipulation (osteopath) _____	❒	❒	❒
❒ Chiropractor's Name: _____	❒	❒	❒
❒ Heat ❒ Ice	❒	❒	❒
❒ Surgery: Age _____ Describe _____ _____	❒	❒	❒

I have had the following tests:

❒ Regular X-Rays ❒ CT Scan ❒ MRI ❒ Myelogram ❒ Discogram

❒ EMG _____ ❒ Nerve Conduction Studies _____

❒ I have seen other doctors for my condition. List types of doctors and what they prescribed: _____

_____

_____