Tonawanda Chiropractic & Rehabilitation
1201 Colvin Blvd Suite #2A Buffalo, NY 14223
P: (716)490-0210

New Patient – Neck – Patient

Welcome to Tonawanda Chiropractic & Rehabilitation! Please take the next few minutes to complete this questionnaire. We want you to know that it is our sincere desire to help you in any way we can and your answers will assist us in this process. Thank you.

Name_____ Date_____
Address_____
City_____ State_____ Zip_____
Home Telephone_____ Work Telephone_____
Mobile_____ Email_____
Date of Birth_____ Age_____ Marital Status S M D W Partner
Occupation_____ Employer_____
Spouse/Partner Name_____ Emergency Contact Name_____
Emergency Contact Number_____

How would you like to be addressed by our staff? _____
Whom may we thank for referring you to our office? _____

What is the nature of your complaint? _____
_____
_____
_____

When did it first occur? _____
_____
_____

Other complaints? _____
_____
_____

Does your present condition involve a claim for:
-a job injury (worker's comp)? _____ if so, in what state? _____
-auto accident/other personal injury accident?_____ if so, in what state? _____

Have you lost time from work for this incident? YES / NO Exact dates_____
Have X-rays/MRI/been taken for this incident? 1) X-ray: Y / N Date:_____ 2) MRI: Y / N Date:_____

Have you ever consulted a Chiropractic Physician before? YES / NO
Name of Chiropractor/Office_____ Last visit_____

Do you have a Primary Care Physician? YES / NO Name_____
When was your last physical examination? _____
What was your reason for having it? _____
Most recent order of blood tests_____

May we contact you at home/work and leave messages? YES / NO

PAST MEDICAL HISTORY: Please mark with a check any of the following illnesses you have had or currently have and indicate when. (If not certain of dates, please give approximate dates)

- ☐ High Blood Pressure_____
- ☐ Heart Disease_____
- ☐ Stroke(s)_____
- ☐ Diabetes_____
- ☐ Kidney Disease_____
- ☐ HIV_____
- ☐ Prostate Disease_____
- ☐ Venereal Disease_____
- ☐ Allergies_____
- ☐ Scoliosis_____
- ☐ Mental/Emotional_____
- ☐ Seizures_____
- ☐ Multiple Sclerosis_____
- ☐ Ulcer(s)_____
- ☐ Cancer(s)_____
- ☐ Serious injuries/fall(s)_____
- ☐ Auto Accident(s)_____
- ☐ Other_____

Is there anything else in your medical history we should know? _____

_____

_____

List times/reasons you have been hospitalized. Do **NOT** list normal pregnancies.

Year	**Reason**	**Hospital**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all medications you are presently taking (if you have a list, please give it to receptionist):

Medication	**Reason**	**Medication**	**Reason**
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

FAMILY HISTORY:

Has anyone in your **immediate** family (father, mother, siblings, children) had any of the following illnesses? Please list which family members have had each.

High Blood Pressure_____

Heart Disease_____

Stroke(s)_____

Diabetes_____

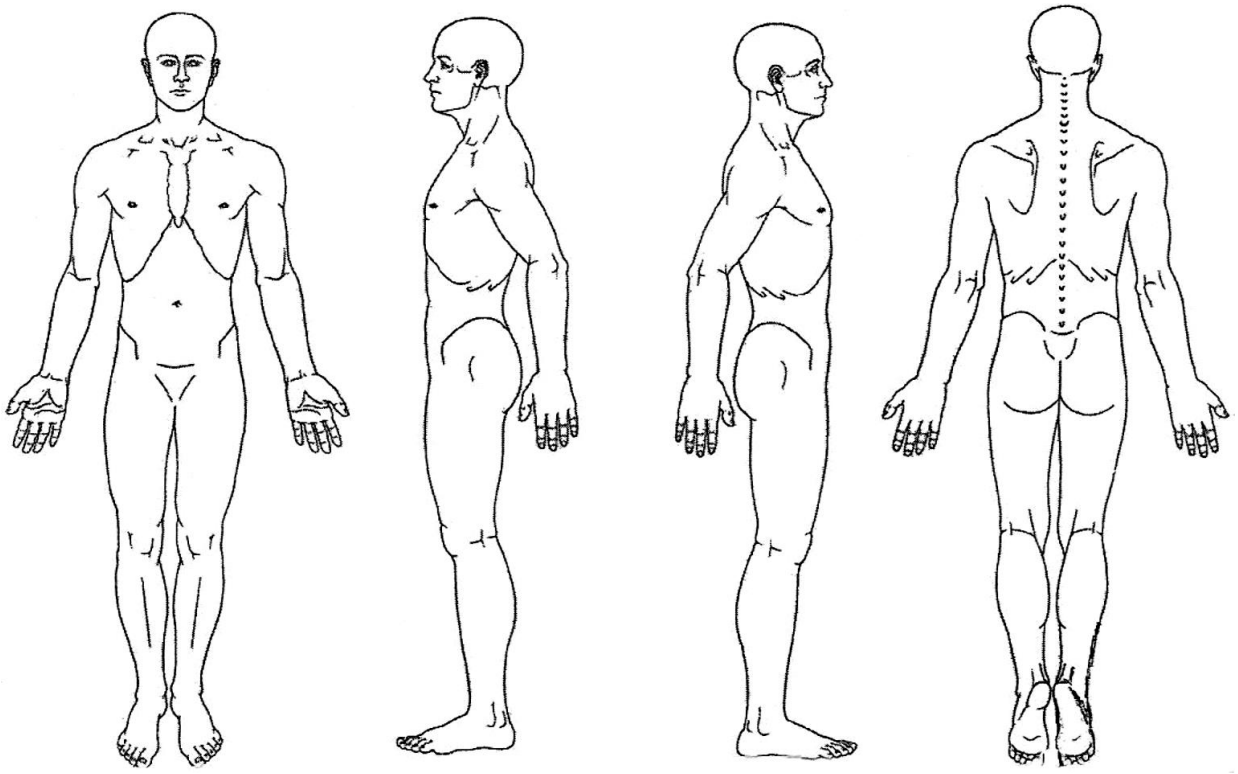
Cancer(s)_____

Other_____

If you have children, how many do you have? _____ How many live with you? _____

Signature_____ Date_____

Using the following descriptive symbols, draw the location of your pain on the body outlines below.



