

## Canby-Molalla Spine & Sport

130 SW 2<sup>nd</sup> Avenue, Suite #101

Canby, OR 97013

(503) 263-3033

317 N Molalla Avenue, #289

Molalla, OR 97038

(503) 829-6176

### Personal Injury Intake

**Reason For Today's Visit:** ☐ Pain Relief ☐ Auto Accident ☐ Work Injury ☐ Other

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Male/Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Martial Status: M, S, D, W

Cell Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Insurance Information- Please ensure this is your insurance policy

Auto Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name on Policy (if other than self): \_\_\_\_\_ Accident Claim #: \_\_\_\_\_

Claim Adjuster's Name: \_\_\_\_\_ Adjustors Ph: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Attorney's Ph: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

### Medical History

Please check all that apply to you:

None Apply ☐

#### No Yes Condition

- ☐ ☐ Recent Trauma
- ☐ ☐ Recent Fever/Infection
- ☐ ☐ Sleep Apnea/CPAP
- ☐ ☐ Diabetes
- ☐ ☐ High Blood Pressure
- ☐ ☐ Heart Disease
- ☐ ☐ Stroke (Date) \_\_\_\_\_
- ☐ ☐ Aortic Aneurysm
- ☐ ☐ Epilepsy/Seizures
- ☐ ☐ Arthritis
- ☐ ☐ Osteoporosis
- ☐ ☐ Cancer/Tumor
- ☐ ☐ HIV/AIDS
- ☐ ☐ Surgeries (List) \_\_\_\_\_
- ☐ ☐ Medication (List) \_\_\_\_\_
- ☐ ☐ X-Rays, MRI, CT Scan (List) \_\_\_\_\_

#### No Yes Condition

- ☐ ☐ Birth Control Pills
- ☐ ☐ Pregnancy, # of Births \_\_\_\_\_
- ☐ ☐ Abnormal Weight ☐ Gain ☐ Loss
- ☐ ☐ Urinary Tract Infection
- ☐ ☐ Frequent Urination
- ☐ ☐ Prostate Problems
- ☐ ☐ Visual Disturbances
- ☐ ☐ Dizziness/Fainting
- ☐ ☐ Corticosteroid Use
- ☐ ☐ History of Alcohol Use
- ☐ ☐ History of Tobacco Use
- ☐ ☐ History of Neck pain
- ☐ ☐ History of Mid/Low Back Pain

Family History: ☐ Cancer ☐ Diabetes ☐ High Blood Pressure ☐ Cardiovascular Problems/Stroke

I certify that the above information is complete to the best of my knowledge. I here by authorize this office and its Doctors to administer care to me as they deem necessary. I authorize the use of this signature on all insurance submissions.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## Patient Symptom Form – Initial

Name \_\_\_\_\_

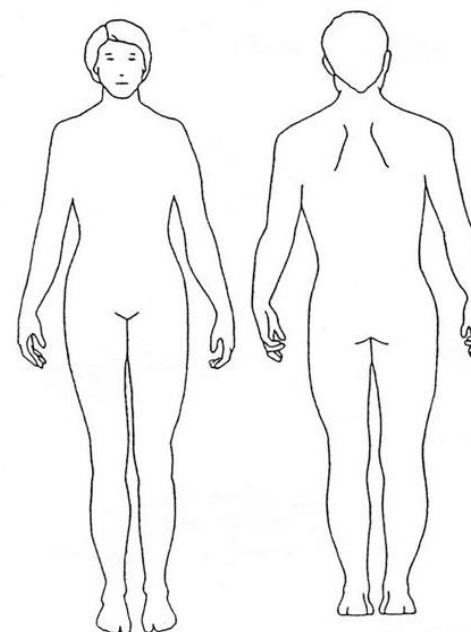
Date \_\_\_\_\_

Complaint	Area #1	Area #2	Area #3
How are you feeling today? 0 = no pain thru 10 = much pain			
Does the pain travel anywhere? Where?			
Date pain began?			
How did the pain begin?			
How often does it hurt?			
What makes the pain worse?			
What makes the pain less?			
What can't you do that you did before the pain started?			
Have you tried anything at home to relieve the pain?			
Have you seen any other Doctors for it? Who? When?			
What did Doctors Advise?			
Have you had this pain before? When?			

