poa Peninsula Orthopaedic Associates	New **Spine**	Name: POA ID#: Date: Birth Date: Age: Primary Care Physician:

When did the pain start?			
Did you have an injury?	□ Yes □ □No		
If yes, What injury did you have?			
How did your pain start?			
_____Suddenly	_____While lifting	_____Bending	_____Twisting
_____Gradually	_____Result of a fall	_____Pulling	

Describe the pain (0= no pain; 10 worst pain possible)

0 1 2 3 4 5 6 7 8 9 10

What activities make the pain worse?

_____During exercise
_____After Exercise
_____Walking
_____Sneeze
_____Sitting
_____Standing
_____Bent forward
_____Bent Backward

What reduces the pain?

_____Lying Down
_____Sitting
_____Standing
_____Walking
_____ Manipulation
_____ Exercises in Physical Therapy
_____ Injections for Pain
_____Anti-inflammatory Pills
_____ Muscle Relaxant
_____Aspirin
_____Pain Pills
_____Nothing

Do you have any problems with your bladder or bowel ? _____NO _____YES

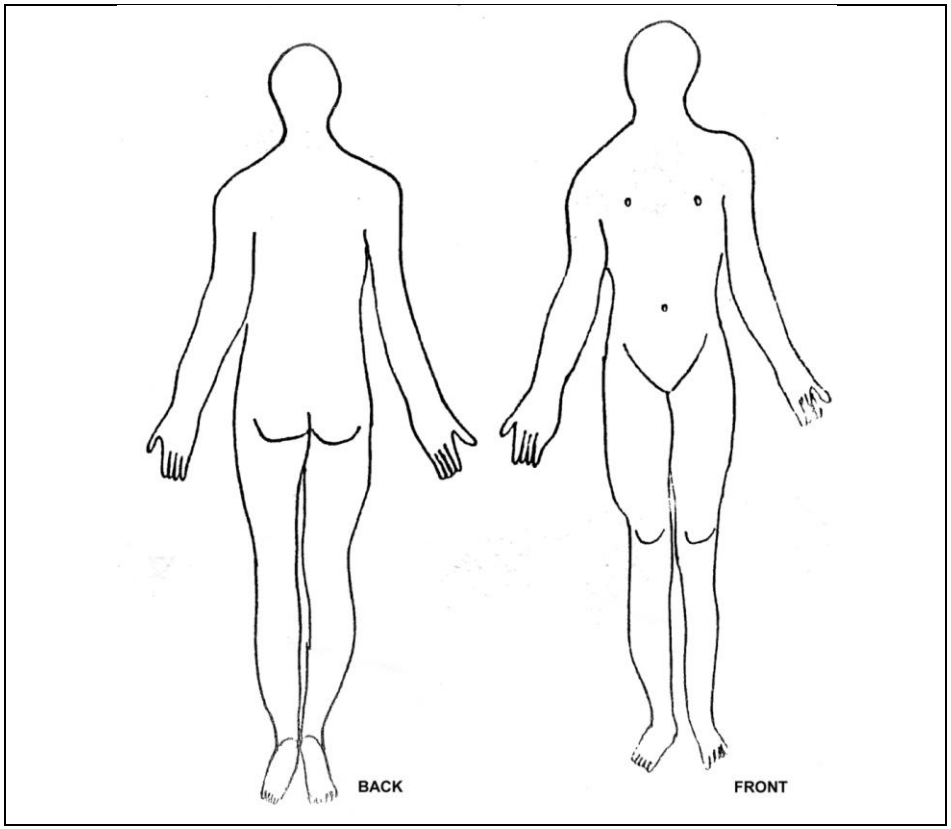
Have You had?

Diagnostic studies?	_____NO	_____YES	When?_____
Diagnostic X-rays	_____NO	_____YES	When?_____
Cat Scan	_____NO	_____YES	When?_____
Myelogram	_____NO	_____YES	When?_____
Electromyogram	_____NO	_____YES	When?_____
Discogram	_____NO	_____YES	When?_____
Arthrogram/sonogram	_____NO	_____YES	When?_____
Injections	_____NO	_____YES	When?_____

6 Mar 2010

Mark the areas on your body where you feel the described sensations. Use the appropriate symbols that are indicated below. Include all affected areas.

Numbness =====
Burning XXXX
Pins and needles OOOO
Stabbing /////



For workers' compensation and litigation patients only	
Did you have pain before the injury at work?	□Yes □No
If yes, when did it start?	
How bad was the pain prior to the work /litigation injury?	None 0 12 3 4 5 6 7 8 9 10 Worst Possible
How long after the work /litigation injury did the pain start?	