ACHE	BURNING	NUMBNESS	PINS & NEEDLES	STABBING	OTHER
^^^^^^^^	========	OOOOOOO	……..	//////////	XXXXXXXX

Please circle the appropriate number. Remember you must only circle one number along the scale.

Over the past week, on average, how would you rate your neck pain?

0	1	2	3	4	5	6	7	8	9	10

No pain *Worst pain*

How confident are you in your ability to overcome you neck problem?

0	1	2	3	4	5	6	7	8	9	10

Total confidence *No confidence*

How depressed do you feel as a result of your neck pain?

0	1	2	3	4	5	6	7	8	9	10

Not at all *Extremely*

Based on all the things you do to cope or deal with your neck pain, on an average day, how much control do you feel you have over it?

0	1	2	3	4	5	6

No control *Some* *Complete control*

Based on all the things you do to cope or deal with your neck pain, on an average day, how much are you able to decrease it?

0	1	2	3	4	5	6

Can't decrease it all *Can decrease somewhat* *Can decrease it completely*

What are two important activities that you cannot do or are having trouble doing because of your neck pain? (ex: “I can’t get dressed without help,” “I can’t play golf,” “I can’t go to work.”)

Activity #1_____

Please rate your activity:

0	1	2	3	4	5	6	7	8	9	10

Able to perform at same level as before problem — Unable to perform

Activity #2_____

Please rate your activity:

0	1	2	3	4	5	6	7	8	9	10

Able to perform at same level as before problem — Unable to perform

Signature_____ Date_____

Neck Pain Screening Tool – 9 Item

For these questions, please think about your back pain over the last few days.

1) How **bothersome** has **pain spreading down your arms from your neck** been in the **last few days**?

0	1	2	3	4
Not at all	Slightly	Moderately	Very much	Extremely

2) How **bothersome** has **pain in your shoulder or neck** been in the **last few days**?

0	1	2	3	4
Not at all	Slightly	Moderately	Very much	Extremely

3) In the last **few days**, I have **dressed/washed more slowly** than usual because of my neck pain.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

4) In the last **few days**, **my sleeping is moderately disturbed** because of my neck pain.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

5) It's **really not safe** for a person with a condition like mine to be **physically active**.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

6) **Worrying thoughts** have been going through my mind a lot of the time in the last **few days**.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

7) I feel that **my neck pain is terrible** and that **it is never going to get any better**.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

8) In general, in the last **few days**, I have **not enjoyed** all the things I used to enjoy.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree										Strongly agree

9) Overall, how **bothersome** has you **neck pain** been in the **last few days**?

0	1	2	3	4
Not at all	Slightly	Moderately	Very much	Extremely

Total score (all 9):_____ Sub-score (Q5-9):_____

Signature_____ Date_____

Neck Pain and Disability Index (Vernon Mior)

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday life. Please answer every section by marking **ONLY the one box which applies to how your neck pain is affecting you** and not as it relates to any other health problems you may have. We realize that you may consider more than one statement may relate to you, but please just mark the box which most closely describes your problem.

SECTION 1 - PAIN INTENSITY

- ☐ I have no 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

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally, but it causes extra pain.
- ☐ It is painful to look after myself, and 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 causing extra pain.
- ☐ I can lift heavy weights, but it gives me extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- ☐ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

SECTION 4 – WORK

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

SECTION 5 – HEADACHES

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

SECTION 6 – CONCENTRATION

- ☐ I can concentrate fully without difficulty.
- ☐ I can concentrate fully with slight difficulty.
- ☐ I have a fair degree of difficulty concentrating.
- ☐ I have a lot of difficulty concentrating.
- ☐ I have a great deal of difficulty concentrating.
- ☐ I can't concentrate at all.

SECTION 7 – SLEEPING

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed for less than 1 hour.
- ☐ My sleep is mildly disturbed for up to 1-2 hours.
- ☐ My sleep is moderately disturbed for up to 2-3 hours.
- ☐ My sleep is greatly disturbed for up to 3-5 hours.
- ☐ My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 – DRIVING

- ☐ I can drive my car without 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 can't drive as long as I want because of moderate neck pain.
- ☐ I can hardly drive at all because of severe neck pain.
- ☐ I can't drive my care at all because of neck pain.

SECTION 9 – 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 can't read as much as I want because of moderate neck pain.
- ☐ I can't read as much as I want because of severe neck pain.
- ☐ I can't read at all.

SECTION 10 – RECREATION

- ☐ I have no neck pain during all recreational activities.
- ☐ I have some neck pain with all recreational activities.
- ☐ I have some neck pain with a few recreational activities.
- ☐ I have neck pain with most recreational activities.
- ☐ I can hardly do recreational activities due to neck pain.
- ☐ I can't do any recreational activities due to neck pain.

Signature: _____

Date: _____