### Pain Drawing

Please indicate the location of pain and the symbol that best describes the discomfort you are feeling.

Type of Pain	Symbol
Sharp / Stabbing	+++++++
Dull / Achy	VVVVV
Pins / Needles	OOOOO
Numbness	/ / / / /



Signature \_\_\_\_\_

# Canby - Molalla Spine & Sport

130 SW 2nd Avenue, Suite 101  
Canby, OR 97013  
(503) 263-3033

317 N Molalla Avenue #289  
Molalla, OR 97038  
(503) 829-6276

## Mid and Low Back Disability Index

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

**Instructions:** This questionnaire is designed to help us better understand how your **back pain** affects your ability to manage everyday-life activities. Please answer every section. Mark the **ONE BOX** which most closely describes your **back pain** right now.

### SECTION 1 – Pain intensity

- ☐ My back pain comes and goes and is very mild.
- ☐ The pain is mild and does not vary much.
- ☐ The pain comes and goes and is moderate.
- ☐ The pain is moderate and does not vary much.
- ☐ The pain comes and goes and is very severe.
- ☐ The pain is very severe and does not vary much.

### SECTION 2 – Personal Care (washing, dressing, etc.)

- ☐ I can look after myself without causing extra back pain.
- ☐ I can look after myself, but it causes extra back pain.
- ☐ It is painful to look after myself. 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 do not get dressed. Washing is difficult. I stay in bed.

### SECTION 3 – Lifting

- ☐ I can lift heavy weights without extra back pain.
- ☐ I can lift heavy weights, but it causes extra back pain.
- ☐ Pain prevents me from lifting heavy objects off the floor.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light to medium weights when easily located.
- ☐ I can only lift very light weights.
- ☐ I cannot lift or carry anything at all.

### SECTION 4 – Walking

- ☐ I have no back pain while walking.
- ☐ I have some back pain while walking.
- ☐ I cannot walk more than 1 mile without increasing pain.
- ☐ I cannot walk more than ½ mile without increasing pain.
- ☐ I cannot walk more than ¼ mile without increasing pain.
- ☐ I cannot walk at all without increasing back pain.

### SECTION 5 – Sitting

- ☐ I can sit in any chair for as long as I like.
- ☐ I can only sit in my favorite chair as long for as I like.
- ☐ Back pain prevents me from sitting more than 1 hour.
- ☐ Back pain prevents me from sitting more than ½ hour.
- ☐ Back pain prevents me from sitting more than 10 min.
- ☐ I avoid sitting because it increases pain immediately.

### SECTION 6 -- Standing

- ☐ I can stand as long as I want without back pain.
- ☐ I have some back pain while standing.
- ☐ I cannot stand longer than 1 hour without increasing pain.
- ☐ I cannot stand longer than ½ hour without increasing pain.
- ☐ I cannot stand for longer than 10 min. without back pain.
- ☐ I avoid standing – it increases back pain immediately.

### SECTION 7 -- Sleeping

- ☐ I have no back pain in bed and no trouble sleeping.
- ☐ My sleep is slightly disturbed (less than 1 hr sleepless).
- ☐ My sleep is mildly disturbed (1-2 hrs sleepless).
- ☐ My sleep is moderately disturbed (2-3 hrs sleepless).
- ☐ My sleep is greatly disturbed (3-5 hrs sleepless).
- ☐ My sleep is completely disturbed (5-7 hrs sleepless).

### SECTION 8 – Social Life

- ☐ My social life is normal and gives me no extra back pain.
- ☐ My social life is normal, but increases back pain.
- ☐ Back pain has limited my more energetic interests.
- ☐ I do not go out very often due to back pain.
- ☐ Back pain has restricted my social life to my home.
- ☐ I hardly have any social life because of back pain.

### SECTION 9 -- Traveling

- ☐ I get no back pain while traveling.
- ☐ I get some back pain while traveling.
- ☐ I get extra back pain while traveling.
- ☐ Back pain causes me to seek alternate forms of travel.
- ☐ Pain restricts travel except when done while lying down.
- ☐ Back pain restricts all forms of travel.

