MAYFIELD History of Present Illness

Spine Patient

Today's Date_____/_____/_____ **Please use black or blue ink - Please print**

Patient Name | Date of Birth

History of Present Illness

What are your current symptoms?_____

What did your physician tell you about your spine problem?_____

_____

Where is your pain located?

☐ neck	☐ left hand	☐ middle back	☐ left shin/calf	☐ right upper leg
☐ upper back	☐ right shoulder	☐ lower back	☐ left foot	☐ right shin/calf
☐ left shoulder	☐ right upper arm	☐ left hip	☐ left toes	☐ right foot
☐ left upper arm	☐ right forearm	☐ left buttock	☐ right hip	☐ right toes
☐ left forearm	☐ right hand	☐ left upper leg	☐ right buttock	☐ other_____

If more than one location is checked, where is your pain the worst?_____

Does your pain radiate to the arm? If so, to which part? Check all that apply.
☐ above the elbow ☐ below the elbow ☐ the hand

Does your pain radiate to the leg? If so, to which part? Check all that apply.
☐ the outside of the leg ☐ the inside of the leg ☐ the top of the leg ☐ the back of the leg

Do you experience numbness or tingling? If so, where? Check all that apply and circle "R" for right or "L" for left.
☐ arm: R / L ☐ foot: R / L ☐ leg: R / L ☐ neck ☐ upper back ☐ other_____
☐ fingers: R / L ☐ hand: R / L ☐ toes: R / L ☐ midback ☐ low back _____

Do you experience weakness? If so, where? Check all that apply and circle "R" for right or "L" for left.
☐ arm: R / L ☐ leg: R / L ☐ foot: R / L ☐ other_____

These symptoms have been present for

☐ 1-7 days	☐ 8-14 days	☐ 14-21 days
☐ 1 month	☐ 2 months	☐ 3 months
☐ 6 months	☐ 9 months	☐ 12 months
☐ greater than 12 months		

These symptoms started on (give specific date, if known)_____

These symptoms improve when you ☐ stand ☐ walk ☐ sit ☐ lie down ☐ change positions ☐ never improve

These symptoms worsen when you ☐ stand ☐ walk ☐ sit ☐ lie down ☐ change positions ☐ never worsen

Mayfield provider signature _____**Date**_____