

BUelt CHIROPRACTIC REGISTRATION

Date: _____

PATIENT INFORMATION**Patient Name**

Last: _____

First _____

Middle Initial _____

Address: _____

City, State, Zip _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Email Address _____

Birth date ___ / ___ / ___ Age: _____ Sex: M F

Patient Social Security Number _____ - _____ - _____

Marital Status: single married widowed separated divorced

Spouse's Name _____

Whom may we thank for referring you? _____

Occupation _____

Employer _____

EMERGENCY CONTACT

Name _____

Relationship _____ home(_____) _____

work(_____) _____ cell (_____) _____

Office Use Only:**Chart Number****Insurance**

OSWESTRY DISABILITY QUESTIONNAIRE

Instructions: this questionnaire has been designed to give us information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box which applies to you at this time. We realize you may consider 2 of the statements in any section may relate to you, but please mark the box which most closely describes your current condition.

1. PAIN INTENSITY

- I can tolerate the pain I have without having to use pain killers
- The pain is bad but I manage without taking pain killers
- Pain killers give complete relief from pain
- Pain killers give moderate relief from pain
- Pain killers give very little relief from pain
- Pain killers have no effect on the pain and I do not use them

2. PERSONAL CARE (e.g. Washing, Dressing)

- I can look after myself normally without causing extra pain
- I can look after myself normally but it causes extra pain
- It is painful to look after myself and I am slow and careful
- I need some help but manage most of my personal care
- I need help every day in most aspects of self care
- I don't get dressed, I was with difficulty and stay in bed

3. LIFTING

- I can lift heavy weights without extra pain
- I can lift heavy weights but it gives extra pain
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, i.e. on a table
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned
- I can lift very light weights
- I cannot lift or carry anything at all

4. WALKING

- Pain does not prevent me walking any distance
- Pain prevents me walking more than one mile
- Pain prevents me walking more than ½ mile
- Pain prevents me walking more than ¼ mile
- I can only walk using a stick or crutches
- I am in bed most of the time and have to crawl to the toilet

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 from sitting more than one hour
- Pain prevents me from sitting more than ½ hour
- Pain prevents me from sitting more than 10 minutes
- Pain prevents me from sitting at all

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 standing for more than one 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

7. SLEEPING

- Pain does not prevent me from sleeping well
- I can sleep well only by using medication
- Even when I take medication, I have less than 6 hrs sleep
- Even when I take medication, I have less than 4 hrs sleep
- Even when I take medication, I have less than 2 hrs sleep
- Pain prevents me from sleeping at all

8. 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. dancing, etc.
- Pain has restricted my social life and I do not go out as often
- Pain has restricted my social life to my home
- I have no social life because of pain

