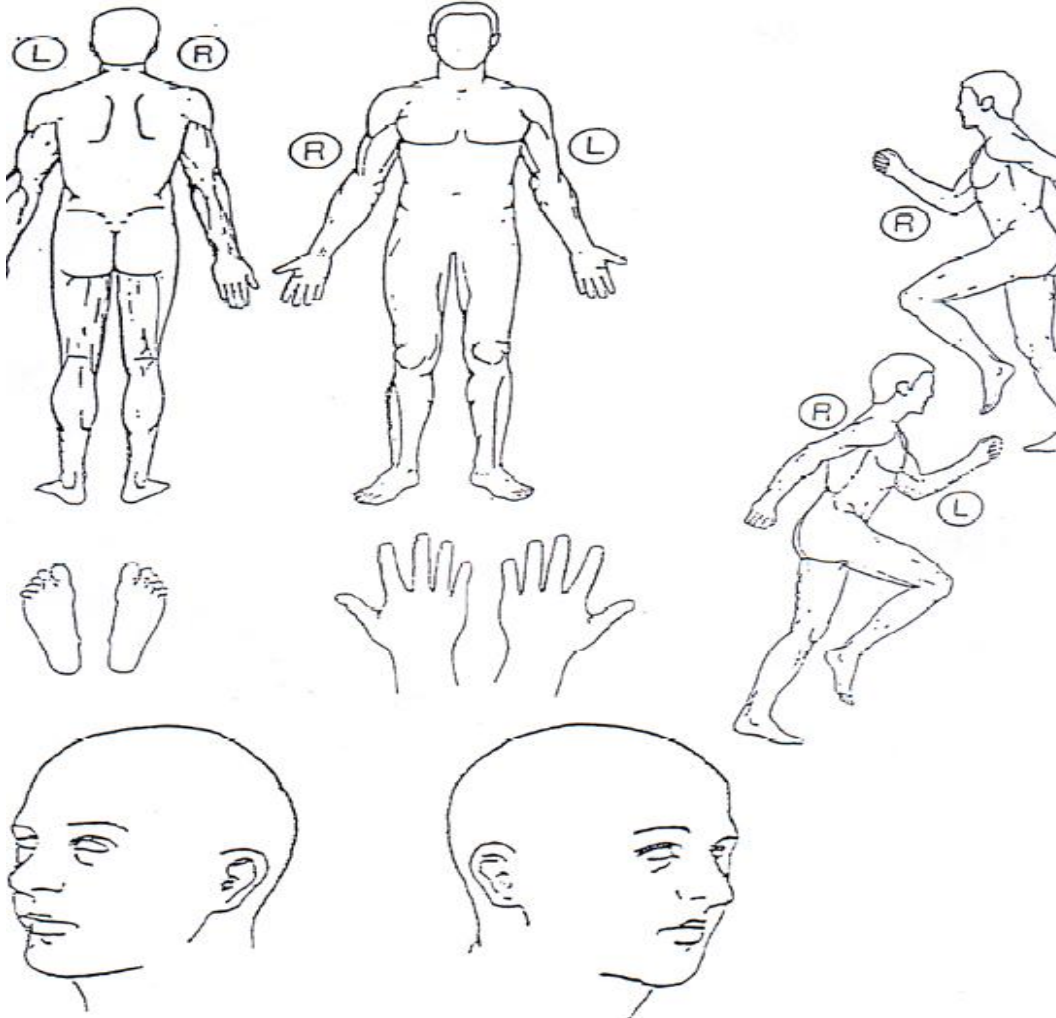


**Please colour in painful areas black, numbness as cross hatch (xxxx)**

**PATIENT'S NAME:** \_\_\_\_\_



Briefly describe your presenting problem?

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Indicate current level of pain on the following scale (circle):

No Pain 0 1 2 3 4 5 **6 7 8 9 10** Intolerable Pain

Please list the **medications** you are taking:

Name:	Dose:	Frequency:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Do you take **blood thinning** medications? YES / NO ( eg: aspirin, warfarin, clopidogrel, NSAIDs)

**Allergies?** YES / NO List: .....

Have you ever had surgery on your **back or neck** before? YES / NO

Have you ever had surgery on your **head or brain** before? YES / NO

List any previous surgery with dates and surgeon:

Operation:	Date:	Surgeon:
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please indicate (**circle**) if you suffer any of the following medical problems:

High blood pressure	Heart Attack/s	Angina
Diabetes Type 1 (juvenile)	Diabetes Type 2 (mature)	Lung problems
Heart surgery	Heart stent	Strokes
DVT (blood clot in legs)	Kidney problems	Liver disease
HIV	Hepatitis B or C	Long standing infections
Cancer of any type	Radiotherapy	Chemotherapy
Depression	Migraine	Siezuers
Gastric ulcers	Reflux	Constipation

---

Do you **smoke**?      YES / NO    How much per day:.....

Do you **drink alcohol**? YES / NO    How much per day:.....

Do you take any **drugs/stimulants**? YES / NO

---

Are you currently receiving **treatments** by any of the following:

Physiotherapist	Chiropractor	Osteopath
Acupuncture	Herbalist	Massage therapy
Hydrotherapy	Traction	Other

Is there any other **information about yourself** that you would like us to know?

.....  
.....

List any **doctors** you are seeing with address and contact details:

.....  
.....  
.....

Are there any **other health care providers** (say, physio or chiro) that you would like correspondence to be sent to?

.....  
.....

What are the **main questions** you would like answered today (eg: why am I in pain?, what are my options for treatment?, will this get better by itself?, what are the risks of surgery?, should I see anyone else about this problem?, )

1. ....
2. ....
3. ....
4. ....

## SF-8™ Health Survey

This survey asks for your views about your health. Please circle your response.

1. Overall, how would you **rate your health** during the past 4 weeks?

*Excellent*      *Very good*      *Good*      *Fair*      *Poor*      *Very poor*

---

2. During the past 4 weeks, how much did **physical health problems** limit your usual physical activities (such as walking or climbing stairs)?

*Not at all*      *Very little*      *Somewhat*      *Quite a lot*      *Could not do physical activities*

---

3. During the past 4 weeks, how much difficulty did you have doing your **daily work**, both at home and away from home, because of your physical health?

*None at all*      *A little bit*      *Some*      *Quite a lot*      *Could not do daily work*

---

4. How much **bodily pain** have you had during the past 4 weeks?

*None*      *Very mild*      *Mild*      *Moderate*      *Severe*      *Very Severe*

---

5. During the past 4 weeks, how much **energy** did you have?

*Very much*      *Quite a lot*      *Some*      *A little*      *None*

---

6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual **social activities** with family or friends?

*Not at all*      *Very little*      *Somewhat*      *Quite a lot*      *Could not do social activities*

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7. During the past 4 weeks, how much have you been bothered by **emotional problems** (such as feeling anxious, depressed or irritable)?

*Not at all*      *Slightly*      *Moderately*      *Quite a lot*      *Extremely*

---

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your **usual work**, school or other daily activities?

*Not at all*      *Very little*      *Somewhat*      *Quite a lot*      *Could not do daily activities*