

# SALT LAKE SPINE & SPORTS MEDICINE

Brent J. Bowen, M.D., P.C. – Richard W. Hurst, M.D. – Stephen M. Clements, MPAS, P.A. –C

## INTERIM EVALUATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Are you:  Right-Handed  Left-handed

Employment:  Full-time  Part-time  Retired  Disability

Job: \_\_\_\_\_

Describe the **MAIN AREA OF PAIN** for which you are being seen today:

What hurts the most?  Head  Neck  Shoulder  Arm  Hand  
 Back  Hip  Buttock  Pelvis  Abdomen  
 Knee  Leg  Foot

How long have you had your current PAIN? \_\_\_\_\_

Ever had this before?  No  Yes → Describe: \_\_\_\_\_

How did this pain begin?  Gradually (unrelated to any specific precipitating factor, trauma, or injury)

Suddenly → Describe any specific injury, trauma, or activity that caused pain:  
\_\_\_\_\_  
\_\_\_\_\_

Overall, is your pain:  Getting better  Getting worse  About the same  Constant  Intermittent

Any prior injury to this area?  No  Yes → When? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

How would you describe your pain?  Ache/Throb  Sharp/Stab  Stiff  Burn  Numb/Tingling

How intense is your pain currently? (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)

How intense is your pain at its worst? (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)

How intense is your pain at its best? (No pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)

Is this a work compensation case?  Yes  No Any legal action pending regarding this pain?  Yes  No

Do you have a known cancer or tumor?  No  Yes → Describe: \_\_\_\_\_

Have you recently taken corticosteroid medications on a regular basis?  Yes  No

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**What makes your pain feel worse? If one activity is worse than all the others, please check the box:**

- Standing     Sitting     Walking →What distance? \_\_\_\_\_     Coughing     Sneezing     Straining  
 Bending forward     Bending Back     Stairs     Reaching overhead     Laying on that side  
 Morning     Evening     In bed at night     Sexual intercourse     Lifting     Twisting

**What makes your pain feel better?**

- Standing Still     Sitting Down     Walking/moving around     Lying down     Bending forward     Bending Back  
 Rest     Heat     Ice     Stretching     Medication     Nothing makes it better

**Have you had any of these symptoms as part of your current symptoms?**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Weakness  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Loss of control of your bladder or bowel |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fever or chills   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rash                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Swelling or fluid on the joint  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Numbness or tingling                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Weight loss   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Difficulty sleeping                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Giveaway of your leg, falling down because of pain, locking of your joint |  |  |

**What treatments have you done for your pain? Either mark below, or  I haven't done anything for this pain.**

	Yes	No	When?	What was result (effective?)	Are you still using this?
<b>Medications</b>					
Acetaminophen, Tylenol					
Ibuprofen, Advil					
Aleve, Naproxen					
Daypro, Relafen					
Celebrex, Mobic					
Glucosamine, Chondroitin					
Neurontin, Lyrica					
Amitriptyline (Elavil), Nortriptyline (Pamelor)					
Tramadol, Ultram, Ultracet					
<b>Physical Therapy</b>					
Strengthening					
Stretching					
Heat or Ice					
Massage					
Ultrasound					
TENS, Electrical Stimulation					
Traction					
Aerobic Exercise					
Acupuncture					
Manipulation, Chiropractor					
Cane, Walker, or Crutches					
<b>Injection(s) (What was injected?)</b>					
<b>Surgery</b>					
<b>Time Off Work</b>					

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On this diagram, mark where you feel your pain:

Use the following symbols:

“>>>>” for aching pain

“XXXX” for burning pain

“/////” for stabbing pain

“OOOO” for numbness/tingling

“●●●●” for other, describe \_\_\_\_\_