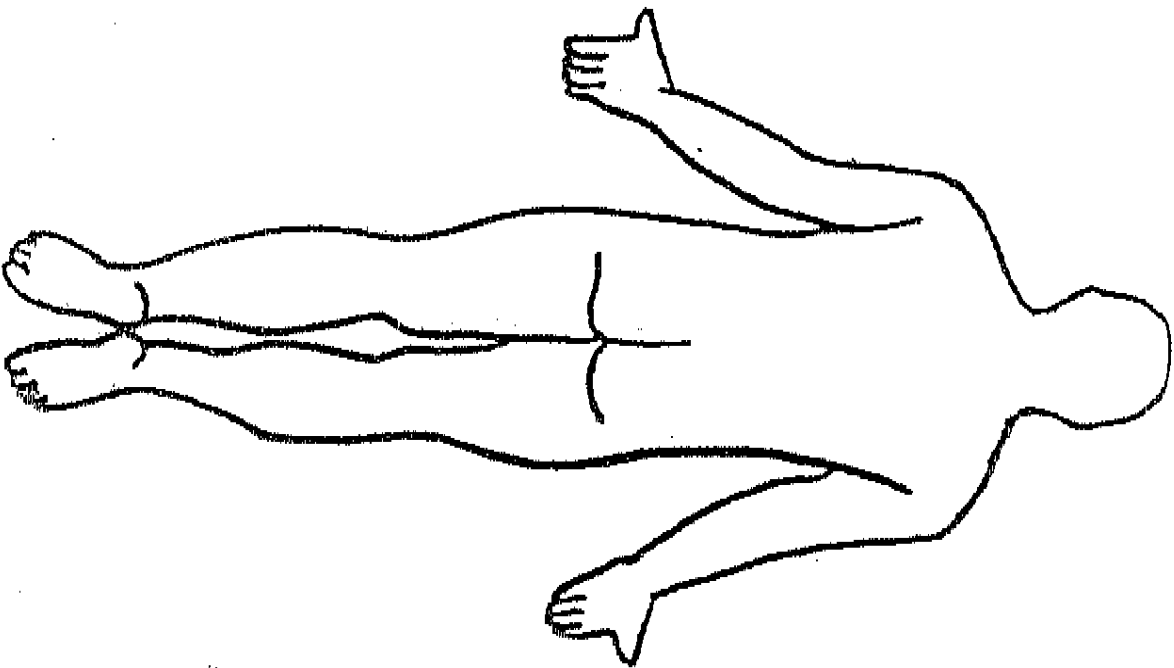
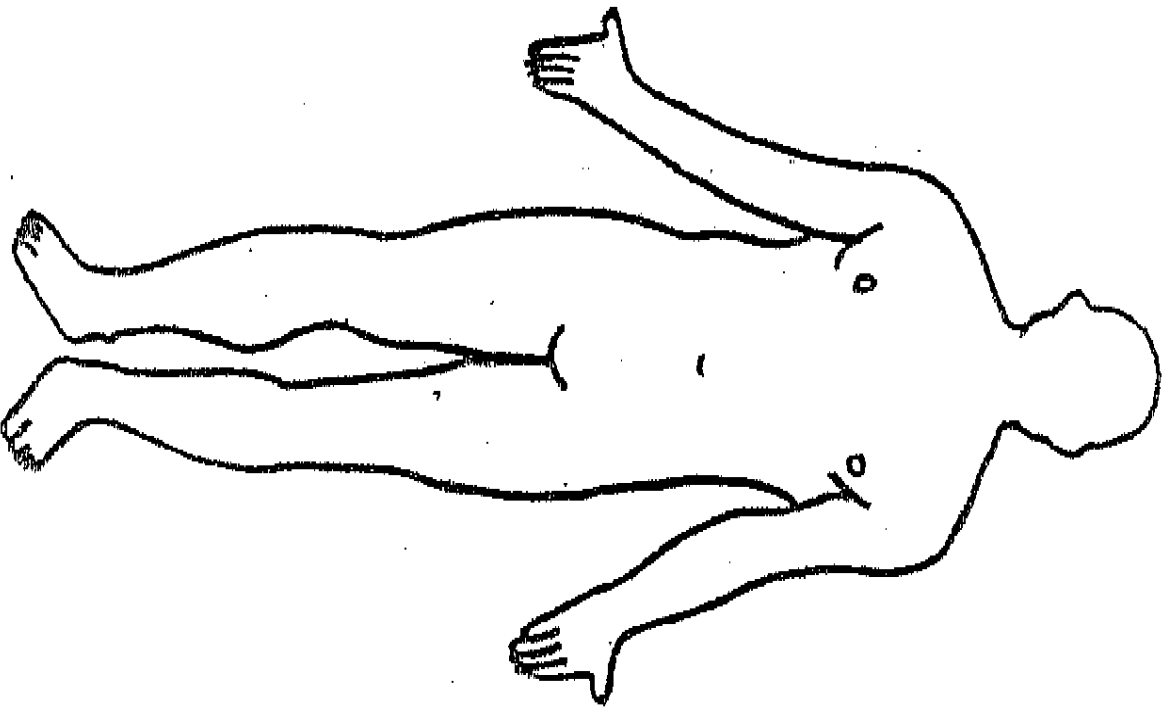
9. TRAVELLING

- I can travel anywhere without extra 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 1 hour
- Pain restricts me to short necessary journeys under 30 minutes
- Pain prevents me from traveling except to the doctor or hospital

10. EMPLOYMENT/ HOMEMAKING

- My normal homemaking/ job activities do not cause pain.
- My normal homemaking/ job activities increase my pain, but I can still perform all that is required of me.
- I can perform most of my homemaking/ job duties, but pain prevents me from performing more physically stressful activities (e.g. lifting, vacuuming)
- Pain prevents me from doing anything but light duties.
- Pain prevents me from doing even light duties.
- Pain prevents me from performing any job or homemaking chores.

**Please mark the areas with an X where you are hurting
and wish the Doctor to exam and treat.**



Name:**Review of Systems**

Please circle any symptoms you are having so the doctor may review with you during your examination

Constitutional Symptoms:

NONE / fever / chills / weight loss / night sweats / fatigue / poor appetite

Sleep:

NONE / snoring / gasping / insomnia / restless legs / difficulty sleeping

Ears

NONE / hearing loss / ringing / ear pain

Eyes

NONE / change in vision / blurry vision / double vision / eye pain

Nose, Mouth and Throat:

NONE / change in sense of smell / runny nose / nose bleeding / sores in the mouth / sore throat / difficulty or pain swallowing

Cardiovascular:

NONE / chest pain / palpitations / swollen legs / fainting / shortness of breath

Respiratory:

NONE / cough / coughing up blood / coughing up phlegm / wheezing

Gastrointestinal:

NONE / abdominal pain / nausea / vomiting / diarrhea / constipation / heartburn

Musculoskeletal:

NONE / muscle pain / bone pain / joint pain / swollen or red joints / broken bones

Genitourinary:

NONE / difficulty urinating / vaginal or penile discharge / kidney stones

Skin:

NONE / rash / ulcers that will not heal / moles that are changing

Endocrine:

NONE / heat or cold intolerance / frequent urination / unusually thirsty / high or low blood sugar

Neurological:

NONE / headache / weakness / seizure / dizziness / tremor / TIA's / Stroke

Lymph and Heme:

NONE / easy bleeding / swollen lymph nodes

Psychiatric:

NONE / Depression / anxiety / hallucinations