

6. What medication(s) have you tried before for this pain?

7. Indicate the medication(s) you currently take or works best for your spine or extremity pain.

8. When did your present pain begin? ___/___/___

9. Please describe how you were injured or the initial onset of your symptoms.

10. How have the symptoms of your present pain changed since the initial onset of pain? If your pain has not changed, please go to question #11.

a. Increased. If so, where? _____

b. Decreased. If so, where? _____

11. Is this injury work related?

- a. Yes b. No c. Not sure

12. Please indicate with a check mark whether you have had any of the following treatments and note if they were helpful or not helpful.

Treatment	Helpful	Not Helpful	Have not had
Physical Therapy	_____	_____	_____
Chiropractor or Osteopath	_____	_____	_____
Injections	_____	_____	_____
Other	_____	_____	_____