### SECTION 10 – Changing Degree of Back Pain

- ☐ My back pain is rapidly getting better.
- ☐ My back pain fluctuates, but overall is getting better.
- ☐ My pain seems to be better, but improvement is slow.
- ☐ My back pain is neither getting better nor worse.
- ☐ My back pain is gradually worsening.
- ☐ My back pain is rapidly worsening.

# Canby - Molalla Spine & Sport

130 SW 2nd Avenue, Suite 101  
Canby, OR 97013  
(503) 263-3033

317 N Molalla Avenue #289  
Molalla, OR 97038  
(503) 829-6276

## Neck Disability Index

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

**Instructions:** This questionnaire is designed to help us better understand how your **neck pain** affects your ability to manage everyday-life activities. Please answer every section. Mark the **ONE BOX** which most closely describes your **neck pain** right now.

### SECTION 1 – Pain intensity

- ☐ I have no neck 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 at the moment.

### SECTION 2 – Personal Care (washing, dressing, etc.)

- ☐ I can look after myself without causing extra neck pain.
- ☐ I can look after myself, but it causes extra neck pain.
- ☐ It is painful to look after myself. 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 do not get dressed. I wash with difficulty and stay in bed.

### SECTION 3 – Lifting

- ☐ I can lift heavy weights without extra neck pain.
- ☐ I can lift heavy weights, but it causes extra neck pain.
- ☐ Pain prevents me from lifting heavy objects off the floor.
- ☐ Pain prevents me from 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 at all.

### SECTION 4 – Reading

- ☐ I can read as much as I want with no neck pain.
- ☐ I can read as much as I want with slight neck pain.
- ☐ I can read as much as I want with moderate neck pain.
- ☐ I cannot read as much as I want due to moderate neck pain.
- ☐ I can hardly read at all due to severe neck pain.
- ☐ I cannot read at all.

### SECTION 5 – Headaches

- ☐ I have no headaches at all.
- ☐ I have slight headaches which come infrequently.
- ☐ I have moderate headaches which come infrequently.
- ☐ I have moderate headaches which come frequently.
- ☐ I have severe headaches which come frequently.
- ☐ I have headaches almost all the time.

### SECTION 6 -- Concentration

- ☐ I can concentrate fully when I want with no difficulty.
- ☐ I can concentrate fully when I want with slight difficulty.
- ☐ I have a fair degree of difficulty concentrating when I want.
- ☐ I have a lot of difficulty concentrating when I want.
- ☐ I have a great deal of difficulty concentrating when I want.
- ☐ I cannot concentrate at all.

### SECTION 7 -- Work

- ☐ I can do as much work as I want.
- ☐ I can only do my usual work, but no more.
- ☐ I can only do most of my usual work, but no more.
- ☐ I cannot do my usual work.
- ☐ I can hardly do any work at all.
- ☐ I cannot do any work at all.

### SECTION 8 -- Driving

- ☐ I can drive without any neck pain.
- ☐ I can drive as long as I want with slight neck pain.
- ☐ I can drive as long as I want with moderate neck pain.
- ☐ I cannot drive as long as I want due to moderate pain.
- ☐ I can hardly drive at all due to severe neck pain.
- ☐ I cannot drive my car at all because of neck pain.

### SECTION 9 -- Sleeping

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed (less than 1 hr sleepless).
- ☐ My sleep is mildly disturbed (1–2 hrs sleepless).
- ☐ My sleep is moderately disturbed (2-3 hrs sleepless).
- ☐ My sleep is greatly disturbed (3-5 hrs sleepless).
- ☐ My sleep is completely disturbed (5-7 hrs sleepless).

### SECTION 10 -- Recreation

- ☐ I can do all recreation activities without neck pain.
- ☐ I can do all recreation activities with some neck pain.
- ☐ I can do most, but not all of my usual recreation activities due to neck pain.
- ☐ I can only engage in a few of my usual recreation activities due to neck pain.
- ☐ I can hardly to any recreation activities due to neck pain.
- ☐ I cannot do any recreation activities at all.